

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS



**APPROVAL AND ACCREDITATION
BOARD**

ANNUAL REPORT

The College of Radiographers

September 2008 – August 2009

CONTENT

	<i>Page</i>
1. Foreword	3
2. Executive summary	4
3. Introduction	8
4. Annual monitoring data	9
5. Services to Education Institutions and Students	9
6. Educational Programmes	10
6.1 Pre-registration programmes	
6.1.1 Approvals/re-approvals of pre-registration programmes	10
6.1.2 Entry numbers (first years) to pre-registration programmes	11
6.1.3 Comparison of commissioned/funded student numbers with EI student uptakes	12
6.1.4 Pre-registration student intake details	14
6.1.5 Clinical placements for pre-registration programmes	15
6.1.6 Completion numbers for pre-registration programmes	15
6.1.7 Student attrition	16
6.1.8 Diversity profile of graduates from pre-registration radiography programmes in 2009	19
6.1.9 Society and College of Radiographers Student and Recent Graduate Survey 2009	21
6.2 Postgraduate post registration programmes	23
6.3 Assistant practitioner programmes	24
6.4 Practice educator accreditation scheme	24
6.5 Short courses	26
7. Staffing and staff development	26
7.1 Staff establishments	26
7.2 Staff development	26
7.3 Staff holding or studying for doctorates	27
8. Accreditation Process	27
8.1 Advanced practitioners	27
8.2 Post registration skills accreditation	28
8.3 The Consortium for the Accreditation of Nuclear Medicine Education (CANME) and the Consortium for the Accreditation of Clinical Magnetic Resonance Education (CACMRE)	29
8.4 Consortium for the Accreditation of Sonographic Education (CASE)	29
8.5 Training of AAB assessors	30
8.6 Approval of external examiners	30
9. Continuing professional development	31
10. Preceptorship CPD programme	32
11. Other activities	33
11.1 Virtual learning environment	33
11.2 Interprofessional collaboration	34
11.3 Consultations	34
11.4 Fellow to the College of Radiographers (FCR) by portfolio	34
11.5 Scottish education strategy	34
11.6 Skills for Health	35

Appendices

- Appendix 1 – Student intakes for the 2008/2009 academic year
- Appendix 2 – Range and average intake figures for EIs for the academic year 2005-2008
- Appendix 3 – Attrition rates calculated using year 2009 outputs
- Appendix 4 – Degree classifications for 2008 and 2009
- Appendix 5 – Minutes from the HEI heads of schools meeting

1. Foreword

The working environment for higher education institutions delivering programmes in radiography continues to provide a range of challenges. These include ever tightening financial constraints and evolving demands of the clinical service and education commissioners. Against this backdrop, the continuing development of contemporary and innovative provision in radiography education gives testimony to the efforts of educators and clinical experts across the UK who maintain a commitment to excellence.

The 2008–9 academic year has witnessed the College’s continued commitment to developing engagement with Education Institutions (EIs) and maximising student uptake in membership. This includes for example, the provision of a full year of free membership for new students and the development of the external examiner register, a valuable resource for course leaders. The evolution of the monitoring schedule is also a manifestation of the College’s commitment to maximising useful information to EIs, whilst reducing the time commitment to providing information in an increasingly bureaucratic system.

The schedule provides evidence of recognised or interesting trends in radiography education, such as recruitment difficulties and student attrition in some programmes, and an increase in commitment to the College’s CPD endorsement process. As such, it is a valuable resource in providing comparators for institutional performance that may enable more effective targeting of quality enhancement initiatives.

The economic downturn, whilst having a profound effect on the economy as a whole, is now showing an impact on health and social care delivery, with an associated knock on effect in higher education. It remains to be seen how profound these factors will be in influencing workforce development priorities and indeed recruitment trends in health education, however EIs may be confident that future schedules will provide a useful measure of these effects on radiography education.



Ian Henderson
Chair
Approval and Accreditation Board

2. Executive summary

Introduction

This is the fifth 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 2008-9 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.

Annual monitoring data

The data collated enables individual education institutions (EIs) to compare its specific data with the national data set and 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 have streamlined our process for collecting data to reduce the workload burden on EIs. An online survey has replaced the traditional paper version of the data monitoring schedule. The system has received positive feedback and, therefore, we shall continue with online submission for future data collection for the next annual report.

Services for Education Institutions and Students

For 2008-9 membership has been complimentary for first year students and £4.00 per month for other cohorts. A six month free membership period on qualification applies to those students remaining in membership throughout their training

EIs have been very positive about the services provided and have worked with the Society and College of Radiographers (SCoR) to overcome data protection issues.

EIs paying student fees for second and third years (and fourth years where applicable) received the inclusive package free for this year.

All first year students received complimentary student membership packages containing SoR USB sticks loaded with SoR documentation, a credit card sized membership benefits card, a copy of the student membership booklet and mini SoR poster.

Educational Programmes

During the year the AAB has been involved in the review and re-approval of several pre-registration programmes. Currently, 25 EIs are accredited to offer diagnostic and 15 EIs are accredited to offer therapeutic radiography programmes, leading to accreditation as a

practitioner with eligibility to apply for HPC registration. All EIs completed the data monitoring schedule this year.

Data is provided for pre-registration programmes, with comparative data for the preceding four years where deemed applicable.

The diversity profile of graduates from pre-registration programmes demonstrates that the ethnic diversity of radiography students remains closely matched to the ethnic diversity of the working population. However, the data shows that the profession is still significantly dominated by females.

This year we have included a selection of results extracted from the 2008-9 SCoR Graduate Survey. Interesting responses regarding jobs arranged after graduation and how long after graduation students had to wait before starting a job are included in the report.

The AAB continues to approve courses at postgraduate level across the scope of practice of radiography and has been involved in a number of programme approvals and re-approvals.

Attrition for both diagnostic imaging and therapeutic radiography training programmes remain a concern with diagnostic imaging attrition rate at 26% and therapeutic imaging at 37.3%. However this shows a significant improvement from previous years.

Several issues arise from continuously high attrition figures e.g. without an adequate workforce supply, health care targets for cancer and waiting times will not be met and certainly not sustained. There is an urgent need to reduce attrition.

CoR has published the 'Improving Student Retention: Guideline & Good Practice' document which reiterates many of the strategies and good practice initiatives in place. Through sharing initiatives and good practice the CoR hopes that retention of radiography students may be maximised. The SCoR Student and Recent Graduate Survey 2009 illuminated some further interesting facts on non-completion.

The minimal numbers of new submissions for approval of programmes at assistant practitioner level reflect that most intuitions have now developed assistant practitioner programmes since the initial introduction of this role.

CoR's Practice Educator Accreditation Scheme continues to work jointly with the Chartered Society of Physiotherapy and the College of Occupational Therapists in developing the scheme further and in a united approach. At the end of August 2009 there were 138 practice educators registered with the CoR.

Submissions for short courses have declined, however, the AAB continues to encourage their development.

Accreditation Process

The CPD Now platform has been strengthened to support the advanced and consultant practitioner accreditation process. The initial accreditation process has been streamlined and it is anticipated this will commence by the end of 2009.

98 mammography students and 554 intravenous injections (IV) students have registered with CoR in this academic year. The data shows a good increase in numbers for both specialities.

This year there is a 22.3% increase in registered mammography students and a 44.1% increase in registered IV students.

Consortium for the Accreditation of Sonographic Education (CASE)

CASE continues its work. On 1 October 2009 administration will be undertaken by CoR. It is anticipated that in the future, if sonographers became regulated, then the need for CASE would disappear.

Training of Assessors

The chance for new assessors to shadow experienced assessors is now available. The AAB now has a rolling programme of training days for new assessors and a training day to refresh skills for all assessors once every two years.

The AAB handbook has now been published and is available electronically along with other AAB documentation.

Approval of External Examiners

The CoR is establishing a register of individuals for appointment as external examiners which should be available in November 2009. This should assist in identifying suitable external examiners. This service is part of the CoR's inclusive package.

Continuing Professional Development

The upgraded version of CPD Now was launched in January 2009 and has been well-received. Development work continued throughout the year with use of the application for advanced and consultant practitioners due to be launched in 2010.

Approximately 6,000 users had engaged with CPD Now by the end of August 2009. The majority of users visit the site during the week and spend over an hour at each visit.

Endorsements of CPD programmes had a steady growth. Eighty four applications were received during the periods covered by this report. These included multi-submissions under the same speciality heading from certain companies.

The e-learning facility, CORE-learning, was soft launched in April 2009, in partnership with Philips Healthcare. It contains 90 endorsed modules covering a range of science topics and imaging modalities with a further 80 units currently under review. 300 users registered before the formal launch at UKRC with positive feedback being noted. However, in September 2009, there were over 600 registered users with approximately 200 certificates of completion awarded.

A successful bid by CoR has resulted in 50 e-learning units related to image interpretation being developed in partnership with the Department of Health's E-Learning for Health. This will significantly enhance the contribution made by radiographers in trauma services, and support a wide range of healthcare professionals to learn image interpretation skills.

Preceptorship CPD Programme

The SoR's Preceptorship CPD Programme has been approved. The CPD programme of activities has been designed to provide a suggested CPD framework. This supports consolidation of knowledge and clinical skills for newly-qualified practitioners. The programme consists of 12 learning activities which have been devised to support the professional body accreditation of CPD.

Other Activities

Virtual Learning Environment

The VERT project came to an end in September 2009. All 10 universities and 30 radiotherapy departments have been visited during the project to co-ordinate the installation of VERT technology and to ensure that users were supported, helped and encouraged to use VERT with students.

The formal evaluation of the VERT project will be completed by the end of the year.

Interprofessional Collaboration

The AAB receives reports of meetings of the Allied Health Professions Federation (AHPF) Education Leads. Additionally, the AAB is kept abreast of the work of Assessment and Learning in Practice Settings (ALPS), who have developed a mobile assessment and an e-portfolio system which has now been piloted in partner universities.

Fellow of the College of Radiographers (FCR) by Portfolio

Work is being undertaken to ascertain how to distinguish between the honorary fellowship and a portfolio route which would bring professional recognition. It is hoped the findings will be available to the AAB in February 2010 so that AAB can advise the College's Trustees and the Council of the Society on this important matter.

3. Introduction

The College of Radiographers is pleased to release the 2008-9 Approval and Accreditation Board (AAB) Report. This is the fifth year of operation of the AAB since its inauguration.

It 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 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.

This report draws into a single commentary the approval and accreditation activity over the 2008-9 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 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.

We have refined our process of data collection and have undertaken a great deal of work to develop a system that ensures continuity of engagement with both student radiographers and education providers. Critically, the CoR has worked with individual education providers to overcome problems associated with data exchange due to the Data Protection Act. However, it is imperative to maintain a full data set if the national record on student recruitment, retention and attrition is to be maintained.

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. We wish to thank all our educational institution colleagues for their help and co-operation in supporting our work.

Over time, the nature of the annual report will develop as the systems for collation and analysis of statistics are further refined and streamlined. 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 plays 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 2008-9 academic year.

The Society and College of Radiographers (SCoR) remains as 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. 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 in England in 2007.

This year we have continued to streamline our process for collecting data to further reduce the workload burden on EIs. We have designed an online survey instead of using the traditional paper version of the data monitoring schedule. It has simple to complete questions and drop-down boxes inserted for straightforward completion. The system has received positive feedback and, therefore, we shall continue with online submission for the next annual report.

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

Comparative data from 2005 – 2008 can be found in the appendices 1-3.

5. Services to Education Institutions and Students

A significant amount of monitoring and review has taken place since the changes to the contract arrangements in England came into being in September 2007. The AAB considers it exceedingly important 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 they would part with membership fees. Therefore, for the 2008-9 academic year membership has been complimentary for first year students, while for all other cohorts the fee has been £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 streamlined.

EIs have been very positive in providing SCoR with information for first year students this year. Those EIs with concerns regarding data protection have been given advice and have worked with SCoR to overcome these issues. This action has provided a fuller dataset, including exact numbers coming into training, comparisons with numbers qualifying and demographics, which proved helpful in discussions with, for example, the Department of Health (DH) and the Pay Review Body. The DH relies on such information for workforce planning.

A change from last year's EI inclusive package is that EIs paying student fees for second and third years (and fourth years where applicable) received the inclusive package free for this year.

All first year students 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, a credit card sized membership benefits card, a copy of the student membership booklet and mini SoR poster. Feedback from students and EIs has been very good and this strategy will be also be implemented in 2009-2010.

6. Educational Programmes

6.1 Pre-registration Programmes

6.1.1 Approvals/Re-approvals of Pre-registration Programmes

During the 2008-9 academic year the AAB has been involved in the review and re-approval of the following pre-registration programmes:

- City University – approval of Radiotherapy Bridging Programme
- University of Exeter – re-approval of BSc(Hons) Medical Imaging (Diagnostic Radiography)
- Sheffield Hallam University – re-approval of BSc(Hons) Radiotherapy and Oncology programme and BSc(Hons) Diagnostic Radiography programme
- Sheffield Hallam University – re-approval of Dip HE in Radiotherapy and Oncology Practice
- University of Cumbria – approval of BSc(Hons) Diagnostic Radiography
- Glasgow Caledonian University – re-approval of BSc (Hons) Radiotherapy and Oncology and BSc (Hons) Diagnostic Imaging
- University of Derby – re-approval of BSc(Hons) Diagnostic Radiography.

Currently, 25 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.

25 EIs are accredited to offer diagnostic radiography programmes

- 21 EIs are accredited to offer programmes of three years duration
- 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
- 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
- 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.
- 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.

The University of Hertfordshire was approved to recruit a February intake for its radiotherapy programme to compensate for a shortfall at the start of the academic year. The Board believes this situation may continue in subsequent years for other education institutions with education to be delivered in a different format.

City University has been approved to defer the review of the BSc(Hons) Diagnostic Radiography to 2011 from 2010.

The University of Wales Bangor changed its awarding body in July 2009. All entrants from September 2009 will now be awarded a Bangor University degree. Additionally, the university was given extended approval for their undergraduate programme with a review requested to take place prior to the 2009-10 academic year

Birmingham City University has been approved to increase its radiotherapy cohort numbers from 30 to 33 subject to a report to indicate the impact of the increase after the first year.

University Campus Suffolk has moved premises into a new building on the water front. Approval has been given for the new facility.

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 2008.

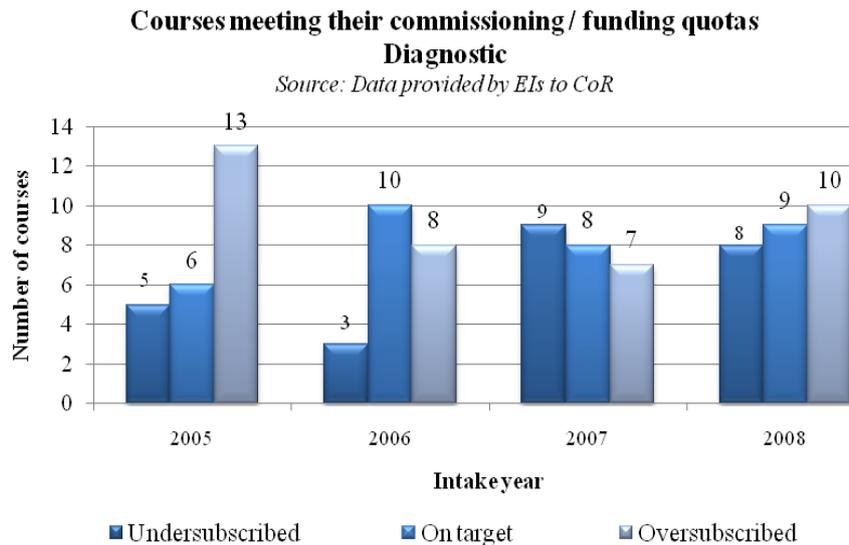
Table 1

Number of first year students registered with the EIs	
Diagnostic Students	Therapeutic Students
1353	333

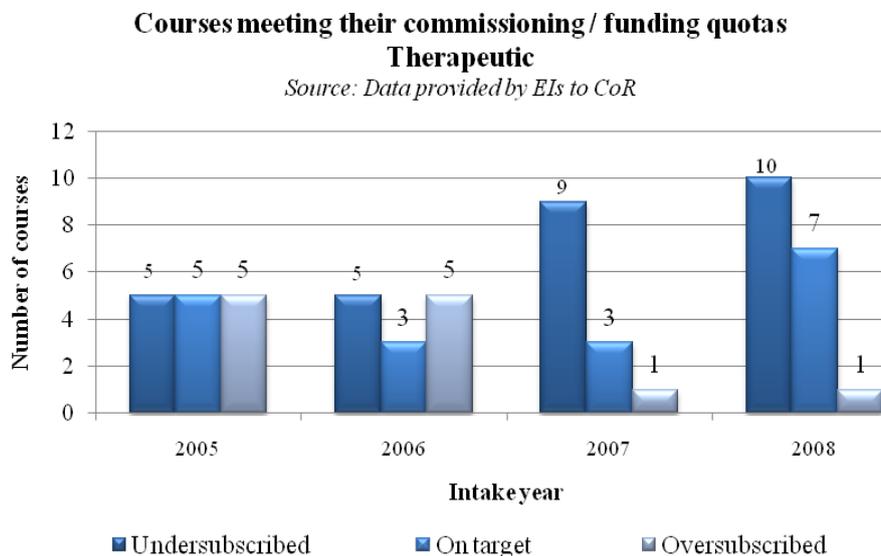
This year all EIs submitted their data for inclusion in this report. This is very much appreciated as it is imperative that CoR collects all the relevant data from each EI in order to produce reliable data, which can be used as evidence to support students and EIs in the future.

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

Nb. "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 therapeutic programmes are increasingly undersubscribed. This is of major concern due to the expansion taking place within the radiotherapy services.

Examples of reasons given by EIs for under subscribing of diagnostic imaging programmes are:

- Insufficient applications
- Fewer applicants achieved necessary grades than expected
- Limited by clinical capacity (52). Target recruitment = 55; spare places filled from waiting list, currently no students taken from clearing.
- Several students left very early on in the programme i.e. just prior to starting and within the first few weeks.
- Shortage of clinical placements.
- Successful applicants deferred because of pregnancy. It was then too late to fill places.

Examples of reasons given by EIs for under subscribing of radiotherapy programmes are:

- Insufficient applications (identified as a reason at 10 institutions).
- Applicants chose to go elsewhere or dropped out at the last minute because of finances.
- Many enquiries made for this programme, but many of these were from overseas applicants, frequently medically qualified unable to gain employment in medicine.
- Suitability and understanding of therapeutic radiography is an issue.

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

- Actively found and participated in local careers events such as school visits and hospital open days.
- Collaborate with organisations such as Aim Higher.
- Work with clinical colleagues to run regular Visit Days, which are offered to students holding an offer with us and provide an opportunity to learn more about the career, course and facilities (including a tour of our new skills facility).
- Progression Agreements with local feeder institutions meaning that careers in radiography are highlighted as an option within their prospectuses.
- Use of existing students and ambassadors for recruitment on open and interview days.
- Enhancing publicity material.
- Improved short-listing criteria along with improved interview questions and grading of candidates at interview using set criteria.
- Students have a clinical visit before they attend for interview and have to complete a clinical visit form to encourage them do their own research about radiography prior to interview.
- Open evenings for prospective applicants and open evenings for students and families who have been offered places.
- School Taster days where prospective students have talks on all disciplines within the School rather than choosing a particular profession.

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

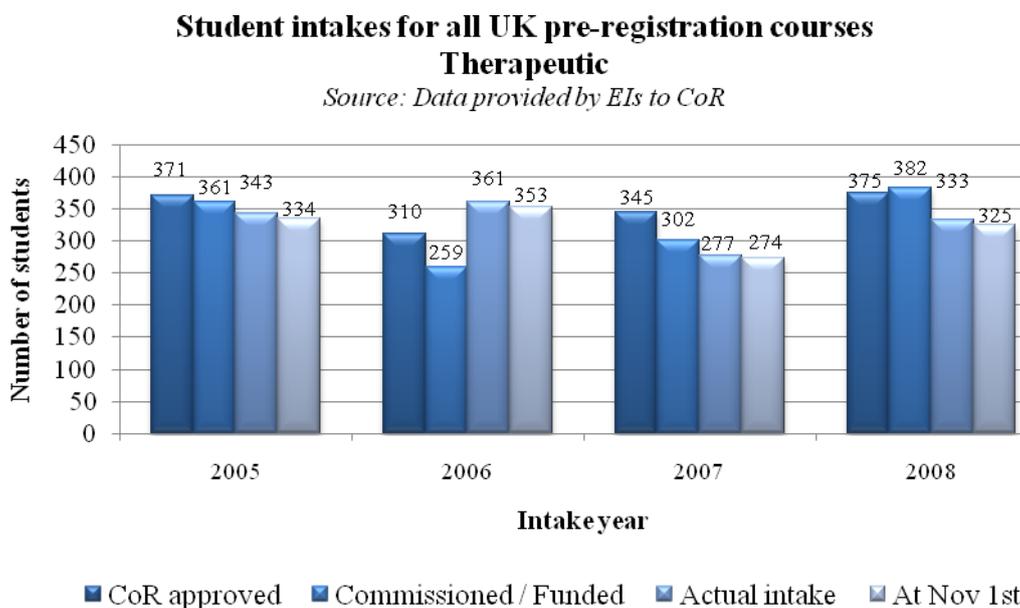
- "Aim Higher" days and "Boys into health" days for schools
- Open Days at Career development conferences.
- VERT as a recruitment tool.
- Local radio station interviews
- Local recruitment to placement sites.
- Open days at the University with subject specific talks and tours and use of VERT
- Taster days for 6th forms using VERT.
- Use local radio stations backed up by 30 second adverts, at key times of the day, for a period of 2 weeks at a time, at appropriate times of the year.
- Developed a year 0 programme which guarantees successful candidates who complete the year successfully a place on our programme. 5 places are available but where other health professions do not fill their places the EI have been able to accept more.

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.

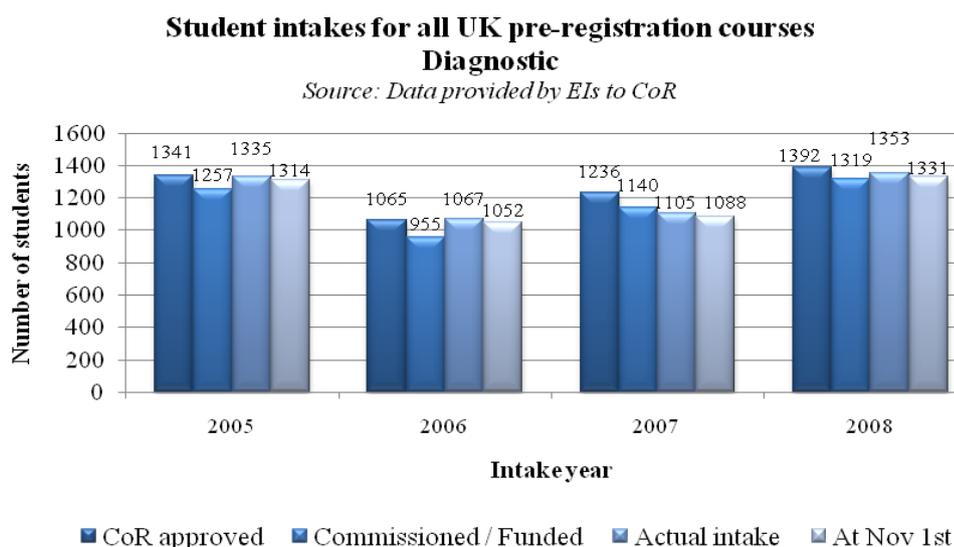
- Student intakes for all UK pre-registration radiography courses (i.e. all BSc(Hons) and postgraduate programme): Actual intakes compared to CoR approved intakes
- Range and average intake figures for EIs for the academic years 2005-2008
- Attrition rates

Graph 3a below demonstrates the student intakes for all UK pre-registration courses in the UK for therapeutic radiography between 2005-8.



Graph 3a

Graph 3b below demonstrates the student intakes for all UK pre-registration courses in the UK for diagnostic radiography between 2005-8.



Graph 3b

6.1.5 Clinical Placements for Pre-Registration

Data was collected on new clinical placements providing experience for pre-registration students. The 25 completed surveys share a total of 223 major clinical placements providing clinical education for diagnostic radiography students and 55 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 2009, and thus became available to the radiography workforce in the United Kingdom.

Number of students graduating from radiography programmes in 2009

	Diagnostic	Therapeutic
	874 BSc (Hons)	178 BSc (Hons)
	5 MSc	1 PgD
Total	879	179

Source: Pass lists from EIs

Table 4

Appendix 4 demonstrates the distribution of degree classification for both diagnostic and therapeutic graduates for 2008 and 2009.

6.1.7 Student Attrition

The level of attrition for both diagnostic imaging and therapeutic radiography training programmes remain worryingly high. The document ‘Modernising Education, Training and Regulation’ published by the Department of Health in 2000 stated allied health professions attrition rate should not exceed 10% in pre-registration training. Colleagues at other AHP professional bodies report attrition rates within this region. For the 2008-9 academic year the attrition rate is 26% for diagnostic imaging and 37.3% for therapeutic programmes.

However, this shows a significant improvement from previous years with a 10.6% improvement in attrition for diagnostic students when compared to the data collated in the previous year and a 5.4% improvement in the attrition rate for therapeutic radiographers. A summary is provided below (Table 5) with additional data located in appendix 3.

**Attrition Rates for Diagnostic Imaging and Therapeutic Programmes
between 2006-9**

Year	Diagnostic Imaging Programme Attrition	Therapeutic Programme Attrition
2008-9	26.0%	37.3%
2007-8	36.6%	42.7%
2006-7	31.7%	48.7%

Table 5

There are several issues that arise from continuously high attrition figures. EIs are under considerable pressure from commissioning agencies and from the EIs themselves to reach target numbers. Additionally, without an adequate workforce supply, health care targets for cancer and waiting times will not be met and certainly not sustained. There is an urgent need to reduce attrition even further.

However, how this is achieved is not answered easily. Factors affecting attrition cannot be attributed to one reason as the issues involved are multi-factorial and may differ between EIs.

In response to the high attrition rate the CoR has published 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 guidelines presented within this document reiterate many of the strategies and good practice initiatives already in place in most, if not all, universities which offer radiography education programmes. The intention of the document is to look at a number of identified risk factors which impact on retention rates, to identify within each of those factors certain retention goals and to provide guidelines supported by evidence from a range of healthcare professionals and other Higher Education courses. Case studies are provided and there is some explanation as to how some radiography programmes and other HE

programmes have tackled particular risk factors. Through the sharing of these experiences, initiatives and good practice the CoR hope that retention of radiography students may be maximised.

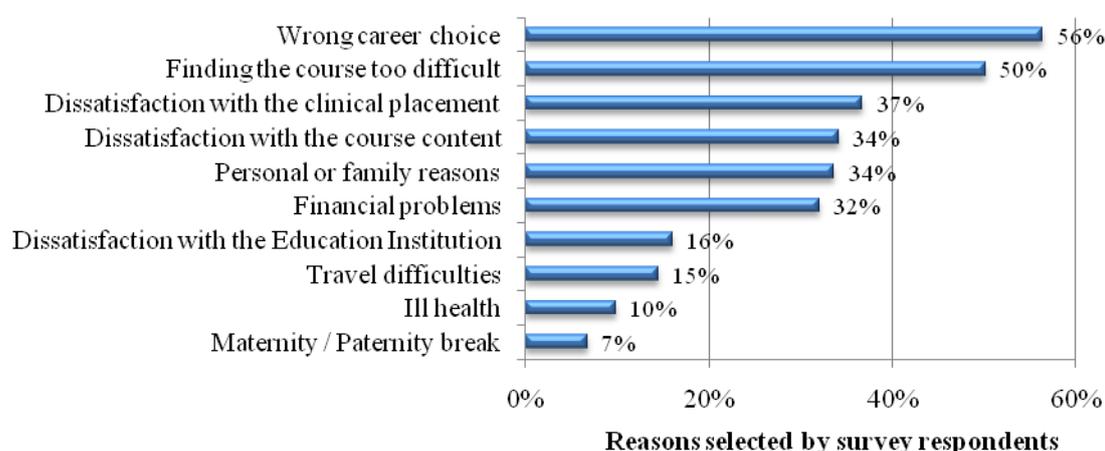
Most of the guidelines presented in the document are generally common sense approaches to retention and many are being widely used across the UK; they are reiterated together with background evidence which hopefully may facilitate discussion and consideration. These guidelines therefore are intended to help in the development of strategies which can be specific to local circumstances.

The recently published SCoR Student and Recent Graduate Survey 2009 illuminated some further interesting facts. Graphs 6a and 6b overleaf demonstrate reasons student identified as to why they did not complete either a diagnostic imaging or radiotherapy course.

Reasons why some students do not complete the course

Diagnostic

Source: SoR survey of students 2009

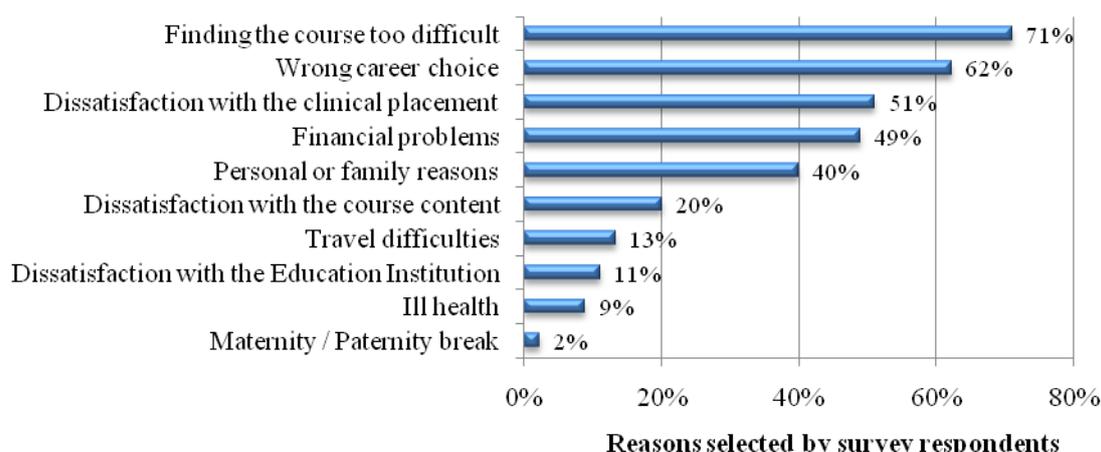


Graph 6a

Reasons why some students do not complete the course

Therapeutic

Source: SoR survey of students 2009



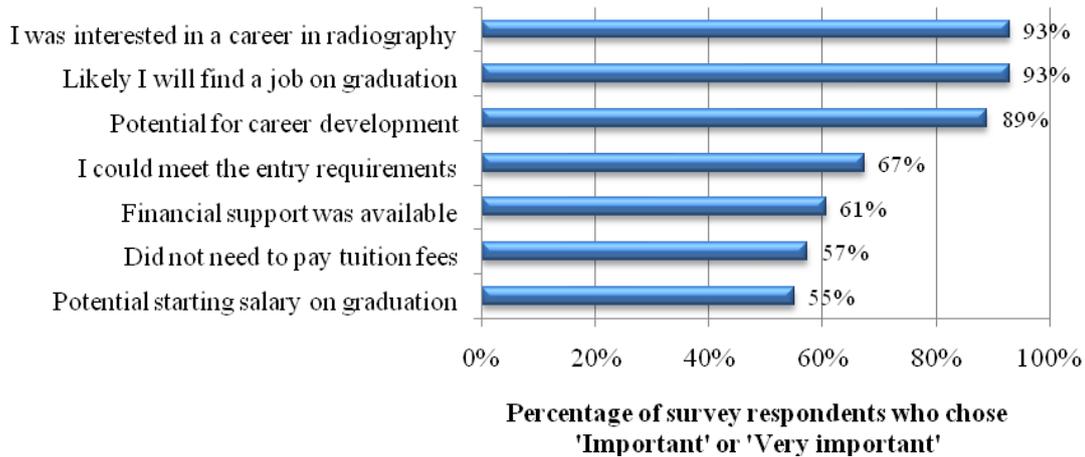
Graph 6b

Radiography courses, taught at 25 universities in the UK, all report that a significant number of students fail to complete the first year. When asked for reasons as to why their peers left the course, the two most common reasons were 'wrong career choice' and 'finding it too difficult'.

Graphs 7 and 8 below demonstrate reasons student identified as to why they chose radiography as a subject to study and why they chose specific courses.

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

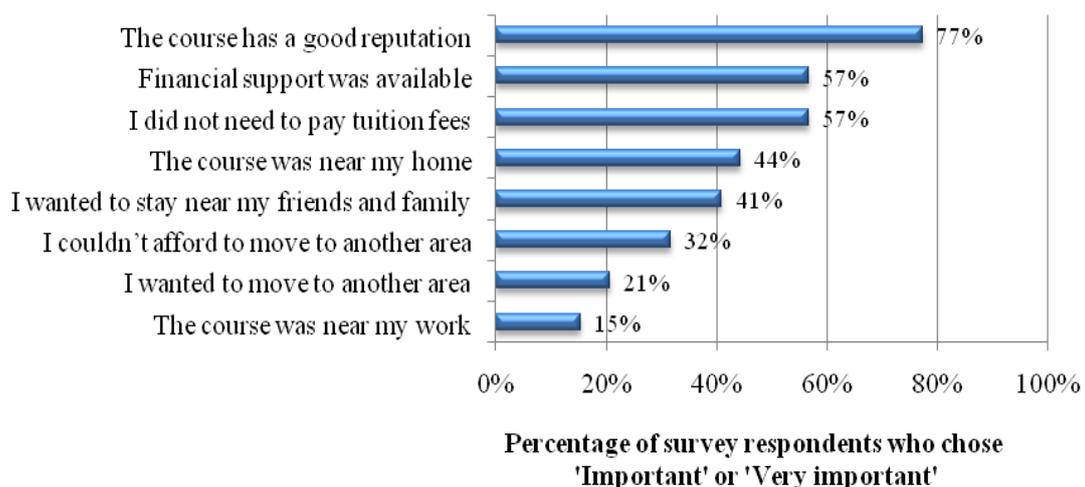
Source: SoR survey of students 2009



Graph 7

How important to you were the following reasons for choosing your specific course?

Source: SoR survey of students 2009



Graph 8

Examples of successful strategies developed by EIs for reducing attrition are:

- Attention to attendance.
- Close liaison with clinical colleagues
- Availability of staff for one-to-one pastoral support.
- Cross School recruitment and retention group enabling sharing of good practice.
- Development of enhanced support mechanisms.
- Each student has a Personal tutor.
- Student to student mentoring - new second year students mentor new first year students.
- Student representatives on the programme management group.
- Clinical liaison groups.
- Staff student forum.
- For the first 9 weeks of semester 1 first year students spend one day a week in the clinical department, this is prior to the major clinical block at the end of the semester. This time allows the student to start and get to know the department and the hospital and how it functions. This time allows the student to build professional relationships with staff and interact with patients
- Use of lecturer/practitioners to support students in practice.
- Assessment feedback normally within 4 weeks.
- Electronic feedback which can be accessed on and off campus.
- Clinical audits of departments.
- Retention support officer - not part of team.
- Greater use of formative assessments.
- Red light warning system for potential academically failing students
- The appointment of Student Support Officers and facilitating drop in sessions for peer support.
- Programme redesign where the emphasis was placed upon improving the student experience. This has resulted in a reduction in assessment loading and the use of more varied assessment methods together with improved support mechanisms for students.
- Tutorial support for students with learning difficulties. The University runs an 'access to learning' fund which radiography students can apply to for additional funding. Personal tutor, clinical lecturer and mentor support to identify difficulties early and signpost specialist support to students.

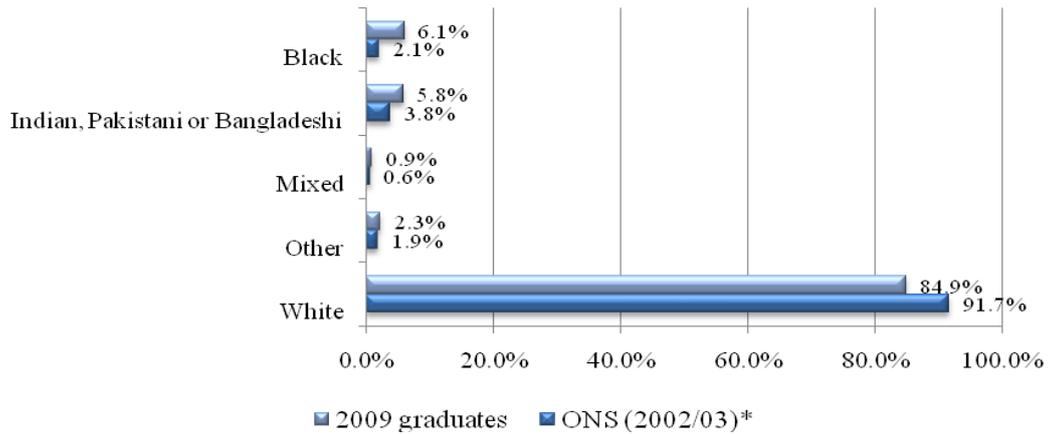
Student retention has become an issue for a wide audience and CoR expects its work in this area to continue in the next academic year.

6.1.8 Diversity profile of graduates from pre-registration radiography programmes in 2009

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.

Ethnic groups of graduates from UK pre-registration courses

Source: SoR membership database and National Statistics website*



Graph 9

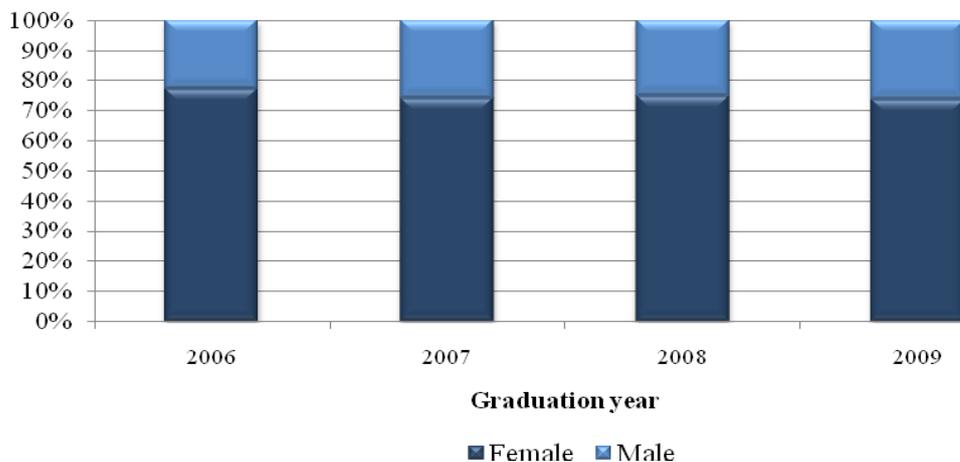
*Percentage of UK working-age population by ethnic group, 2002-03 (data from later years not available as of July 2009. Source: National Statistics website: www.statistics.gov.uk Crown copyright material is reproduced with the permission of the Controller Office of Public Sector Information (OPSI). Reproduced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

Includes those who have graduated throughout the academic year e.g. 2009 graduates includes those graduating from 01/09/2008 to 31/08/2009

The graph below (10) demonstrates the gender of BSc(Hons) radiography graduates in 2009 in relation to 2006-8. It shows that the profession is still significantly dominated by females. Therefore, there continues to be a potential growth area for EIs to promote radiography education to males. Graph 11 illustrates the age range of BSc(Hons) radiography graduates in 2009 in relation to 2006-7. Although the range seen in 2009 is similar to previous years, it will be interesting to see if this changes in future years with the focus on widening access to education.

Gender of graduates from UK pre-registration courses

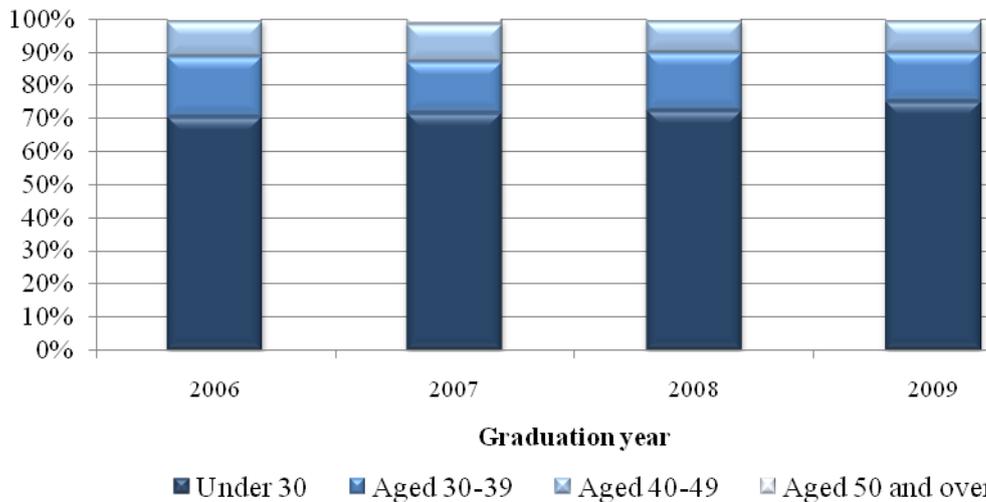
Source: SoR membership database



Graph 10

Age range of graduates from UK pre-registration courses

Source: SoR membership database



Graph 11

Includes those who have graduated throughout the academic year e.g. 2009 graduates includes those graduating from 01/09/2008 to 31/08/2009

6.1.9 Society and College of Radiographers Student and Recent Graduate Survey 2009

The Student and Recent Graduate Survey 2009 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 2009. The survey was targeted at current radiography students and graduates from radiography degrees since 2008. Respondents were asked about their motivations for studying radiography, details of their finances and their experiences since graduating.

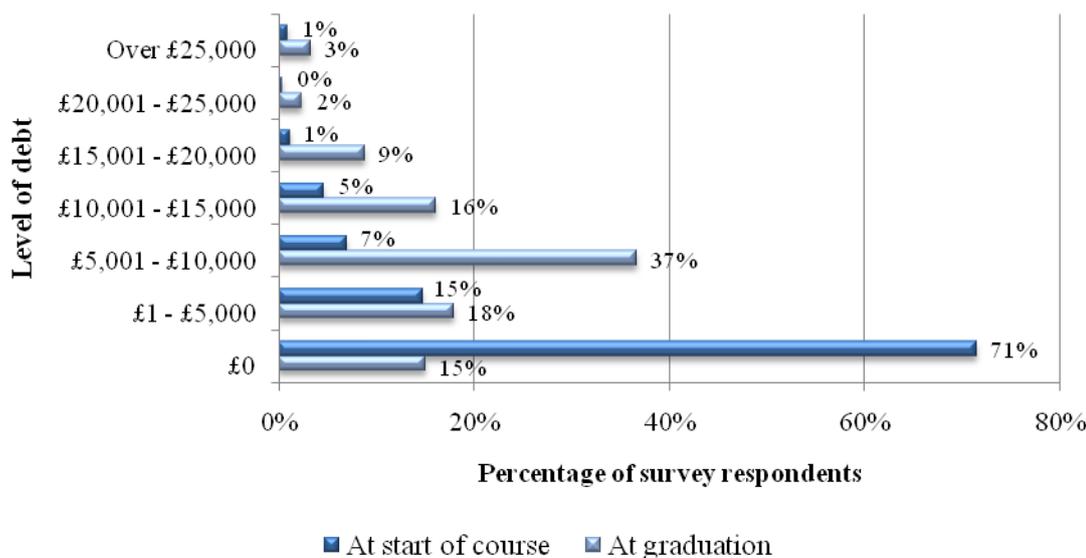
The survey was anonymous and covered as many students and recent graduates as possible. 3705 potential subjects were identified from the SCoR membership database and emailed to ask if they would complete the online questionnaire. The survey was also advertised in the SoR email newsletter Student Talk and on the SoR website. Respondents were offered the option of entering a prize draw if they completed the online survey. 573 individuals completed the survey.

The survey was designed to ask respondents different questions depending on their year of graduation: current students were asked questions about the reasons they chose to study radiography and why some students do not complete the course; recent graduates were asked their experiences in their first job. All respondents were asked questions about their finances including how they financed their degree and their level of debt on graduation.

The results illuminated some very interesting facts. 78% of diagnostic imaging and radiotherapy students have to borrow large amounts of money to complete their university course. Most expect to graduate owing at least £5000. Nearly a third said they will have debt of more than £10,000. See graphs 12 and 13 below.

Level of student debt (not including mortgage)

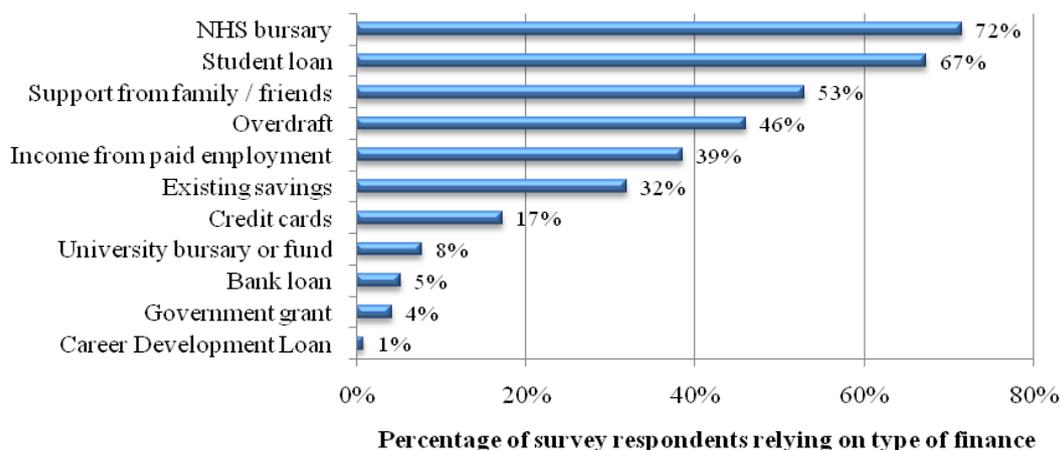
Source: SoR survey of students and recent graduates 2009



Graph 12

Type of finance relied on by students to fund studies

Source: SoR survey of students 2009



Graph 13

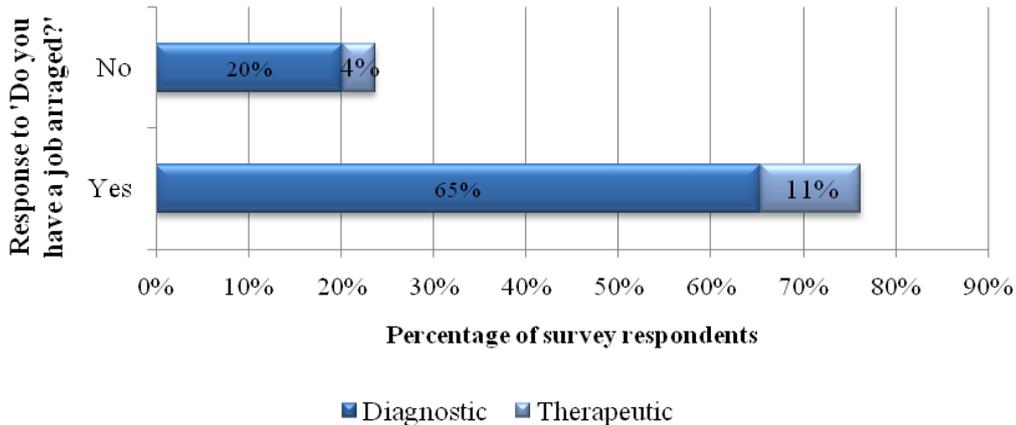
When asked what the solution was to help stop this build-up of indebtedness, half of the students surveyed said that they should be employed by the NHS during their course. Radiography students spend up to 50% of their university course on placements in hospital departments.

The study also found that despite a squeeze on National Health Service funding, job prospects remained good with three-quarters of this year's graduates having arranged their first job and almost nine out of ten students who graduated in 2008 having begun employment within two months of leaving university.

Graph 14 below demonstrates 76% of 2009 graduates had arranged employment for after graduation. This indicates that most graduates do not have difficulty finding work which is exceptionally positive given the current global economic crisis. However, mature graduates may find it harder to arrange jobs, as in general they are more likely to be restricted by family commitments to their local area.

Graduates in 2009 with job arranged as of July 2009

Source: SoR surveys of recent graduates

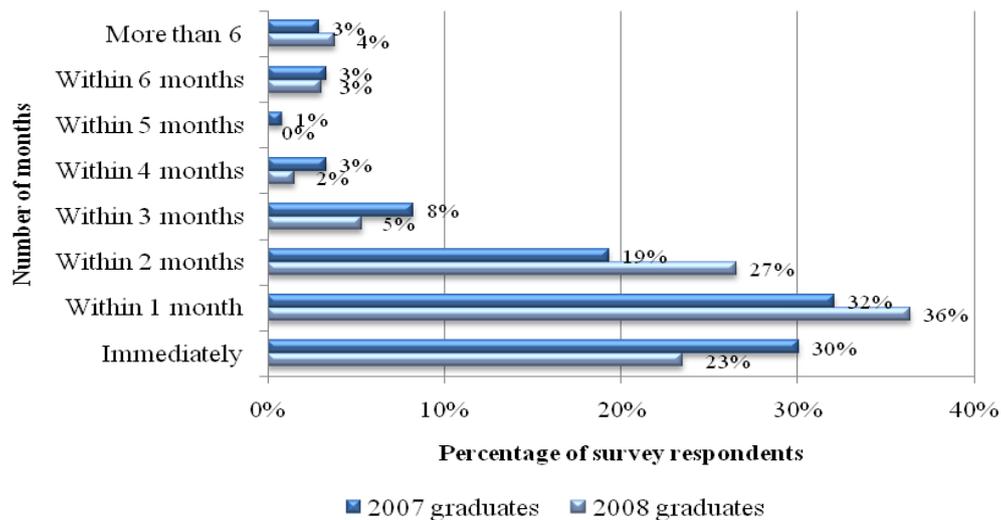


Graph 14

Graph 15 below shows 91% of 2008 graduates started their first job within three months of graduation, confirming that in general, the job market for recent graduates remains strong.

Number of months after graduation before starting first job

Source: SoR surveys of recent graduates



Graph 15

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 Canterbury Christ Church University – re-approval of MSc Clinical Reporting programme
- 6.2.2 Sheffield Hallam University – approval of MSc/PgD/PgC Supportive and Palliative Care programme
- 6.2.3 University of Dundee – re-approval MSc Advance Practice (Diagnostic Imaging) and Postgraduate certificate in Clinical Image Reporting programme
- 6.2.4 Queen Margaret University – re-approval of MSc Radiotherapy programme

6.3 Assistant Practitioner Programmes

It is clear we have reached a point where the majority of institutions have now developed assistant practitioner programmes. As of May 2009 the number of accredited assistant practitioners programmes are as follows:

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

Approval has been given for London South Bank University to defer review of their FdSc Diagnostic Imaging from 2009 until 2010.

Diagram 16 below indicates the trend in accredited assistant practitioners from 2007-9.

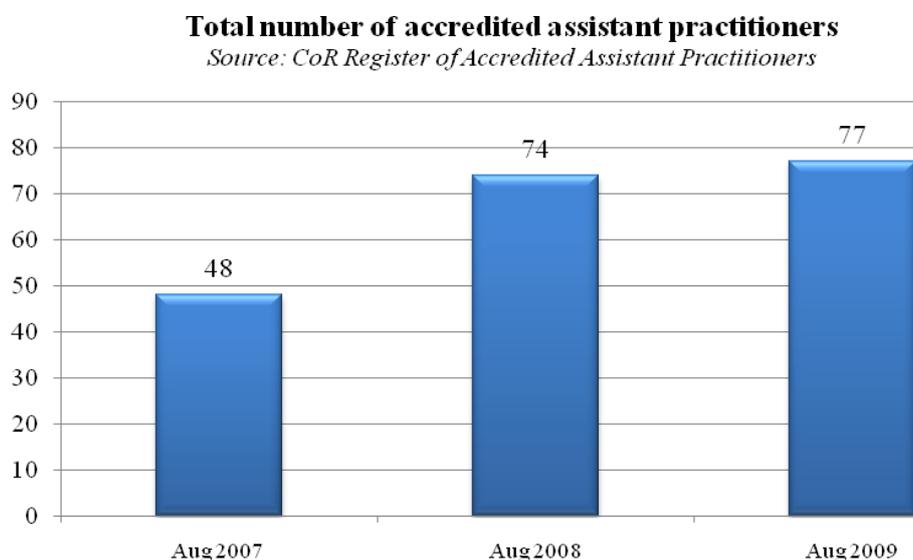


Diagram 16

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.

6.4 Practice Educator Accreditation Scheme (PEAS)

The Practice Educator Accreditation Scheme (PEAS) has now been in existence for two and a half year years. At the end of August 2009 there were 138 practice educators registered: 2 having followed the experiential route and the remaining 136 either the fast track route or via approved programmes.

The diagram below (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.

Total number of registered practice educators

Source: CoR Register of Practice Educators

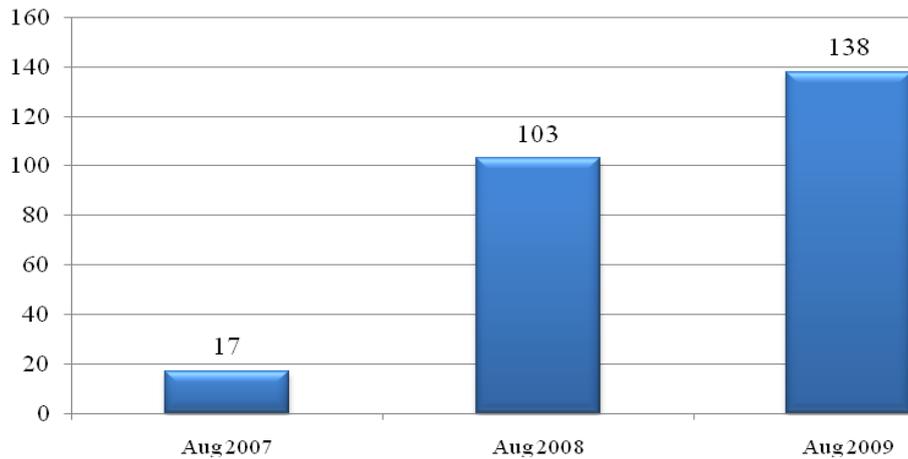


Diagram 17

Concern has been raised about how the scheme could be marketed better to practitioners. The Board recognises it is imperative to clarify how the scheme can benefit individuals and it is hoped practice educators yet to be accredited will recognise the link with the CPD requirements of the HPC.

One of the most positive ways forward is to continue to devise a one scheme approach with other AHPs which has been supported by the Allied Health Professions Federation (AHPF) Education Leads Group. As such CoR is continuing its work with the Chartered Society of Physiotherapy (CSP) and the College of Occupational Therapists (COT) towards devising a unified approach. Current projects include the three professional bodies working on linking the practice educator sections of each of their professions websites together.

It has been agreed that common branding of the three schemes would support the promotion to members.

The joint meetings between the three professional bodies provide opportunities to identify and address emerging issues of common interest, share emerging best practices and progress towards a common framework with bespoke features.

Considerable work has been undertaken in seeking engagement with other AHPs to ensure that the unified approach allows inclusion of all professions. As a result all AHPs have been 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.

In March 2009 a joint CPD day was delivered to 30 accredited practice educators (10 places from each of the three schemes were offered) in York in collaboration with the Higher Education Academy, CSP and COT. This was the first multiprofessional practice educator event to be provided and the feedback was exceptionally positive. It is hoped further collaborations will be made available in the next year.

In addition, a meeting with the DH in England has been held to discuss the three schemes since practice education was one of the key themes highlighted at the Modernising Allied Health Professions Career Education Summit in 2008. It is clear the DH is looking into the accreditation of AHP practice educators with developments in this area expected in the coming year. It was hoped that the CoR accreditation framework and process would be

taken into account when considering how the DH may take this forward. It was also anticipated that CoR, COT and CSP would sit on the DH steering committee.

There now stands 17 accredited practice educator programmes. This includes one programme by the CSP and two by COT that COR has accepted by reciprocal arrangement.

6.5 *Short Courses*

Submissions for short courses continue to be received. However, this year the number of submissions has declined. The short courses approved this academic year are:

- 6.5.1 Cardiff University – approval of PgC Independent (Non Medical) Prescribing
- 6.5.2 Classmasters Ltd – re-approval of Intravenous Injection course

The AAB continues to encourage the development of a range 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.

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 suggests that overall staff numbers have increased significantly in 2008. However, for the last two years we have not received complete data sets for all EIs so this could be the explanation. This year we have a full data set so the figures shown reflect the true numbers.

Numbers of radiography qualified staff employed by Education Institutions

Date	Diagnostic Qualified FTE	Therapy Qualified FTE	Total
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
1 Nov 2005	233.75	77.10	310.85

Table 18

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. 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.

It is clear that there is an increase in the number of staff undertaking PhD and doctorates of education, which is excellent. The AAB hopes this trend will continue increasing in future years, especially with research and writing for publication highlighted as part of staff development in some institutions.

Several EIs organise comprehensive staff development programmes, often based on the individual's need following annual appraisals. These include assessment workshops and scholarly activities to maintain currency of course materials to topics such as back care programmes for all staff.

There has been wide attendance at local, national and international study days and conferences, covering a wide ranging of specialities. Attendance at 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 has been widely reported with the submission of poster presentations from some institutions at national and international level.

It is clear that there is a strong focus on research with members of staff undertaking sabbaticals to progress their areas of research.

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

There has also been a significant amount of promotions within EIs. These include members of staff who have attained teaching fellowships and have become Principal Lecturers. A Head of School of Radiography has been promoted to take an additional role as Associate Dean for Learning & Teaching and Interprofessional Development.

7.3 *Staff holding Doctorates*

Doctorates are held by twenty four qualified teaching/lecturing staff for diagnostic imaging programmes and six for therapeutic. This is indicative of a strong commitment to staff development.

8. Accreditation Process

8.1 *Advanced Practitioners*

During this year work has been undertaken to strengthen the CPD platform to support the Advanced Practitioner accreditation process and give additional and easier functionality. The project is proceeding as quickly as possible given the current pressure to accredit and differentiate complex practice at this level.

The initial accreditation process has being simplified with a stronger emphasis on two yearly re-accreditation and evidence thereof which should encompass the four dimensions underpinning consultant practice, but appropriately to either advanced or consultant level. It is anticipated that the process would commence by the end of 2009.

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 2008 – 31st August 2009.

Mammography

98 registered students of which 70 were SoR members;
74 students, from 6 breast screening centres previously registered received accreditation certificates

Intravenous Injections

554 registered students of which 396 were SoR members;
411 students from 10 education centres previously registered received accreditation certificates

The following diagram (19) indicates the trend in the number of students registering for certification in intravenous administration and those receiving certificates from 2006-2009.

Certificate in Intra-Venous Administration

Source: CoR Register

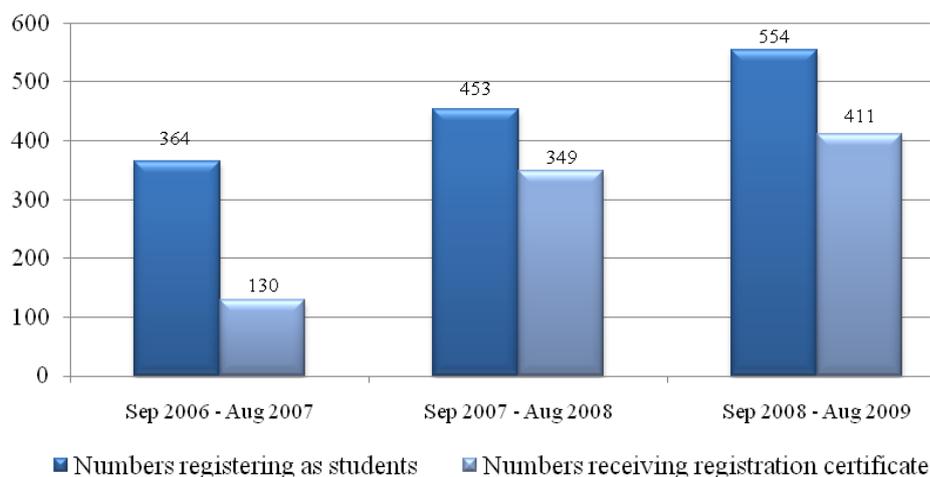


Diagram 19

The following diagram (20) indicates the trend in the number of students registering for certification in mammography practice, and those receiving certificates from 2006-2009.

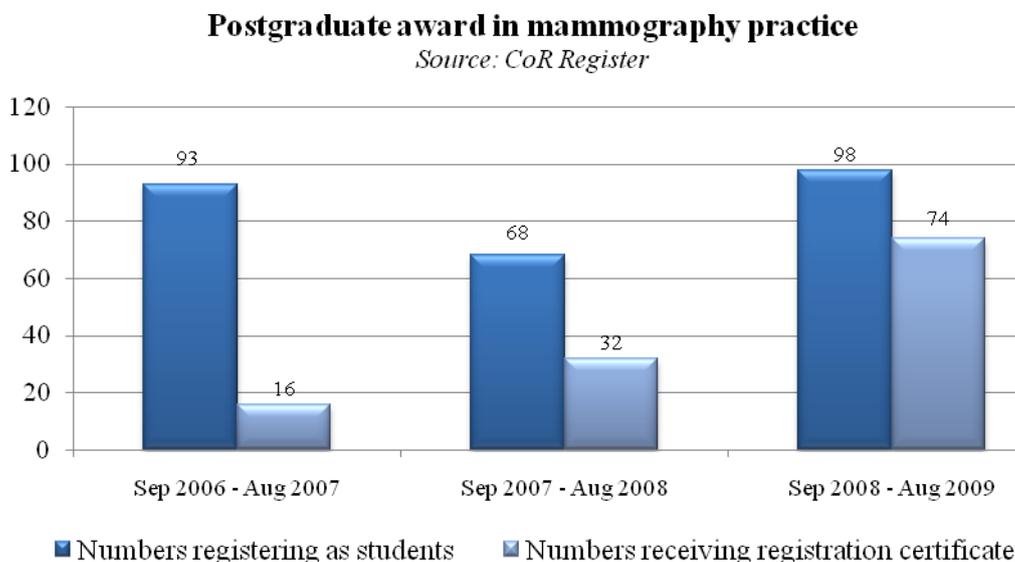


Diagram 20

The data shows a good increase in numbers for both specialities this year. This year there is a 22.3% increase in registered mammography students and a 44.1% increase in registered IV students.

8.3 *The Consortium for the Accreditation of Nuclear Medicine Education (CANME) and the Consortium for the Accreditation of Clinical Magnetic Resonance Education (CACMRE)*

It can be confirmed that CACMRE is no longer in existence.

CoR are still channelling nuclear medicine course approvals via CANME. It is expected that that there will be a sizable increase in PET/CT education and requests for approval would come to both SCoR and the Institute of Physics and Engineering in Medicine (IPEM).

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

CASE continues its work. It is the longest standing consortia and is likely to continue for the foreseeable future. It is anticipated that if sonographers were to eventually be regulated by the HPC then the need for CASE would disappear at that time.

The United Kingdom Association of Sonographers (UKAS) merged with CoR with effect from 1 January 2009. This merger has the potential to impact on CASE as UKAS has been one of its parent bodies.

CASE has devised a new policy relating to the accreditor self nomination process. Until this point each professional body had nominated between four and six names. SCoR nominated ultrasound educators and did not nominate clinicians. All nominations had been both SCoR members and leaders of ultrasound programmes. CASE assessors are expected to attend

training sessions and should have active involvement in ultrasound, either academically or clinically.

Previously the CASE remit had not included approval of non credit bearing short courses. CASE is now able to approve short credit bearing courses. The AAB has no objection to CASE undertaking this role, however, CoR expects to continue its own role in relation to short, credit bearing courses related to ultrasound.

Currently there are 828 sonographers on the CoR voluntary register.

8.5 *Training of AAB Assessors*

This year the AAB recognised the need to increase the number of accredited AAB assessors. The AAB recognises that problems exist in recruiting new assessors, particularly in radiotherapy. Ultrasound is also under represented and there is currently no representation from cardiac specialities.

All new assessors are now given the opportunity to shadow a more experienced assessor before undertaking an approval/re-approval event themselves. A mentoring role is the expectation from those assessors with more experience. Feedback has been very positive showing the shadowing process helps alleviate concerns new assessors have and helps to contextualise the accreditation process.

The AAB has also set up a rolling programme of training day events for new assessors. Three training events were held this year (December, April and August) with the same planned for 2010. Assessors who feel they would benefit from refreshing their skills are also welcome to join the events. Each event is a full day in length and facilitated by a member of the AAB. The aim of the event is to assist assessors in understanding the AAB approval procedures and to gain confidence. The events are limited to small numbers of attendees to enable them to have as much of an individualised experience as possible.

In May, the new handbook covering all the AAB procedures and processes was published. This document may be accessed via the following web link http://www.sor.org/public/pdf/2009.05.01_AAB_Handbook_SJ_V_1.0.pdf. The handbook forms the basis of the training day events along with anonymised documentation from a previous re-approval event. The cost of attending the new assessor training events is subsumed by the Society and College of Radiographers.

Additionally, an AAB update event will be held on 25 November 2009 at SoR headquarters for all assessors. The agenda will cover 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 criteria and application form to become a new AAB assessor are now available online via the following web link <http://www.sor.org/public/app.htm>

8.6 *Approval of External Examiners*

The AAB recognises that it can be difficult to identify appropriately qualified individuals to act in the capacity of external examiners. This is because there is a lack of ready information regarding who is available and qualified to undertake the role. Accordingly, the College of

Radiographers (CoR) is establishing a register of individuals for appointment as external examiners which should be available in November 2009.

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 will provide 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. It will also provide a source of potential examiners for doctoral level studies and programmes undertaken by radiographers.

This service forms part of the 'inclusive package' for higher education institutions (HEIs) and other educational providers who purchase the College's services. It will be publicised directly to education providers, and through the College's usual vehicles (Synergy News, TopTalk and the Society of Radiographers website).

9. Continuing Professional Development (CPD)

The programme of regional training events to support and promote the use of CPD Now continued, although the majority of national councils and regional committees had received most of their training allocation in the previous year. The upgraded version of CPD Now was launched in January 2009 and was well received by users and union learning representatives. Development work continued throughout the year and the use of the application for the accreditation of advanced and consultant practice will be launched in 2010. A new section of the application will also handle the endorsement of CPD programmes and events.

The total number of users actively engaging with CPD Now – defined as having selected a CPD framework and recorded at least some learning activities against this – was around 6,000 at the end of August 2009. The web statistics for CPD Now use show some potentially interesting trends, although these should be interpreted with caution and there is a degree of variation from month to month. Surprisingly, activity is much higher mid-week than at the weekend. A significant number of users visit for an average of ten to twenty minutes, although the largest group uses the site for over an hour at each visit. The number of page views per visit is also higher mid-week. The initial impression gained is that a majority of users visit the site during the week and spend over an hour at each visit looking at different parts of the application. Weekend visitors tend to spend as much time but visit fewer pages, which might suggest that this group is more intent on completing the portfolio than exploring other features of the application. Further work is planned to establish how this type of data might benefit CPD Now users and support planning for CPD resources.

The endorsement of CPD programmes has continued to show steady growth, although, as in previous years, the largest group applying for this service remains the commercial sector. Eighty four applications were received during the periods covered by this report. These included multi-submissions under the same speciality heading from certain companies.

April 2009 saw the preliminary launch of the College of Radiographers e-learning programme, CORE-learning. This is delivered in partnership with Philips Healthcare and the College of Radiographers currently endorses 90 units covering a range of science topics and imaging modalities, as well as radiotherapy and some 'soft' skills development. A further 80 are currently under review. User uptake is favourable, with over 300 users registered before the formal launch at UKRC in June. By the end of September 2009 there were over 600

registered users of CORE-learning with approximately 200 certificates of completion awarded. User comment (which can be submitted directly on completion of each module) is generally positive, although some users would prefer more user interaction with the materials. It is envisaged that more modules will be endorsed and that in due course modules will be commissioned and developed in the UK.

A successful bid by the College resulted in funding from the Department of Health to develop fifty e-learning modules in image interpretation of the adult skeleton. This is crucially important to the development of many diagnostic radiographers and will enhance significantly the contribution made by radiographers in imaging services. Preliminary research has shown that training in this aspect of practice can result in a large reduction in the number of fractures/ pathologies 'missed' during initial presentation. The modules are developed by expert practitioners under the auspices of the e-Learning for Health programme and in partnership with the College. The programme will be available to radiographers and other healthcare practitioners throughout the NHS in 2010.

10. Preceptorship CPD programme

The SoR's Preceptorship CPD programme has been approved by the Career Progression Board (CPB). This is a positive step for newly qualified radiographers.

The programme for CPD activities to be undertaken by practitioners during their first eighteen months following qualification has been designed to provide a suggested CPD Framework, enabling the user to record their professional development activities in CPD Now (the College of Radiographers' on line CPD tool). This will enable the user to achieve accreditation of their CPD portfolio by the College and at the same time prepare for possible audit by the Health Professions Council (HPC). More experienced practitioners undertaking formally structured and evaluated CPD for the first time may find this programme helpful. It has suggested NHS Knowledge and Skills Framework (KSF) outlines which can be used as a starting point for managers and staff members wishing to put together profiles to support development from NHS Band 5 to Band 6.

There is also a range of CPD activities to support appropriate consolidation of knowledge and clinical skills for newly-qualified practitioners. SoR expects that newly qualified practitioners who meet the requirements of the preceptor programme and who evidence progression using the KSF should progress from Band 5 to Band 6.

The preceptor CPD programme consists of twelve learning activities to be undertaken and completed during the eighteen months following first appointment to a Band 5 post. The CPD activities have been devised to support the requirements of professional body accreditation and in the College's view enable the user to meet the regulatory (HPC) CPD requirements comfortably. Managers and preceptors should bear in mind that this template has been designed to reflect the common needs of the profession and that some customisation of the KSF outlines may be required to meet the needs of local services and individual post holders. CPD Now is able to reference the College's CPD outcomes against all elements of the KSF so modifications to the outlines present no practical difficulties with CPD accreditation.

11. Other Activities

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

11.1 *Virtual Learning Environment*

To effectively support the English Department of Health's VERT (Virtual Environment for Radiotherapy Training) project Robert Appleyard, a senior lecturer from Sheffield Hallam and Louise Coleman, lecturer and practice coordinator at University Campus Suffolk, were seconded by their education institutions to the SCoR to oversee implementation and evaluation of the tool for 18 months. This project ended in September 2009. Louise was the Implementation and Education Co-ordinator whilst Robert was the Evaluation and Research Co-ordinator.

VERT aims to make learning more effective and enjoyable for student therapeutic radiographers. The VERT project was a national project funded by £5 million from the Department of Health (England) and the Cancer Action Team (CAT). Louise's role involved co-ordinating the installation of the VERT technology in universities and departments in England and to ensure that users were supported, helped and encouraged to use VERT with students.

The formal evaluation of the VERT technology was coordinated by Robert.

During the past 12 months Louise completed visits to all 10 universities in England that train therapeutic radiographers. All of the 30 radiotherapy departments who have seminar VERT installed were also visited. Those sites which were early implementers and visited at the very start of the project received a second visit to see how their VERT use evolved. Site visits necessitated a significant amount of travel all over England. Visits took a variety of forms ranging from all day visits to meet large numbers of interested radiographers, students, physicists and doctors to much shorter visits to talk VERT with one or two people only. In universities and departments the majority of people were enthusiastic about using VERT and most of those who were not VERT enthusiasts before the visit became more accepting of the technology during the course of the day. There are several departments still to have their equipment installed due to a variety of room and building work issues. These sites have been encouraged to participate in regional VERT user groups with their university and other departments.

During the last year of the project Louise encouraged the formation of three tier user groups:

- University or department local groups - VERT leads and interested radiographers, physicists, doctors and other interested parties
- Regional groups - the VERT leads from departments and the providing university meet every few months
- The national user group (including Scotland, Wales and Northern Ireland)

The evaluation strategy led by Robert comprises:

- A survey of students' first impressions of VERT
- A prospective cohort study establishing the impact of pre-placement VERT experience on 1st year students' skills and confidence

- A randomised controlled trial examining the impact of VERT characteristics on student performance in spatially complex set-ups and the extent to which these skills transfer to the clinical environment
- A retention and attrition survey
- A final survey of users' perspectives on the impact of VERT on radiotherapy education and training.

The final report of the VERT project will be published early in the New Year.

11.2 *Interprofessional Collaboration*

The AAB receives reports of meetings of the Allied Health Professions Federation (AHPF) Education Leads, which are attended by the Director of Professional Policy and the Professional Officer for Education and Students.

The AAB continues to be kept abreast of the work of Assessment and Learning in Practice Settings (ALPS). ALPS has developed a mobile assessment and an e-portfolio system which has been piloted by five ALPS partner EIs. The partners were based in the Yorkshire region and involved sixteen professions. ALPS are keen to work with CoR to identify ways in which their associated practices can be embedded into key stakeholder agendas. Further information is available from the ALPS website <http://www.alps-cetl.acuk>

11.3 *Consultations*

The AAB contributed to the SCoR response to five consultations:

- 16.3.1 The HPC's revised Standards of Education and Training and revised Standards of Education and Training guidance
- 16.3.2 The HPC's 'Guidance on Health and Character'.
- 16.3.3 The HPC's 'Conduct and Ethics for Students'.
- 16.3.4 Response to the Scottish Government – 'Supporting a Smarter Scotland' – a consultation supporting learners in higher education by the Society and College of Radiographers.
- 16.3.5 Skills for Health consultation on modernising scientific careers.

11.4 *Fellow of the College of Radiographers (FCR) by portfolio*

A working party from the Consultants' Group is currently looking at how to distinguish between the honorary fellowship and a portfolio route which would bring professional recognition. The fellowship would have to be made available throughout the spectrum of radiography practice. It is hoped that the working party findings will be brought to the February 2010 AAB meeting, prior to being presented to SCoR Council and The College of Radiographers Board of Trustees (CBoT).

11.5 *Scottish education strategy*

Scotland continues to review its education strategy with the scoping and piloting of the reform of the Scottish four-year undergraduate honours degree for a range of nursing and allied health professional programmes within the framework of a common core curriculum as a response to the needs for a flexible, effective and employable workforce.

This project deals with issues surrounding future workforce planning in Scotland. A member of the AAB is also a member of the working party for the project and, therefore, CoR is fully informed as to how the project is progressing.

A 2+2 model, which was favoured early in the project, has since been rejected. A 1+3 model is now the favoured route forward. Ostensibly this meant that a total of one year would be utilised for multi-professional education.

In due course a report with recommendations will be compiled, however, full implications are not currently known. As professional bodies have been identified as stakeholders CoR is, and will be involved, as well as being informed.

11.6 Skills for Health

The NVQ level 3 is linked with the CoR policy on assistant practitioners. CoR has been insistent upon keeping the NVQ level 3 as the minimum qualification even with the tilt towards foundation degrees. This was difficult to achieve at the last NVQ3 review due to the number of units a student needed to complete, however, the CoR believes it remains a valid qualification. A further review of the NVQ level 3 health awards is due again. Those for diagnostic imaging and radiotherapy will be reviewed between October 2009 –March 2010.

The Department for Health England (DH) has held workshops to identify roles and link with competencies from the Skills for Health framework. CoR representatives have attended all the events. However, it has proven difficult for the DH to recognise new roles when they have traditional boundaries at a time when radiographers have already moved further forward on ‘boundary blurring’. The subsequent report has not so far moved things further forward. It is imperative that CoR continues to input into this type of work.

APPENDICES

APPENDIX 1

Student intakes for the 2008/2009 academic year

Tables 1a-e provide information on actual intake figures compared with approved intake figures for the years 2005-2008 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
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%
2005	1335	1314	1341	99.6%	343	334	371	92.5%

For 2007 – 2 HEI figures are missing as stated in the main report.

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
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%
2005	1335	1257	106.2%	343.	361	95.1%

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
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%
2005	1165	1187	98.1%	275	301	91.4%

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
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%
2005	162	142	114.1%	43	40	107.5%

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

Intake Year	Therapeutic PgD England and Scotland				
	Actual	CoR Approved	Commissioned/Funded	Actual / CoR Approved	Actual / Commissioned or Funded
2008	17	29	17	58.7%	100.0%
2007	24	33	31	72.7%	77.4%
2006	31	31	24	100.0%	129.1%
2005	25	30	33	83.3%	75.8%

APPENDIX 2

Range and average intake figures for HEIs for the academic years 2005 –2008

Table 2a Diagnostic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2008	16	126	50.1
2007	16	118	48.0
2006	13	131	48.5
2005	28	132	56.2

Table 2b Therapeutic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2008	7	64	18.5
2007	8	48	19.8
2006	8	135	25.5
2005	10	64	24.6

The small size of the lowest intakes is a concern of the College in that they raise questions about viability and adequacy of resourcing.

APPENDIX 3

Table 6a 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 6b 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 6c 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

Table 6d Attrition Rates Calculated Using Year 2006 Outputs

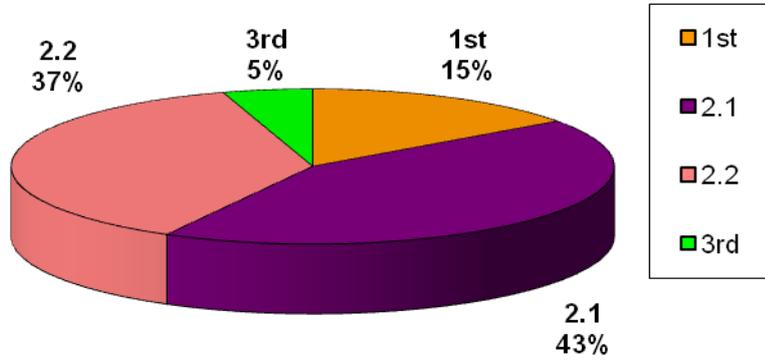
2006	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
Actual Intake	1075	258	156	43	11	41
Output	720 66.98 %	129 50%	123 78.85%	23 53.49%	8 72.73%	31 75.6%
Wastage	355 33.02 %	129 50%	33 21.15%	20 46.51%	3 27.27%	10 24.4%

All programmes	Actual Intake	Output	Wastage
Diagnostic	1242	851 68.52%	391 31.48%
Therapeutic	342	183 53.5%	159 46.5%

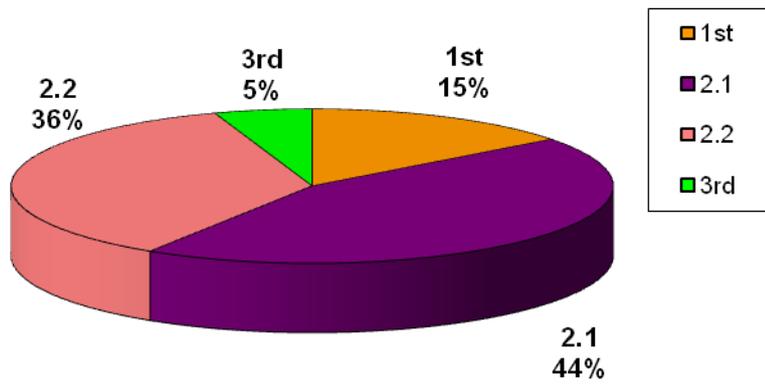
APPENDIX 4

Degree Classifications for 2008 and 2009

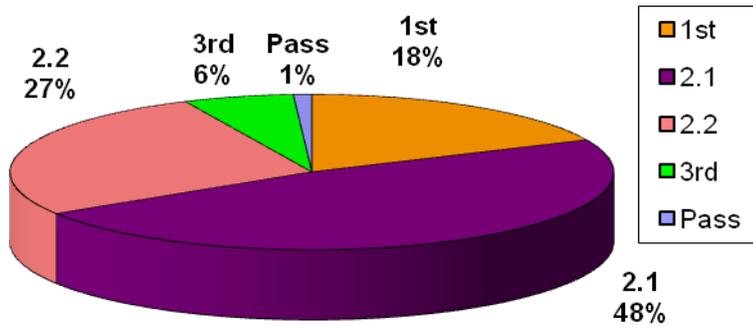
Diagnostic Hons Degrees Awarded in 2008



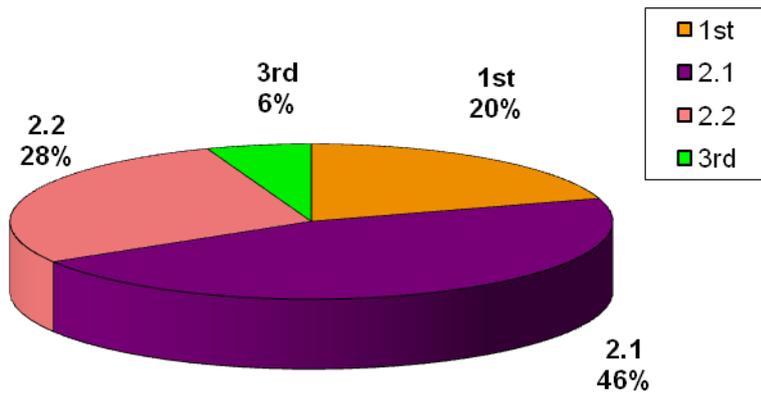
Diagnostic Hons Degrees Awarded in 2009



Therapy Hons Degrees Awarded in 2008



Therapy Hons Degrees Awarded in 2009



APPENDIX 5

3RD ANNUAL MEETING OF THE COLLEGE OF RADIOGRAPHERS (CoR) AND HEI HEADS OF SCHOOLS, 15TH JANUARY 2009, SCoR HQ, 207 PROVIDENCE SQUARE, MILL STREET, LONDON, SE1 2EW

PRESENT:	Kathy	Burgess	- University of Liverpool	
	Anne-Marie	Conway	- Queen Margaret University	
	Pam	Cherry	- City University	
	Brian	Ellis	- Glasgow Caledonian University	
	Elaine	Gannon	- University of Hertfordshire	
	Marc	Griffiths	- University of the West of England	
	Phil	Harris	- University of Cumbria	
	Diane	Hawes	- University of the West of England	
	Mary	Lovegrove	- London South Bank University	
	Steve	Milner	- University of Bradford	
	Julie	Nightingale	- University of Salford	
	Susan	Nixon	- University of Teesside	
	Richard	Price	- University of Hertfordshire	
	Paul	Shepherd	- University of Ulster	
	Maggie	Summerlin	- University of Derby	
	Claire	Webb	- University Campus Suffolk	
	Martin	West	- Cardiff University	
	Jean	Wilson	- University of Leeds	
		Samantha	Jewell	- College of Radiographers
		Audrey	Paterson	- College of Radiographers

IN ATTENDANCE: Michele Landau - College of Radiographers

1. WELCOME & APOLOGIES

- 1.1 Audrey Paterson welcomed everyone to the meeting. All attendees introduced themselves.
- 1.2 Apologies had been received from representatives from the following Institutions:

Derek Adrian-Harris – University of Portsmouth
Barry Carver – Bangor University
Lesley Forsyth – The Robert Gordon University
Denyse Hodgson – Sheffield Hallam University
Sylvia Kittle – Anglia Ruskin University
Graham Morgan – Kingston University
Trudy Sevens – Sheffield Hallam University

2. NOTES OF PREVIOUS MEETING

- 2.1 There were no matters arising from the previous meeting.

3. IMPROVING STUDENT RETENTION

- 3.1 Samantha Jewell confirmed that a significant rise in attrition rates had been highlighted in the last Approval & Accreditation Board (AAB) report and that the Radiotherapy Advisory Group was particularly concerned that Radiotherapy attrition was particularly high. A working party was currently compiling

guidelines on student retention and it was hoped this would be submitted to SCoR Council for approval in March 2009. Samantha requested that examples of good practice by HEIs be forwarded to her.

ACTION: ALL

3.2 Audrey Paterson stated that attrition differed across the 4 countries of the UK and was lower in Scotland than in England and Wales. It would be important to keep a watching brief for the effects of the change to a three year programme in Northern Ireland.

3.3 Mary Lovegrove informed the group that London South Bank University (LSBU) was under a value for money KPI performance system. A “turn around” team would be swiftly deployed to solve attrition problems. First year attrition would not be penalised, however attrition in years two and three would be seen most unfavourably, with attrition rates published in league tables. Diane Hawes confirmed similar processes at University of the West of England (UWE).

3.4 Audrey Paterson referred to a piece of work on attrition being undertaken by Strategic Health Authorities (SHAs), the results of which had been expected since September 2008, and which still had not become available. The Office of SHAs project was to identify best practice and encourage sharing, however, it was felt that communication was lacking between SHAs.

3.5 Brian Ellis stated that Glasgow Caledonian University (GCal) was not currently being pressurised by the Scottish Funding Council with regard to attrition. GCal had pioneered various methods of dealing with attrition and employed an academic development officer who was tasked with dealing with students before they withdrew as well as a tracking system to highlight possible problems.

3.6 Marc Griffiths commented that a graduate development plan had existed at UWE for two years that had been successful in highlighting issues before they became problematic.

3.7 The group felt concerned whether the correct calibre of students was generally being recruited into the profession as this could also impact heavily on retention.

- a. Julie Nightingale informed the group that figures for infilling assistant practitioners and transfers into years two and three at University of Salford had now to be counted into first year numbers. Julie will send information to SCoR to take back to relevant SHA meetings/personnel.

ACTION: JN/AMP

3.10 Phil Harris questioned the information received by SCoR on student withdrawal forms, however, this remained patchy at best and was becoming ever harder to collate.

3.11 SCoR was currently working with HESA to obtain more detailed radiography specific information; this was work in progress. The dataset gathered by SCoR had degraded over the past two and a half years due to the changes that had taken place surrounding student registration.

3.12 Phil Harris requested that the SCoR talk to second year students incorporated a segment on why the students have remained on the course while others had left. Samantha Jewell confirmed she would pilot the segment at a talk she would be giving the week following this meeting.

ACTION: SJ

3.13 Karen Knapp confirmed that at University of Exeter students had to complete a paragraph stating their reasons for leaving. Information from personal tutors relating to a student’s marking summary was also required.

3.15 Claire Webb informed the group that clinical colleagues in Suffolk were working on the clinical elements that led to attrition, including placement settings.

3 VERT PROJECT UPDATE

4.1 Audrey Paterson informed the group that the project seemed to be moving along reasonably well. Installations into HEIs had more or less been completed. Issues existed surrounding the use of data and just over half the clinical departments in England had taken up the non immersive version of VERT. It was pleasing to know that VERT had been taken up in both Northern Ireland and Wales.

4.2 Lobbying of the Scottish government to release money for the project had begun, however, SRAG would require evidence that VERT worked before giving its support. GCal were committed to installing VERT as soon as possible.

4.3 Claire Webb informed the group that first year students at University of Suffolk (UCS) had stated that VERT had proven helpful in preparing for placements, however, some reservations had been highlighted which included problems with glasses, headaches and dizziness. SCoR would feed this back.

ACTION: AMP

4.4 Marc Griffiths stated that VERT had been in place at UWE for a year. Feedback from students had been positive, however, usage was limited to forty five to fifty minutes per session. Benjamin Rowe was currently writing an article for Synergy. It was felt that hurdles with clinical colleagues would still need to be overcome. A South West user group had been convened to take VERT forward. UWE would be happy to share its experiences with other HEIs.

4.5 Audrey Paterson informed the group that SCoR would be meeting with VERT colleagues very shortly and would feed back the information from UWE. It was hoped that there might be opportunities to push for radiotherapy planning equipment for HEIs.

4 DATA PROTECTION ACT

5.1 SCoR had been hugely pleased with the response from HEIs in providing first year student information. Currently details remained outstanding from only one Institution, however, it was felt that this would soon be resolved. Around 1500 students had been signed up this year for which SCoR was grateful.

5.2 Difficulties still surrounded obtaining pass lists from some Institutions. It was of utmost importance for SCoR to receive this information as it assisted in informing the national data picture.

5 FEEDBACK ON CHANGES IN HEI AND STUDENT MEMBERSHIP

6.1 Free membership for first year students would continue for the 2009-2010 academic year.

6.2 Samantha Jewell confirmed that SCoR had implemented many strategies for students this year, however, it would take time to gauge the benefits to students and to SCoR.

6.3 Institutions had no way of knowing whether continuing students had joined SCoR. Audrey Paterson would check with the SCoR Data Protection advisers to see if this information could be shared on an Institutional basis.

ACTION: AMP

6.4 SCoR was looking to a possible Student Synergy publication which would be based online. It was hoped this would encourage students to publish their work. The publishers of Synergy were currently tasked with ensuring it would be fit for wider purposes.

6.5 The group heard that one Institution in Northern Ireland and one in Scotland had made it compulsory for students to join SCoR. Other Institutions heavily encouraged student membership.

6 UPDATE ON PROGRESS WITH SONOGRAPHER REGULATION

7.1 Audrey Paterson informed the group that the project had been in progress since the previous year. The HPC had deferred its decision pending work from the DH England on widening regulation. A paper was due from the DH England at anytime, so the project was currently in limbo. Scotland had not initially seemed keen, however, may now be giving the project further thought. Northern Ireland and Wales had not really commented.

7.2 Richard Price questioned what qualifications an individual would need if a register was opened.

7.3 Following a grandparenting phase, which could last for up to five years, entry would be by BSc (Hons). Over time mixed entry would be seen at both pre and post registration level. Pre-registration programmes would continue, however, it would be the responsibility of the HPC to recognise such programmes; consultation would have to take place.

7.4 Audrey Paterson explained the procedures involved in opening a new register. Even if separate sonography regulation was agreed it would take quite some time before the project came to fruition.

7.5 Julie Nightingale questioned the impact of Modernising Scientific Careers (MSC) on the HPC.

7.6 It was felt that there was no specific impact on the HPC at present, however a consultation on MSC was currently taking place. Healthcare Scientists were not best pleased. It was not currently clear what would happen following the conclusions of the consultation.

7 UPDATE ON CONSORTIA – CACMRE, CANME, CASE

8.1 The group was informed that CACMRE had been subsumed into the AAB.

8.2 CANME was currently in limbo. Approval work was being undertaken by the AAB and CANME assessors. A recent liaison meeting with The Institute of Physics and Engineering in Medicine had been postponed.

8.3 CASE remained in operation and would probably do so for some time, certainly until the outcome of the sonography regulation project was known. Some HEIs had not engaged with CASE in the current academic year. It was felt that this could prove short-sighted if regulation occurred, however, such decisions remained the remit of HEIs.

8.4 It was felt that CASE lacked consistency in its approach. Questions remained on its role if it could not undertake short course and CPD approval, however, this could change in the near future.

8.5 HEIs questioned paying both CASE and SCoR for accreditation and queried whether it would be possible for SCoR to provide all accreditation in future.

8.6 The group wished to note the good work undertaken by Anne Shaw in relation to CANME and nuclear medicine in general.

8 MERGER OF UKAS AND COLLEGE OF RADIOGRAPHERS

9.1 Audrey Paterson confirmed that UKAS and The CoR had merged with effect from 1st January 2009. Both parties were delighted on this event which ensured that there was now only one professional body for ultrasound in the UK. Both UKAS and The CoR were registered charities and limited companies, and work is in hand to effect the legal steps that resulted from the merger.

9.2 SCoR Council had appointed the outgoing UKAS Chair as an observer to the College Board of Trustees. They would move to a full seat as one became available and the Articles of Association would be altered to incorporate the change.

9.3 Membership of the SCoR Ultrasound Advisory Group would be increased by UKAS Trustees. All UKAS information would be the intellectual property of SCoR. UKAS members have been invited to join SCoR, with a free membership period until March 2009, after which they would be invited into paying membership.

10. DH E-LEARNING PROJECTS

10.1 Audrey Paterson informed the group that support from the DH in relation to an image interpretation project had finally been forthcoming. Dorothy Keane, a consultant radiographer had been appointed to oversee the project. One module would be completed initially, musculo skeletal plain film image interpretation. Other modules may follow in time.

10.2 Questions had been received from HEIs concerned that this would take people from reporting programmes. Audrey Paterson confirmed the module was not for this purpose but to move forward from red dots to initial comments.

10.3 SCoR was currently in partnership with the Royal College of Radiologists (RCR) and IPEM on another DH learning project. The RCR would be taking the lead, on a radiotherapy based project entitled 'technical radiotherapy'. Should the bid be successful it was felt that a radiotherapy radiographer would be likely to lead the project. Support from HEIs would be gratefully received, again.

11. CORE LEARNING

11.1 SCoR was currently working with Philips online learning centre on around ninety continuing education package, which would be available for members to purchase. It was hoped that, over time, others could slot further learning options in to reach a wider spectrum to include HEIs and clinical departments.

11.2 Julie Nightingale had assessed the process for Philips and felt that there remained a lack of clarity surrounding Institutional subscription. Audrey Paterson agreed to feed this back to Philips.

11.3 Julie Nightingale felt that the current modules were not suitable for postgraduate use. There was little change of feeding back comments for corrections/updates etc.

11.4 Audrey Paterson confirmed that only modules believed to be of relevance had been approved via CPD Now, and they were for continuing education purposes.

12 RCR SKILLS MIX SURVEY

12.1 Julie Nightingale confirmed that the consensus from the last Heads of Radiography Education (HRE) was that the RCR survey was poor, with flawed methodology evident.

12.2 Audrey Paterson confirmed that the RCR would still be taking this forward, however, SCoR had chosen not to make comment as it would prefer to move beyond a peer survey. SCoR and the RCR had met to discuss the current skills mix document prior to Christmas 2008. SCoR Council had signed up to a review to commence in January 2009. The RCR had concerns relating to radiographers reporting complex MR/CT abdominal scans, however, currently there were few radiographers reporting these at present with no need/desire to do so identified generally.

12.2 SCoR and the RCR would separately annotate what required revision. It was hoped this would be ready for Easter 2009. In the meantime, skills mix was alive and well and still rolling out, with minimal roll back.

12.3 Karen Knapp highlighted a limit on advanced practice opportunities in radiology academies.

12.4 Jean Wilson stated that she supported the point regarding academies and had concerns that role extension seemed to be rolling back.

12.5 Marc Griffiths highlighted the impact on postgraduate education in the South West of England.

12.6 Audrey Paterson informed the group that consultant radiographer posts continued to rise.

13. RADIATION MONITORING OF STUDENTS – SCoR GUIDANCE

13.1 Julie Nightingale highlighted issues surrounding costs of monitoring and late returns of badges and queried whether monitoring was actually required, particularly of first year students. A number of trusts had now stopped monitoring unless in high risk areas. Guidance was requested from SCoR.

13.2 Audrey Paterson stated that SCoR had met with the Health Protection Agency (HPA), however, the answer was complex. Guidance would be issued once the stance had been agreed and a formal response from the HPA was awaited. Once this had been received SCoR would work with the HPA to agree wording.
ACTION:AMP

13.3 SCoR felt that monitoring was important; a zero reading did not prove that there was no risk. It might prove prudent to monitor in certain areas then investigate areas giving too high or too low readings.

13.4 Claire Webb informed the group that, on the advice of the regional radiation protection supervisor, only radiotherapy students were monitored at UCS.

13.5 Audrey Paterson raised concerns on whether a lack of monitoring would degrade safety issues surrounding radiation usage.

13.6 It was felt that students were reassured to obtain a “no” reading when monitored.

13.7 IR(ME)R England had noted that students in some trusts had been designated as operators and had requested that SCoR intervene. SCoR had been working with regulators from the four countries in the UK and the HPA to draft sensible guidance which would be sent out for consultation in the near future.

13.8 The group received a copy of the draft guidance which would also be forwarded by email.

ACTION: ML

14. STUDENT SECTION AT UKRC 2009

14.1 Karen Knapp explained that at the time of the last HRE meeting there had been no student section in place for UKRC 2009. This had now been resolved, however, deadlines had been somewhat tight. It was confirmed that the student section would remain on the programme in future.

14.2 Audrey Paterson confirmed a possibility of The CoR taking responsibility in future and clarified how the deadlines had been agreed.

14.3 It was suggested that the HRE group liaise with Rachel Deeson following this year's event in order to shape 2010.

14.4 Issues surrounded clarity as to who was a student and that the work was being presented by students.

14.5 A problem with the UKRO website was highlighted. SCoR would feed this back to the organisers.

ACTION: AMP

15 HEPATITIS B VACCINATION OF STUDENTS

15.1 Audrey Paterson informed the group that she was aware of some trusts that would not pay for staff to be immunised.

15.2 The HEI representatives confirmed that all students were being vaccinated except for University of Liverpool. Radiography students had not been included in guidance documentation and some students were not receiving the vaccination. It was felt that guidance from SCoR would be helpful. Audrey Paterson would liaise with Lyn Wigley, the SCoR Health & Safety Officer.

ACTION: AMP

16. ANY OTHER BUSINESS

16.1 Audrey Paterson highlighted a request from Donald Graham relating to a proposed survey relating to 'Principles of Radiological Physics'. This had been forwarded to HEI representatives on the morning of today's meeting.

16.2 A request had been made by the RCR for potential suppliers in relation to digital FCR exams which it hoped to bring in for 2010. Further details could be requested directly from the RCR.

16.3 The group was concerned with a delay on CRB returns in England. This was impacting on student placements. It was agreed that SCoR would raise the issue in appropriate circles.

ACTION: AMP

16.4 Audrey Paterson thanked the group for attending today's meeting and hoped they found it as useful as SCoR did.

16.5 The date of the next meeting was agreed as Thursday January 14th 2010.