Improving retention of the radiotherapy workforce - the role of practice placements in student attrition from pre-registration programmes in England: Full report

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Summary

The issue of attrition from training placements for therapeutic radiographers has been a challenge for some years. This report written by Hazel Colyer and supported by the Society and College of Radiographers through the National Radiotherapy Implementation Group's Workforce sub-group, tackles the issue with key recommendations and evidence-based opportunities. For the executive summary and recommendations only see Improving retention of the radiotherapy workforce - the role of practice placements in student attrition from pre-registration programmes in England: executive summary and recommendations here

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Foreword

The role of radiotherapy in the treatment and cure of cancer is growing. Access to radiotherapy is modelled at about 50%; that is half of all patients diagnosed with cancer should be offered it as part of their treatment plan. Currently, radiotherapy in England falls short of this and increasing access to it will play an important part of the national agenda to save an additional 5,000 lives every year.

However, the expansion of the radiotherapy workforce, both in numbers and skills mix, remains a challenge to increasing access and to technical capability. Increasing complexity of radiotherapy both with IMRT (intensity modulated radiotherapy) and with IGRT (image guided radiotherapy), leading to use of 4D adaptive radiotherapy, is vital if we are to maximise the opportunity for World Class Radiotherapy. Additionally, as the NHS prepares to move to 7 day working (radiotherapy patients have indicated they are prepared to accommodate both evening and weekend appointments), developing sufficient workforce to meet this patient-centred development will be a key part of and the NHS Commissioning Board's strategy.

The issue of attrition from training placements for therapeutic radiographers has been a challenge for some years. Whilst it has marginally decreased, it still remains significantly higher than any other comparable profession. It is reasonable to state that if attrition was reduced to the levels of similar professions, the supply and demand challenge for therapeutic radiographers would largely be solved.

I am therefore pleased that this report written by Hazel Colyer and supported by the Society and College of Radiographers through the National Radiotherapy Implementation Group's Workforce sub-group, tackles this issue with key recommendations and evidence-based opportunities.

I would encourage all providers of both radiotherapy training placements and radiotherapy education to work together to consider and implement the recommendations in this report. I would also encourage those who commission training placements for this important staff group to consider this report and to ensure it is widely implemented.

Tim Cooper

Associate Director – Radiotherapy

National Cancer Action Team

Executive summary and recommendations

A. Introduction

A.1

Attrition from pre-registration therapeutic radiography (radiotherapy) programmes has been high for many years when compared to other health professions and occurs mainly during the first year of study. During 2010/11, the last year for which figures are available, it was 36.5%.[1] A survey of therapeutic radiography students undertaken by the Society and College of Radiographers (SCoR) in 2011 suggested that dissatisfaction with practice placements was the most frequently reported reason why students did not complete their programme.[2] Together with wrong career choice, this reason was similarly reported in the 2012 survey.[3]

A.2

The National Cancer Action Team (NCAT) invited bids for a project to evaluate the part played by practice placements in student attrition and to make recommendations for improving student retention. They recognise that poor student retention is wasteful of resources and impeding the implementation of the National Radiotherapy Implementation Group's (NRIG) plans for sustaining and developing the radiotherapy workforce. The most recent progress review highlights the need for a 39% increase in therapeutic radiography workforce by 2016.[4] The SCoR employed an independent education professional to develop a bid and subsequently manage the project with the support of a Steering Group that included the NCAT Associate Director-Radiotherapy, and an external expert in practice learning from another health care profession.

A.3

The full report describes in detail the project's scope, methods, data analysis and findings, and is published separately from this executive summary. It demonstrates the reliability of the data collection methods and assures validity of the findings and recommendations. Involvement of all relevant stakeholders, including students, was sought at each stage to promote ownership of the problem of attrition and offer solutions that, if implemented, can be expected to work.

A.4

The project findings confirm that attrition from therapeutic radiography pre-registration programmes is a multi-faceted issue and the recommendations proposed address both the systematic and the relational aspects of what is a complex organisational situation. If the project objectives are to be met and attrition reduced, it is vital that these are viewed as a whole and implemented without delay.

A.5

The recommendations are the responsibility of all those who are involved with the planning, organisation and delivery of pre-registration education, including the students. Education commissioners are crucial because they have the necessary authority to drive their implementation, through the contracts made with HEIs, for the provision of pre-registration programmes. Higher education institutions and their service partners must work together to implement them in programmes and placements and the professional body has an important role to play.

A.6

The recommendations have been formulated at strategic, operational and professional levels. Strategically, they are directed at the new provider-led education commissioners; the Local Education and Training Boards (LETBs) and to Health Education England (HEE), to which LETBs are accountable. Operational recommendations are to education providers and radiotherapy service managers. As the organisation concerned with the maintenance and development of professional standards at all levels of radiographic practice, there are also recommendations for the Society and College of Radiographers to consider.

B. Background

B.1

There are 10 Higher Education Institutions (HEIs) in England offering pre-registration therapeutic radiography education; Birmingham City University, City University London, University of Hertfordshire, Kingston and St Georges University of London, Liverpool University, London South Bank University, Portsmouth University, Sheffield Hallam University, University Campus Suffolk and the University of the West of England.

B.2

The total number of education commissions for 2011/12 was reported as 364, with the range being 20 – 65 per year. All education providers offer a 3 year, full time BSc (Hons), three offer a 2 year Postgraduate Diploma and one offers a 3 year MSc programme. Successful completion of a programme's academic and practice requirements confers eligibility for registration as a therapeutic radiographer with the Health and Care Professions Council (HCPC).

B.3

There are 50 providers of radiotherapy services on 58 sites in England. The number of radiotherapy centres providing recurring placements was reported to be 50 and this is the sample on which the project findings are based. This figure includes some placements that are shared by two HEIs. There is a small number of centres providing non-recurring or occasional placements and a growing number of independent sector providers that do not take students at the present time.

C. Project aim, objectives and methods

C.1

The aim of the project is to improve student retention in pre-registration therapeutic radiography programmes. Its goals are:

- to reduce attrition during the first year of study from academic year 2013/14;
- to achieve a year on year improvement in student retention from 2014;
- to produce an increase in students' satisfaction with their practice placement experience as reported in the 2013 Society and College of Radiographers' student survey.

C.2

The nature of the study was an audit of current practices and perceptions of those practices in practice learning placements in radiotherapy centres in England. Face to face meetings with radiotherapy service staff were held. As such, the study was categorised as part service evaluation and part audit. Accordingly, there was no requirement for it to be scrutinised by a UK Research Ethics Committee. Nevertheless, the study was carried out such that the rights, safety, dignity and well-being of all participants in the study were upheld.

C.3

A mixed methodology comprising quantitative and qualitative data gathering with a range of stakeholders, including radiotherapy service managers (RSMs), education providers and current students, was developed with the following objectives:

- to evaluate compliance with a range of nationally recognised quality standards[5,6,7,8] for placement learning by radiotherapy departments in England;
- to gain an understanding of the drivers and barriers impacting on placement quality and the student experience;
- to propose actions for improvement.

C.4

Between April and October 2012, data was collected and triangulated from the following sources:

- online audit of radiotherapy service managers in England to assess compliance with nationally recognised quality standards, using Survey Monkey™ (N=50);
- visits to 10 radiotherapy centres, 20% of the sample, to verify and validate compliance by

testing selected evidence, clarifying responses and interviewing an opportunistic range of staff and students;
- telephone interviews with HEI leads for pre-registration programmes (N=10);
- a dissemination workshop for radiotherapy service managers, radiotherapy centre leads for student education and HEI programme leaders;
- student conference for cohort representatives from all pre-registration programmes offered by HEIs.

C.5

At each stage, data was summarised, analysed and returned to the participants for verification and validation. Seven substantive themes emerged; Managing placement capacity, Ensuring effective partnership working with the HEI, Promoting security and belonging, Selection and preparation of students, Student upport and Assessment, Creating a Stronger Learning Culture in Departments and Managing Staff and Student Expectations.

C.6

Overall compliance with standards for placement learning have been RAG-rated (red, amber, green rated) and further analysis undertaken to produce a table demonstrating the mean score by theme for each Radiotherapy Centre in England. This is appended to this summary. **Please note: the raw data in this table was provided by individual Radiotherapy Service Managers and represents their perceptions of compliance with the audit statements.**

C.7

From the themes, initial draft recommendations were developed at the dissemination workshop and validated subsequently with all stakeholders. These were further refined at the student conference and considered by the Project Manager and Steering Group in order to develop robust and comprehensive recommendations.

D. Recommendations

D.1

Recommendations arising from this project are set out below. In addressing these, it is important that they are dealt with as a whole, although particular recommendations have been aligned with relevant stakeholders in order to facilitate engagement.

D.2 Education commissioners

Health Education England (HEE)

1. The Quality Framework for LETBs should include evidence of systematic planning to ensure that the number of pre-registration student commissions is aligned with placement opportunities such that students in the same cohort do not share a placement* and that overlaps with other cohorts are avoided.

Local Education and Training Boards (LETBs) and associated Local Partnership Groups

1. Education and training commissions should be based on the explicit demonstration that the ratio of student numbers to placement availability is such that students in the same cohort do not share a placement and that overlaps with other cohorts are avoided.

2. To ensure a comprehensive experience, the full range of placement opportunities in a radiotherapy centre across the cancer patient pathway must be offered.

3. A written policy for managing unavoidable placement sharing must be in place, including where placements are shared with another HEI.

4. There should be evidence of the number of placement opportunities matching student numbers (a 'metric').

5. A Practice Educator (PE) is required in each centre.

6. A formal local service level agreement (SLA) that sets out the duties and expectations of each should be in place between the HEI and its individual placement providers.

7. The opportunity for a clinical visit must be made available by centres prior to any offer of a place on a pre-registration therapeutic radiography programme.

8. Consideration should be given to re-balancing placement providers used by specific HEIs or even reducing the present number of HEIs providing pre-registration education to meet the objective in 1 above.

In addition to the recommendations above, Education Commissioners should note that students expressed significant concerns related to personal finance as a contributor to student attrition. While these concerns are outside the scope of the project and not explored in this full report, commissioners cannot ignore this matter if they are serious about maximising student retention.

* A placement is defined as one of the necessary practice learning experiences within the patient pathway that student therapeutic radiographers must have to meet the standards for HCPC registration. See attached flow chart for further information.

D.3 HEIs

1. A formal service level agreement (SLA) that sets out the duties and expectations of each should be put in place between the HEI and its individual placement providers and reviewed annually.

2. Programme developmental review and revalidation should mitigate placement overcrowding through placement plans that avoid overlaps between cohorts.

3. A written policy for managing unavoidable placement sharing must be in place, including where placements are shared with another HEI.

4. Student selection must be made more rigorous and comprehensive through the inclusion of interviewing and the use of appropriate tools such as psychometric testing, values assessment, and team working skills observation.

5. Prospective students must have undertaken a clinical visit and submitted a report to be considered during the selection and recruitment processes, and prior to the offer of a place.

6. Clinical staff must be included in the selection and interviewing processes and, where possible, service users and existing students should be involved.

7. Comprehensive, inclusive preparation for placement must be prioritised in programmes.

8. Clinical staff education and training in student support and assessment must be formalised and managed by the HEI and annual updates must occur.

9. Bullying and harassment in the academic and clinical environments is unacceptable and procedures demonstrating its active management and monitoring must be in place.

10. Academic staff must be up to date, professionally credible and have a visible presence in practice.

D.4 Radiotherapy centres

1. Centres must have education and training plans that demonstrate commitment to learning and development by ensuring opportunities for all staff to engage in appropriate CPD in accordance with the profession's career framework.

2. Staff responsibilities in relation to student education should be embedded in job descriptions and monitored through personal professional development reviews (PDR).

3. Centre policies and practices should acknowledge the different needs of students as a group and promote visibility and inclusivity.

4. Bullying and harassment, where it occurs, must be actively managed and eradicated.

5. A formal service level agreement (SLA) with the HEI, which sets out the duties and expectations of each, should be in place and reviewed annually.

6. The full range of placement opportunities in the radiotherapy centre and across the patient pathway must be utilised to ensure a comprehensive experience.

7. A written policy for managing unavoidable placement sharing must be in place.

8. The opportunity for a clinical visit must be made available prior to an offer of a place.

9. Staff must engage fully in programmes of education and training for student support and assessment.

D.5 Radiotherapy centres and HEIs jointly

1. All the provisions of the service level agreement (SLA) should be utilised to ensure that student education and support is prioritised appropriately by staff at all levels in the organisations.

2. Preparation for placement must be realistic and include VERT-based practical skills, relationship skills and emotional resilience.

3. An early, developmental placement to clarify the student role and develop an individual action plan that enables a personalised approach to student learning and support should be devised.

4. Students should be assigned a suitably prepared mentor who has received training or update in student support and assessment within the past 12 months.

5. Regular clinical tutorials and peer action learning sets should be agreed and integrated into placement learning.

D.6 The Society and College of Radiographers

1. Minimum standards of education and training for mentors/assessors should be developed, to include a developmental pathway from mentor (20 credits) to practice educator (PgCert).

2. Guidance about appropriate psychometric tests and values assessment for student selection should be offered.

3. Guidance and a template for a clinical visit report to be used during the selection process should be developed.

4. Capability standards for the profession in response to the expressed view that a national approach is needed to underpin and bring consistency to the assessment of practice in pre-registration programmes should be developed.

5. Strategies that increase the visibility and value of the profession should continue to be developed.

1. CHAPTER ONE

1.1 Introduction

Attrition from pre-registration therapeutic radiography programmes has been high for many years when compared to other health professions and occurs mainly during the first year of study. Strategies for improving retention among the health profession programmes have succeeded in bringing attrition down to levels comparable with other undergraduate degree programmes with the exception of therapeutic radiography which remains stubbornly high at 35.6% in 2010/11.[1]

The document 'Improving Student Retention: Guidelines and Good Practice' [9] identified specific factors related to practice placement as: preparation for a positive experience, easing students into placements and addressing their concerns, and providing effective support. Advice and case study exemplars are set out in that document. Subsequently, surveys of radiography students have suggested that dissatisfaction with practice placements was the most frequently reported reason why students did not complete their programme.[2, 3]

The National Cancer Action Team (NCAT) has sponsored this project in recognition that poor student retention is wasteful of resources and impeding the implementation of the National Radiotherapy Implementation Group's (NRIG) plans for sustaining and developing the radiotherapy workforce.[4]

1.2 Project aim

The overall aim of the project is to improve student retention in pre-registration therapeutic radiography programmes. Its primary goals are:

- to reduce attrition during the first year of study from academic year 2013/14;
- to achieve a year on year improvement in student retention from 2014;
- to produce an increase in students' satisfaction with their practice placement experience as reported in the 2013 student survey.

1.3 Project objectives

The project objectives are:

- to evaluate compliance with a range of nationally recognised quality standards for placement learning by Radiotherapy centres in England;
- to gain an understanding of the drivers and barriers impacting on placement quality and the student experience;
- to propose actions for improvement.

1.4 Methodology

A mixed methodology comprising quantitative and qualitative data gathering with a range of stakeholders, including radiotherapy service managers (RSMs), education providers and current students, was developed. These different sources have permitted the data to be triangulated and cross checked, enabling an holistic and robust view of the attrition problem to be developed.

1.5 Data collection methods

- Online audit of radiotherapy service managers in England to assess compliance with nationally recognised quality standards, using Survey Monkey™ (N=50).
- Visits to 10 radiotherapy centres (20% of the sample) to verify and validate compliance by testing selected evidence, clarifying responses and interviewing an opportunistic range of

staff and students.
- Telephone interviews with HEI leads for pre-registration programmes (N=10).
- A dissemination workshop for radiotherapy service managers, radiotherapy centre leads for student education and HEI programme leaders.
- Student conference for cohort representatives from all pre-registration programmes offered by HEIs.

1.6 Ethical issues

The nature of this work is, broadly, an audit of current practice and perceptions of current practice in practice- learning placements in radiotherapy departments in England. As such, the study was categorised as part service evaluation and part audit. Accordingly, there was no requirement for it to be scrutinised by a UK Research Ethics Committee. Nevertheless, the study was carried out such that the rights, safety, dignity and well-being of all participants in the study were upheld.

1.7 Summary

The methods, findings and analyses for each stage of the project are described in detail in the chapters that follow. Reliability is demonstrated through this transparency and the validity of the findings is assured by means of constant cross-checking of data with stakeholders. Each stage of the project was completed in order to meet the aim of improving retention of students on pre-registration therapeutic radiography programmes.

2. CHAPTER TWO

2.1 Audit of radiotherapy centres in England

The audit tool was developed using published quality standards for placement learning. These were: Education Commissioning for Quality (ECQ) Contract Performance Metrics,[5] Standards for Education and Training of the Health and Care Professions Council,[6] Quality Standards for Practice Placements[7] and The Quality Assurance Agency (QAA) Code of Practice Section 9: work-based and placement learning.[8]

The tool comprised 31 statements in three categories; organisational policies and procedures, relationship with HEI(s) and radiotherapy centre practices. It used a four point likert scale for responses; strongly agree, agree, disagree, strongly disagree. For each standard, respondents were asked to make a comment if desired and whether evidence for the response could be provided if requested.

The audit tool was piloted for scope and ease of completion by two radiotherapy service managers in another UK country. Feedback confirmed that the tool was appropriate as was the importance of asking radiotherapy service managers to complete it themselves, in conjunction with a practice education lead if desired. (See Appendix 3 for a copy of the final version).

2.2 Sample

There are 50 providers of radiotherapy services on 58 sites in England. Only those that have students on a recurring basis were included in the final sample (N = 50). A request to complete the tool, together with log-in instructions for Survey Monkey™, was emailed to managers on 25th May 2012 and two reminders were sent. Of the 50 centres, 48 completed the survey, one partially completed it and one centre did not respond. Data was gathered from the latter by including this centre in the visits.

2.3 Site visits

Following the descriptive analysis of the survey audit tool, the Steering Group determined 10 sites to

be visited, which constituted a 20% sample. These comprised centres from each of the >95% compliant, >80% compliant, >70% compliant and >60% compliant groups. Two centres were found to be < 50% compliant and both were visited as was the centre that had not completed the online audit. The radiotherapy centres selected also ensured that all HEIs were covered. Visits were undertaken between 24th July and 24th August 2012.

The purpose of the visits was to validate the audit findings with the radiotherapy service manager by testing a selection of evidence. This was followed by clarifying and probing issues of note in the free text comments with the RSM and a range of staff in each centre, together with any students that happened to be present.

In addition to the RSMs a total of 36 qualified radiographers was interviewed and all grades were represented from Band 8 to Band 5. Depending on workload, some staff were interviewed individually and others in groups. Nine students were interviewed, always in groups. It is acknowledged that this is an opportunistic sample.

Field notes were taken during interviews. Emerging themes were identified afterwards and a list compiled. As the visits progressed, the themes crystalised and the scope and limitations of each was developed. Any examples of good practice were also noted and a sample of these is included as a series of annexes to this report although it should be noted that these are opportunistic and by no means exhaustive.

3. CHAPTER THREE

3.1 Audit results

Compliance with standards **N = 50***

7 (14%) centres report compliance of > 95%

30 (60%) centres report compliance of >80%

8 (16%) centres report compliance of >70%

3 (6%) centres report compliance of >60%

1 (2%) centre reports compliance of > 50%

1 (2%) centre reports compliance of < 50%

* Includes data from the centre that did not complete the audit tool on Survey Monkey™

3.1.1 Compliance within categories **N=49**

Survey Monkey™ allocated a score of 1 for strongly agree, 2 for agree, 3 for disagree and 4 for strongly disagree. In the summary of responses, each statement was awarded an average score. Therefore, an average Likert Rating > 2.0 implies a tendency to disagree.

3.1.2 Organisational policies and procedures (questions 1-5)

Mean average score: 2.01

Range: 1.92 -2.46

Q1 – Policy for managing placements, including numbers = 2.1

Q2 – Policy to manage multiple numbers of students in a placement = 2.46

3.1.3 Relationship with HEI (questions 6 – 14)

Mean average score: 1.87

Range: 1.60 – 2.34

Q6 – Service Level Agreement in place = 2.26

Q12 – Feedback sought and action plans agreed re students = 2.34

3.1.4 Radiotherapy centre practices (questions 15 – 31)

Mean average score: 1.86

Range: 1.54 – 2.88

Q18 – Regular clinical tutorials = 2.00

Q19 – VERT used for placement learning = 2.88

Q27 – Clinical supervision embedded = 2.22

3.2 Analysis and discussion

The category with the highest mean average score was Organisational policies and procedures. This category also demonstrated a lack of evidence ranging from 38% to 74%. Interestingly, 18 out of 50 centres also reported that there was no formal service level agreement (SLA) with their HEI.

The dissonance between agreement and evidence in this section of the audit tool was explored during visits and it became evident that the score should, in fact, be higher since some RSMs had agreed that policies were in place within the audit tool but, when questioned, stated that that they were not written policies. The apparent lack of clarity about overall student numbers that the department was approved for and arrangements for deploying them was explored during interviews.

Within the category Relationship with HEI(s), the lack of a formal service level agreement is highlighted. During visits, it was confirmed that there is often a good personal relationship between the RSM and university staff but it may not be formalised or, if it is, it is part of the local Trust SLA with its HEIs. The dialogue was described as positive in the sense of being constructive, although the quality of the partnership appeared variable.

Forty seven out of 50 respondents agreed or strongly agreed that there were procedures establishing the lines of communication between centres and HEIs and that timely and appropriate information is received before, during and after placement. Comments about this suggest that the existence of educational lead/practice educator roles are important in achieving this and, during visits, RSMs and others confirmed that having people in this role is seen as crucial to student support and wellbeing.

Question 12 (feedback being sought and action plans agreed about students within staff meetings) attracted a high score of 2.34. The written comments suggest that some RSMs did not think that staff meetings were the correct environment for this discussion, not that it did not occur.

Involvement of clinical staff in student recruitment was stated to occur in 38 out of 50 Trusts. This issue was tested during visits and it was identified that at least one HEI does not interview prospective students for radiotherapy programmes. It was also commented that staff shortages and the timing of interviews caused some centres not to participate in interviewing.

In the RT Centre Practices section, questions about the use of VERT™ and the occurrence of clinical

supervision have the highest scores. Thirty four out of 50 disagree/strongly disagree that VERT™ is used routinely and this has skewed the average score in this section.

With regard to mentoring (questions 21 -24, 29), all centres stated that staff who mentor students receive formal training and, in question 44, routine updates occur. However, the comments make it clear that the term ‘formal’ is interpreted widely. For some staff it means the completion of a formal academic module to prepare facilitators for learning and assessment in practice. For others, it is a day’s training that may take place at the HEI or in the department and may or may not be carried out with the direct involvement of university staff.

A variety of terms to describe those who support student learning is also in existence; mentor, clinical assessor, supervisor, appraiser, practice educator. Additionally, only 39 centres agreed that students always have a designated mentor. When this topic was explored during visits, it was noted that mentoring is sometimes separated from assessment and there is variation in how assessment of practice takes place. The importance of dedicated practice educator roles in managing students’ placement learning was referred to frequently.

Comments made about question 25, (All practitioners are committed to having students and promoting their wellbeing), reveal some ambivalence and contradiction. One manager stated that some staff see this as an optional extra and highlighted the culture change needed while another suggested that there is scope for improvement. In one case, the manager stated that supporting student learning and development is included in Personal Development Review (PDR) objectives. This issue was probed during visits and there was general acknowledgement that, while the majority of staff enjoy having students and recognise their professional responsibility in this regard, there are staff who do not value having students, are perceived as difficult to work with and who students avoid.

Linked to this is the question of how much support students should expect from placement staff. A clear distinction was apparent between those staff who empathise with students who are learning in a complex and difficult clinical environment and those who believe that students expect to be ‘spoon-fed’ and fail to grasp that patient care is at the heart of the radiotherapy service and not them.

3.3 Conclusions

The tool has been found to be reliable within the constraints identified above. Evidence was sampled at each visit and no discrepancies were identified.

There is a lack of written policy to manage the number of students that can be accommodated within centres at any one time and, in particular, when numbers entail having 2 or more students in a placement. The number of commissioned students places significant pressure on centres and promotes a perception of overcrowding, which may impact on students’ experiences of placement learning.

With regard to the ways in which students may expect to be treated, they are generally not identified specifically but are viewed as being covered by local Trust policies, especially in regard to equality and diversity. This lack of visibility in policies may impact on student support and wellbeing. In addition, there is evidence of cultural differences in how students are perceived and whether their expectations are legitimate and deserve to be met.

The relationship between radiotherapy centres in England and their education providers is viewed positively by the former, although it depends to an extent on good personal relationships and being able ‘to pick up the phone’ if there is a problem. The relationship appears to work best when it is equitable and academic and clinical components of programmes are well integrated.

Arrangements for student support and assessment are very variable. There is no consistent view of what mentoring is and how it should be employed to support student learning and development. There was a variety of opinions about whether mentoring (seen as pastoral support) and assessment (seen as objective skills development) should be undertaken by the same individual or kept

separate.

4. CHAPTER FOUR

4.1 Interviews with programme leaders in HEIs

There are 10 HEIs in England offering pre-registration radiotherapy education: Birmingham City University, City University London, University of Hertfordshire, Kingston and St Georges University of London, Liverpool University, London South Bank University, Portsmouth University, Sheffield Hallam University, University Campus Suffolk and University of the West of England.

The total number of commissions is reported as 364, with the range being 20 – 65 per year. All providers offer a BSc (Hons), three offer a Postgraduate Diploma and one offers an MSc programme. The number of placement providers is reported to be 51, and this figure includes some placements that are shared by two HEIs.

4.2 Interview schedule

The interview schedule was developed in discussion with the Steering Group following the audit visits. Its purpose was to validate the findings and gain the perspective of education providers on aspects of the emerging issues reflected in the analysis and conclusions in 3.2 and 3.3 above.

The schedule was piloted with one HEI and no changes were made as a result. The remaining interviews took place in the week beginning 17th September 2012. (See Appendix 4 for a copy of the interview schedule).

4.3 Findings and analysis

The existence of a Service Level Agreement between HEIs and their placement providers was clarified. In all cases there is an agreement but it is at a high level, either between the Strategic Health Authority and NHS Trusts through a Learning and Development Agreement Placement Learning Annex or an overarching Placement Management Partnership document than contains within it a specific annex that defines the relationship between the HEI and its placement providers. This is signed off at Chief Executive level. In only two HEIs is there reported to be a signed agreement at the level of the university department and the specific provider trusts.

The number of students placed is generally a matter for negotiation around baseline figures with custom and practice and the need for goodwill on both sides cited as important factors. Often, it is the responsibility of the university placement coordinator to agree the numbers with education leads in centres or the service manager. In one case it was reported that numbers are agreed at a tri-partite meeting between service managers, the university department and the strategic health authority. While most HEIs state that they are struggling with placement capacity at the present level of commissions, no problems were reported in two interviews.

Relationships with placement providers are described as good in the majority of instances and, in one case, outstanding. Those interviewed believe that they work in partnership with their providers and could outline the structures and university roles in place to support this constructive dialogue. Dialogue takes place at all levels of the partnership. Weaker partnerships are attributed to specific pressures in centres leading to disengagement and variations in the perceived quality of placement learning for students. Examples were given of non-attendance at meetings and of individuals exacerbating rather than ameliorating difficult situations. A lack of appreciation by radiotherapy centre staff of the need to adhere to university processes for resolving student issues was also noted. Where relationships are improving, this is often owing to a change of personnel. Where placements are shared, this tends to place greater strain on the partnership.

Having a centre-based practice educator in post is considered crucial to ensuring the quality of the

partnership and student welfare and education. Where they exist, these roles are funded variously, sometimes by the university, sometimes by the SHA and sometimes by the department. This is largely an historical arrangement and, where it depends on the centre budget and the support of the manager, the role is not secure.

HEIs were asked about how placement quality is monitored and assured, in particular, the processes for dealing with any problems that may arise. All have formal processes for the audit of placements, which are linked to university quality systems and the requirements of the Health and Care Professions Council (HCPC). When problems with placement suitability or experience occur these are addressed with either the practice educator or service manager, depending on severity.

All but one of the HEIs have a formal ‘cause for concern’ process or equivalent thatcentres use to raise any specific concerns about a student’s performance or conduct. This links ultimately to the Student Fitness to Practice procedures. The outstanding HEI uses a traffic light system for identifying students who are giving cause for concern.

Selection of students is managed within university admissions procedures and interviewing practices are diverse. In eight HEIs all students are interviewed, although in two of these the decision to begin interviewing is relatively recent. One HEI does not interview applicants for the BSc (Hons) programme and another interviews only those applicants who have non-standard entry qualifications. All universities seek the involvement of clinical staff in the interviewing process, although it was pointed out that engagement is sometimes difficult to sustain. It is evident that the student profile is more diverse than ever before. The range of abilities and personal circumstances is wider and students’ expectations have changed in line with broader societal changes, which are focused more on the primacy of the individual and their needs.

Suitability for a career in radiotherapy is mainly judged through personal statements and questioning at interview, often with a scoring system to increase objectivity. Techniques used include written assessments, group interviews, presentations and use of scenarios. Innovations reported include service user involvement and the involvement of existing students in the interview process. One respondent referred positively to a values assessment that is used for selecting nursing students. Some interviewees pointed out that students may be coached for interviews and that personal statements may not be the work of the student. The value of interviewing for suitability as is currently undertaken is debatable and controversial.

According to protocol, all prospective students should undertake a clinical visit either prior to interview or before being offered a place. The format of these visits varies and their value to students is doubtful, although the use of a clinical visit report form is increasing. Difficulties with arranging prior experience to support students with making the right decision are acknowledged and the question of how to ensure suitability remains significant, both for prospective students and the profession.

Arrangements for student support and assessment described in the audit are confirmed by HEI respondents. There is a variety of practices and little consistency.

The timing of the first placement is variable and controversial, ranging from 5 weeks to 8 months after students enroll on the programme. The length of placement varies from one week to 14 weeks. Pre-clinical preparation activities are embedded in academic programmes, often with involvement from clinical staff, and VERT™ is used for the development of practical skills. Respondents believe that students are well prepared theoretically and professionally. Attention is also given to communication skills, team working and mandatory training. One HEI involves service users in assisting with preparing students for placement.

Finally, interviewees were asked about how academic staff kept themselves up to date and apprised of changes to clinical services. Most responded that that this occurred through updates at routine meetings and CPD activities. Few academic staff work in clinical practice although one HEI reported that a week’s work for all staff had been implemented during this year and that staff had benefitted.

4.4 Conclusions

The findings support those of the audit and suggest that there is a shared understanding of the factors that contribute to student attrition. Aside from local service level agreements, multi-level organisational systems and processes are in place to manage the partnerships. The role of practice educator, where it exists, is significant in maintaining good relationships.

The way in which student numbers per placement provider is agreed requires a more structured approach. Placement capacity is at its limits and there will be overcrowding in many placement sites when attrition is reduced unless new approaches are developed. This may have the perverse effect of making retention more difficult.

Selection procedures vary and the value of interviewing in relation to suitability assessment needs to be debated and developed further. The ways in which students are prepared for their placements appear comprehensive and robust yet the 'reality shock' of daily work in the radiotherapy centre is evident.

The diverse profile of student cohorts and their expectations is problematic. It is observed that some practitioners do not understand or accept societal changes and their effects on the learning needs of students, who require a more personalised approach. In clinical centres, patients have primacy and there is a conflict of interest that sometimes means that students' needs have to take second place. Better management of the expectations of both students and staff is essential.

There is no consistent view of mentoring and assessment. As demonstrated in the centre audit, there is no consensus about terminology or process, although there is a prevailing view that, in order to be objective about clinical assessment, this process should be separate from mentoring. This dilemma has been the subject of considerable debate in nursing for many years. A compelling body of evidence has been built up about how the two roles are perceived and enabled by appropriate education and training of mentors.[10,11]

5. CHAPTER FIVE

5.1 Formulating recommendations - The dissemination workshop

When the findings and analysis from all participants is brought together the following seven, substantive themes emerge:

1. Managing placement capacity
2. Ensuring effective partnership working with the HEI
3. Promoting security and belonging
4. Selection and preparation of students
5. Student support and assessment
6. Creating a stronger learning culture in departments
7. Managing staff and student expectations

All 58 Radiotherapy Service Managers and their education leads, together with HEI programme leaders in England, were invited to a dissemination workshop to discuss the project's interim conclusions and to take part in the formulation of recommendations. The workshop was held in London on 24th September 2012 and facilitated by the Project Manager and other Steering Group members.

In total, 52 people attended the workshop. Thirty centres were represented, either by the RSM, the centre education lead or both. Eleven radiotherapy centres declined the invitation and the remaining 17 did not respond despite several invitations and reminders. Eight of the 10 HEIs were represented, either by the programme leader or a centre-based practice educator. One university representative was prevented from attending on the day and one declined the invitation. (See

Appendix 5 for details of attendance).

5.2 Workshop programme

Following a presentation and plenary discussion of the project objectives and audit findings, participants were allocated to specific groups to discuss the emerging themes and propose concrete recommendations. There were 8 tables comprising a mix of managers, education leads and university representatives. Each table was allocated a theme together with the key findings that contributed to it and asked the question*, 'What shall we do about...?'* These key findings are described in 5.3.1 – 5.3.7 below. Theme 1, Managing placement capacity, was discussed by 2 tables.

5.3 Themes and key findings

5.3.1 Managing placement capacity

The ratio of commissioned numbers to placement providers is skewed and there is overcrowding, with most having 2 students on each treatment unit frequently. If retention improves, this will be very challenging for placements to accommodate unless it is addressed. Placement plans vary widely and are often perceived to be designed to suit the needs of the HEI rather than the centres. The length of each placement is also variable as is the timing of the first placement. What are the principles that should govern placement capacity?

5.3.2 Ensuring academic and clinical integration through effective partnerships

Partnerships with HEIs are mainly described as positive and constructive. However, some departments expressed the view that it felt like 'working for, not with, the university' and there is some perception that the academic aspect of the programme is privileged by HEIs. Conversely, HEIs believe that relationships *are* equitable although they also think that departments do not always appreciate the university processes and procedures that govern students' registration. Given that students will exploit any perceived weaknesses, what more might be done to improve the quality of partnerships?

5.3.3. Promoting security and belonging

Research (and our own experience) tells us that a sense of security and belonging is important to individuals' wellbeing. Promoting it may improve retention. The project findings demonstrate that students are perceived to need more time and pastoral support than the current workload and staffing levels permit. There is also confusion in some minds that creating a good, supportive clinical learning environment is in opposition to enabling students to take responsibility for their own learning, leading to charges of spoon-feeding. It is admitted that not all staff are committed to student education and some are hostile. This tends to be 'known about' and managed by avoidance rather than challenge. How do we ensure students feel that they belong?

5.3.4 Selection and preparation of students

Attrition is high because the wrong people are selected! Interviewing practices are highly variable, their value in assessing suitability is doubtful and the level of involvement by clinical staff could be improved. There may be an opportunity to involve service users and existing students. There appears to be a problem with prior visits due to Trust governance policies and even a half day clinical visit before an offer is made may not include time on a treatment unit. The significance of VERT™ to skills development prior to first placement is acknowledged and there is comprehensive attention to 'soft skills' in pre-clinical modules. Timing of first placement is variable and there is no evidence that early or later placements impact on retention. The use of a 'suitability' placement, early in the first year, was discussed. How do we get and retain the right people?

5.3.5 Student support and assessment

Mentoring practices are very variable and inconsistent among HEIs. Mentoring and clinical assessment are viewed as separate functions, with mentoring having a more supportive element and

perhaps occurring remotely from the treatment unit. Is this correct for radiotherapy? There is a need to recognise and respond to the changed profile of pre-registration students who often have more complex personal lives and are likely to express their needs more vociferously. How can personalised learning be introduced into radiotherapy education? Employment of dedicated, funded Practice Educators to support student experience appears very significant – and their absence has a noticeable effect. Should the profession adopt minimum standards for mentoring and assessment?

5.3.6 Creating a stronger learning culture in departments

Preceptorship for newly qualified radiographers is not embedded and, in some cases, is non-existent. Clinical supervision as defined and advised by the College of Radiographers[12] does not occur, although one department has instituted peer action learning sets as a result of a Trust stress audit. Most departments are committed to continuing professional development (CPD) for qualified staff, although funding is difficult.

Where the profession's career progression framework ('the four-tier structure') has or is being implemented, together with formalized preceptorship, this could be interpreted as a commitment to creating a learning and development culture among all staff and it appears that this 'trickles down' to students (and assistant practitioners). The commitment of managers is essential – some good leadership was evident. What can we do to support the development of a learning culture?

5.3.7 Managing student and staff expectations

The project findings suggest that there is a mismatch in expectations in relation to what the job is and what students' experiences will be initially and a need for honesty and clear induction. Some staff believe that students should conform to their own idea of student behaviour, which were formed years previously when hierarchies were stronger and individualism not such a strong feature of life. This impacts on how they feel about having students and how they treat them when they are in placement. How can we manage students' expectations so that they are more realistic and how should we support, develop and manage staff to improve their commitment to student education?

5.4 Summary and draft recommendations

In the final plenary session, participants were invited to agree or disagree with each table's proposals by holding up a green or red card, and this was noted on the responses. Subsequently, the proposed recommendations were transcribed verbatim and then summarised. This summary of the workshop's proposals was sent to all participants, together with those RSMs and HEI programme leaders who had not attended, for validation and comment prior to compiling a first draft of the recommendations. There was little feedback but what there was was supportive of the summary (see Appendix 6).

The next step was to further consolidate the emerging themes in 5.1 above into four main areas. Fifteen draft recommendations were developed to take forward to the final stage of the project, the student voice conference:

5.4.1 Managing placement capacity and ensuring integration through effective partnerships

1. Development of strategic partnerships with commissioners (LETBs, SHAs, local partnership groups) to influence and manage the ratio of student numbers to placement availability and make the case for practice educator roles in every department. A more sophisticated metric is needed - not based *only* on the number of linear accelerators in the centre.
2. Formalisation of local partnerships between each HEI and its placement providers through a local Service Level Agreement (SLA) that places duties and expectations on each partner ie operational issues related to placing students equitably, ensuring access to an appropriate range of experiences to achieve outcomes and minimising overlaps and placement sharing. A model agreement needs to be developed or sourced.

5.4.2 Selection and preparation

3. Selection of students needs to be more robust in terms of criteria for judging suitability for radiotherapy.
4. Interviewing all students is best practice, and, where it occurs, clinical input to this process is essential. It is accepted that research about the value of interviewing is equivocal.
5. Opportunities for student and service user involvement in selection should be explored.
6. A clinical visit report prior to offer should be mandatory.
7. Psychometric testing and values assessment should be investigated.
8. The profession needs to be more confident about its importance, complexity and what it can offer to prospective students.

5.4.3 Managing staff and student expectations and promoting security and belonging

9. There should be more honesty about what the Band 5 job is and greater input from service. Students need to understand their position and role in the department. There is already some good practice, eg student focus groups, question and answer books, and it should be identified and disseminated.
10. Strongly-held differences of view about the timing of the first placement are not evidence-based in relation to student retention. However, an early, developmental first placement could be devised to assess students' individual responses to initial placement experience and develop personalised support mechanisms.
11. Clinical staff responsibilities in respect of student education should be explicit in Personal development reviews (PDRs) and monitored.
12. Clinical staff must be enabled through training and development to manage the diverse needs of today's students so that a culture of high challenge and high support develops.

5.4.4 Student support and assessment and creating a stronger learning culture in RT centres

13. Centre plans should contain explicit objectives / action plans in relation to workforce planning and the profile of staff. As a minimum, they should include a commitment to enabling staff learning and development at all levels and, ideally, demonstrate that the department is working towards the profession's career framework.
14. Minimum standards of education and training for those mentoring and assessing students and other learners should be developed.
15. The feasibility of developing standards of practice for therapeutic radiography should be investigated.

6. CHAPTER SIX

6.1 Incorporating the student voice

Each HEI was asked for the names of cohort representatives and they were invited to a student conference, held on 31st October 2012 and facilitated by the Project Manager. Twenty-six students from 9 out of the 10 HEIs attended. They included representatives from both Postgraduate Diploma and BSc (Hons) programmes.

6.2 Student conference programme

The day began with a Claims, concerns and issues[13] session in which individuals are asked to consider their personal views and feelings and then share it with others to identify areas of agreement that can be worked on. Claims, concerns and issues is a tool for practice development and its purpose is to: obtain feedback from stakeholders, celebrate successes, evaluate progress, identify questions that need addressing, develop an agenda and create an action plan.

The purpose was to give the student representatives an open opportunity to discuss placement learning experiences in a structured way prior to sharing the project's main findings with them. In this way it was hoped to avoid any undue influence.

This session was followed by a presentation of the audit findings and emerging themes (5.1 above) with group discussions and feedback, and a final plenary session to obtain the students' responses to the draft recommendations in 5.3 above. A summary of the outcomes was returned to the participants for validation. A number of students responded, having circulated the summary to their cohorts, and the final document is at Appendix 7.

6.3 Analysis and discussion

6.3.1 Claims, concerns, issues

The claims feedback is a heartening endorsement of the overall process of learning and development involved in becoming a therapeutic radiographer. However, it is interesting to note that the list of concerns about placement learning is longer than the claims. These are grouped into four categories; practical concerns about finance, transport and accommodation costs and the lack of a university experience, the structure of placement learning and quality of learning opportunities, the variability of arrangements for student support and assessment, and bullying and marginalisation. The practical concerns related to finance are outside the scope of the project. However, they should be noted by commissioners as a cause for concern and a contributor to student attrition.

The students' list of issues/questions reveals a desire for consistency and greater standardisation, based on evidence about best practice. For example, 'What is the best placement plan?' and 'Why aren't courses more standardised?' They seem to understand that differences in practice may be positive, but want more clarity about the rationale for these and also the skills to manage them when they move between placements. The question, 'What is the hospital's/ university's investment in students?' suggests an awareness of the strategic importance of students to both partners. Taken together, the matters raised and discussed in the Claims, concerns and issues session align closely with the project rationale and the perspectives of RSMs, practitioners and educators.

6.3.2 Students' response to audit findings and draft recommendations

The students' views of the audit outcomes corroborate the findings and provide useful insights from their perspective (see Appendix 7). In particular, they are aware of the effects of placement capacity problems on their learning and highlight in particular the lack of imaging and other pre-treatment experiences, including dosimetry and planning. Given the direction of service development in radiotherapy and the strategic importance of Intensity Modulated and Image Guided Radiotherapy (IMRT, IGRT), this is a significant concern.

The students also perceive the need for better collaboration and communication between the HEI and placement providers at every level. The need to make placement requirements more obvious is referred to and there is a suggestion for work instructions for student learning to be developed.

Students are highly critical of the lack of standardisation and consistency in relation to arrangements for student support and assessment. They point out some staff's lack of knowledge of student education, stating that the quality of learning 'completely depends on which radiographers you are working with'. They were surprised to learn of the disparity between programmes, especially in clinical contact time. Issues relating to selection are well understood and the students provided some good ideas for improving this process in the belief that greater honesty and transparency are needed.

The specific theme of bullying and harassment was raised by the students early in the day and was prevalent throughout. It emerged again following the post-conference consultation period. They believe there is a direct causal relationship between bullying behaviours and attrition, and wish it to be acknowledged explicitly and managed actively. It is interesting to note that this strength of feeling is not readily acknowledged by service or HEIs.

In the final session of the day, the 15 draft recommendations in 5.4 above were discussed in plenary and students were invited to express their views and assist in re-drafting. During this process, they strongly affirmed the project's aspirations, emerging themes and recommendations as important steps in improving the student experience in placement learning and reducing attrition.

To assist with understanding the student experience of placement learning, an adapted version of the Senses Framework[14] is offered at Appendix 8. The framework was developed for student nurses on placement in an older person care setting but its findings resonate with many of the themes in this project.

7. CHAPTER SEVEN

7.1 Further analysis of quantitative data from the audit tool

The data presented in 3.1, Audit results, was further analysed in relation to the seven themes to assist radiotherapy centres by providing them with a more detailed assessment of their compliance in each theme. Each statement in the audit tool was allocated to one or more theme with the exception of question 12, which was deemed unreliable. This task was done independently by the project manager and one other steering group member and agreement was obtained through discussion and negotiation. Following this, each radiotherapy centre's scores for each of the seven themes were calculated and the mean score was inserted into a table.

A RAG-rated league table of overall compliance was produced and the mean scores for each theme were added. The table is seen at Appendix 1.

8. CHAPTER EIGHT

8.1 Conclusions and recommendations

The project findings are robust and comprehensive. They confirm that attrition from therapeutic radiography pre-registration programmes is a multi-faceted issue and recommendations are made that address both the systematic and relational aspects of what is a complex organisational situation. If the project objectives are to be met and attrition reduced, it is vital that the recommendations are implemented speedily and taken together, not cherry-picked.

These recommendations are the responsibility of all those who are involved with the planning, organisation and delivery of pre-registration education, and include the students. Education commissioners are crucial to the project's success because they have the necessary authority to drive their implementation, through the contracts made with HEIs for the provision of pre-registration programmes. Higher education institutions and their service partners must work together to implement them in programmes and placements and the professional body has an important role to play.

Therefore, the project recommendations have been formulated at strategic, operational and professional levels. Strategically, they are directed at the new provider-led education commissioners; the Local Education and Training Boards (LETBs) and at Health Education England (HEE), to which LETBs are accountable. Operational recommendations are to education providers and radiotherapy service managers. As the organisation concerned with the maintenance and development of professional standards at all levels of radiographic practice, there are also recommendations for the professional body to consider.

8.2 Education commissioners

Health Education England (HEE)

1. The Quality Framework for LETBs should include evidence of systematic planning to ensure that the number of pre-registration student commissions is aligned with placement opportunities such that students in the same cohort do not share a placement* and that overlaps with other cohorts are avoided.

Local Education and Training Boards (LETBs) and associated Local Partnership Groups

1. Education and training commissions should be based on the explicit demonstration that the ratio of student numbers to placement availability is such that students in the same cohort do not share a placement, and that overlaps with other cohorts are avoided.

2. To ensure a comprehensive experience, the full range of placement opportunities in a radiotherapy centre across the cancer patient pathway must be offered.

3. A written policy for managing unavoidable placement sharing must be in place, including where placements are shared with another HEI.

4.. There should be evidence of the number of placement opportunities matching student numbers (a ‘metric’).

5. A Practice Educator (PE) is required in each department.

6. A formal local service level agreement (SLA) that sets out the duties and expectations of each should be in place between the HEI and its individual placement providers.

7. The opportunity for a clinical visit must be made available by centres prior to any offer of a place on a pre-registration therapeutic radiography programme.

8. Consideration should be given to re-balancing placement providers used by specific HEIs or even reducing the present number of HEIs providing pre-registration education to meet the objective in 1 above.

In addition to the recommendations above, Education commissioners should note that students expressed significant concerns related to personal finance as a contributor to student attrition. While these concerns are outside the scope of the project and not explored in this full report, commissioners cannot ignore this matter if they are serious about maximising student retention.

A placement is defined as one of the necessary practice learning experiences within the patient pathway that student therapeutic radiographers must have to meet the standards for HCPC registration. See attached flow chart for further information (Appendix 2).

8.3 HEIs

1. A formal service level agreement (SLA) that sets out the duties and expectations of each should be put in place between the HEI and its individual placement providers and reviewed annually.

2. Programme developmental review and revalidation should mitigate placement overcrowding through placement plans that avoid overlaps between cohorts.

3. A written policy for managing unavoidable placement sharing must be in place, including where placements are shared with another HEI.

4. Student selection must be made more rigorous and comprehensive through the inclusion of interviewing and the use of appropriate tools such as psychometric testing, values assessment, and team working skills observation.

5. Prospective students must have undertaken a clinical visit and submitted a report to be

considered during the selection and recruitment processes, and prior to the offer of a place.

6. Clinical staff and, where possible, service users and existing students should be included in the selection and interviewing processes.

7. Comprehensive, inclusive preparation for placement must be prioritised in programmes.

8. Clinical staff education and training in student support and assessment must be formalised and managed by the HEI and annual updates must occur.

9. Bullying and harassment in the academic and clinical environments is unacceptable and procedures demonstrating its active management and monitoring must be in place.

10. Academic staff must be up to date, professionally credible and have a visible presence in practice.

8.4 Radiotherapy centres

1. Centres must have education and training plans that demonstrate commitment to learning and development by ensuring opportunities for all staff to engage in appropriate CPD in accordance with the profession’s career framework.

2. Staff responsibilities in relation to student education should be embedded in job descriptions and monitored through personal professional development reviews (PDR).

3. Centre policies and practices should acknowledge the different needs of students as a group and promote visibility and inclusivity.

4. Bullying and harassment, where it occurs, must be actively managed and eradicated.

5. A formal service level agreement (SLA) with the HEI, which sets out the duties and expectations of each, should be in place and reviewed annually.

6. The full range of placement opportunities in the radiotherapy centre and across the patient pathway must be utilised to ensure a comprehensive experience.

7. A written policy for managing unavoidable placement sharing must be in place.

8. The opportunity for a clinical visit must be made available prior to an offer of a place.

9. Staff must engage fully in programmes of education and training for student support and assessment.

8.5 Radiotherapy centres and HEIs jointly

1. All the provisions of the service level agreement (SLA) should be utilised to ensure that student education and support is prioritised appropriately by staff at all levels in the organisations.

2. Preparation for placement must be realistic and include VERT™-based practical skills, relationship skills and emotional resilience.

3. An early, developmental placement to clarify the student role and develop an individual action plan that enables a personalised approach to student learning and support should be devised.

4. Students should be assigned a suitably prepared mentor who has received training or update in student support and assessment within the past 12 months.

5. Regular clinical tutorials and peer action learning sets should be agreed and integrated into placement learning.

8.6 The Society and College of Radiographers

1. Minimum standards of education and training for mentors/assessors should be developed, to include a developmental pathway from mentor (20 credits) to practice educator (PgCert).

2. Guidance about appropriate psychometric tests and values assessment for student selection should be offered.

3. Guidance and a template for a clinical visit report to be used during the selection process should be developed.

4. Capability standards for the profession in response to the expressed view that a national approach is needed to underpin and bring consistency to the assessment of practice in pre-registration programmes should be developed.

5. Strategies that increase the visibility and value of the profession should continue to be developed.

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Annexe A Example HEI Provider Agreement

Annexe A Example HEI Provider Agreement.pdf

Annexe B Example Policy for Doubling Up Students

Annexe B Example Policy for Doubling Up Students.pdf

Annexe C Example Interview criteria 2010

Annexe C Example Interview criteria 2010.pdf

Annexe D Example Preparation for First Placement

Annexe D Example Preparation for First Placement.pdf

Annexe E Example Student expectations questionnaire

Annexe E Example Student expectations questionnaire.pdf

Annexe F Example Clinical Concerns Chart

Annexe F Example Clinical Concerns Chart.pdf

Appendix 1 RAG rated compliance with themes by Centre

Appendix 1 RAG rated compliance with themes by Centre.pdf

Appendix 2 Radiotherapy Services in England 2012 Simplified RT Pathway

Appendix 2 Radiotherapy Services in England 2012 Simplified RT Pathway.pdf

Appendix 3 Audit Tool for RSMs Final (1)

Appendix 3 Audit Tool for RSMs Final (1).pdf

Appendix 4 HEI Interview Schedule

Appendix 4 HEI Interview Schedule.pdf

Appendix 5 Dissemination Workshop Attendance

Appendix 5 Dissemination Workshop Attendance.pdf

Appendix 6 Dissemination Workshop Agreed Summary of Responses to Questions by Table

Appendix 6 Dissemination Workshop Agreed Summary of Responses to Questions by Table.pdf

Appendix 7 Student Voice - summary responses -post consultation

Appendix 7 Student Voice - summary responses -post consultation.pdf

Appendix 8 Senses Framework for Pre-reg RT Students

Appendix 8 Senses Framework for Pre-reg RT Students.pdf