

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS



**APPROVAL AND ACCREDITATION
BOARD**

ANNUAL REPORT

The College of Radiographers

September 2007 – August 2008

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1. Foreword

This report for the 2007-8 academic year provides a comprehensive review of the approval and accreditation activity undertaken over the period and incorporates the annual statistical analysis of programmes conferring eligibility to seek registration with the Health Professions Council (HPC).

This past year has continued to provide challenges to both education providers and the College of Radiographers (CoR). In the education sector, commissions (in England) for radiography education have tended to remain stable, though across the UK, institutions have encountered increasing pressure on resources to deliver pre-registration education against a back drop of enhanced emphasis on continuing professional development. These pressures and resource constraints provide a challenge both in maintaining and improving standards, and also in tackling the underlying demand to reduce attrition from programmes, a particular issue in radiotherapy.

The CoR continues to support the education sector to the full extent of available resources through direct interfacing with students and through working alongside education institutions (EIs) in the provision of advice, support and approval. In this past year, the CoR involvement in programme reviews and revalidations has been extensive, showing a continued, effective engagement with the education sector and acknowledgment of the continued importance of professional body recognition.

The CoR continues to review and develop its services to EIs and, through the Approval and Accreditation Board, maintains effective oversight of all aspects of education relevant to radiographers. The Approval and Accreditation Board (AAB) would like to take this opportunity to thank all of the assessors who have volunteered to work with the CoR in the past year and especially those who have undertaken reviews and re-approvals on its behalf.



Ian Henderson
Chair
Approval and Accreditation Board

2. Executive summary

Background

This is the fourth year of operation of the AAB. This annual report draws into a single commentary the approval and accreditation activity over the 2007-8 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.

Since September 2007 major changes have occurred, with the introduction in England of the Standard Benchmark Price and Contract, necessitating a great deal of work to develop a system that would ensure continuity of engagement with both student radiographers and education providers and overcome problems associated with data exchange. It is vital to maintain a full data set if the national record is to be maintained. Unfortunately, two universities have not returned their data monitoring schedule, thus this will affect the overall statistics.

Annual monitoring data

The overall burden on EIs in completing the data monitoring schedules has been reduced this year by removing sections where the data can be derived from our existing data sets and further analysis to determine what data can provide relevant commentary.

Due to the changes in contracts arrangements in England, there are some data that we can no longer collect or reliably analyse, which will have an impact on the report.

Changes to services for EIs and students

A number of EIs continue to pay registration fees for all students and some for existing students. All EIs, apart from two, opted for the annual inclusive package, which is heartening. CPD endorsement is now included in the inclusive package.

SCoR has introduced complimentary membership for first year students for the 2008-9 academic year intake and a reduced rate of £4 per month for continuing students.

Educational Programmes

During the year the AAB has been involved in the review and re-approval of several pre-registration programmes, including an international approval for the BSc (Hons) Medical Imaging programme delivered at the Universiti Teknologi Mara University (UiTM), Malaysia.

Currently, 24 EIs are accredited to offer diagnostic and 12 EIs are accredited to offer therapeutic radiography programmes, leading to accreditation as a practitioner with eligibility to apply for HPC registration. Two EIs failed to complete the data monitoring schedule, thus has an impact on the overall results.

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

There is a worrying trend of increasingly undersubscribed programmes, which is particularly noticeable for radiotherapy programmes. This is of particular concern due to the intended expansion plans for radiotherapy services.

The diversity profile of graduates from pre-registration programmes in 2008 has been compared to the data taken from the Office of National Statistics. The results demonstrate that the ethnic diversity of radiography students matches closely the ethnic diversity of the working population. However, the data shows that the profession is still significantly dominated by females, which highlights a potential growth area for EIs by promoting radiography educational programmes to the male population.

This year we have included a selection of results extracted from the 2007-8 SCoR Graduate Survey. Interesting responses regarding jobs arranged after graduation and how long after graduation students had 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.

The numbers of new submissions for approval at assistant practitioner level are limited, reflecting that the majority of institutions have now developed assistant practitioner programmes since the initial introduction of this role

CoR's Practice Educators Accreditation Scheme continues to work jointly with the Chartered Society of Physiotherapy and the College of Occupational Therapists and are working on developing a single, joint scheme to replace the three separate schemes. There now stands 11 accredited practice educator programmes.

Submissions for short courses continue to be received with a demand for the approval and accreditation of dental radiography programmes, which is probably still due to the consequence of regulatory requirements for dental nurses undertaking dental radiography, published in 2006.

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

CANME is currently suspended. A proposal between the British Nuclear Medicine Society and the Royal College of Radiologists to establish an intercollegiate board has stalled.

CACMRE has now been dissolved. SCoR is working on convening an advisory board to take into account wider issues that solely affect education.

Consortium for the Accreditation of Sonographic Education (CASE)

CASE continues its work. The sonography voluntary register has now been established. CASE has been looking at approving short courses which would give a basic level of ultrasound education,

Staff and staff development

A significant amount of staff are continuing with higher education with a selection of programmes being undertaken. A large number of staff have now completed or have enrolled on MSc or MA programmes. An increase in the number of staff undertaking PhD and doctorates of education has been noted, which is excellent.

The progress taking place demonstrates a very strong commitment to staff development within the profession.

Accreditation Process

In August 2008, there were 74 accredited assistant practitioners with a number awaiting accreditation. CoR believes each practising assistant practitioner should seek to become accredited, and that service managers should support this.

There were 103 practice educators registered with 2 having completed the experiential route and 101 either the fast track route or via approved programmes. However, the need to 'market' the scheme to raise awareness of its existence has been highlighted. The Higher Education Academy is providing a CPD event to be held in York during March 2009, which will focus on facilitating interprofessional learning in practice. 10 free places will be available for SoR accredited practice educators.

Much work on drafting the policy for the accreditation of advanced practitioners has been done. The processes have been clarified and streamlined and been sent to UK Council and CBoT for consideration and approval before being piloted. The HPC is involved in responding to changes in the law and regulation and thus is still exploring Advanced Practice.

Ultrasound service delivery poses a major challenge to the 18-week targets, due to the shortage of sonographers. There is no statutory regulation of sonographers in the UK at present. SCoR has presented a case to the HPC for sonographers to become a regulated occupational group, with the title 'sonographer' to be protected.

Approval and accreditation of Programmes delivered outside of the UK

The AAB is sometimes asked to approve programmes for delivery outside the United Kingdom. The type of approval process depends mainly on the country involved. CoR is pleased to respond positively to requests as this enables it to support the quality of radiography education and training provision internationally and so help improve standards worldwide. The AAB has published a document entitled 'Approval and accreditation of Programmes delivered outside of the UK'.

Approval of external examiners

The AAB recognises the need to verify the calibre of external examiners to be included on a SCoR register. The new application form, criteria for inclusion on the register and the policy document for external examiners have now been completed and approved.

Terms of reference

The AAB has developed terms of reference to provide further rigour and transparency to its working.

Continuing Professional Development

Further development work was undertaken in response to the 2007 user survey with plans drawn up to streamline the system and to provide video clips demonstrating the main features and procedures to record and claim accreditation for CPD. A section for preceptor practitioners was added and it was planned that the enhanced version should go live by the end of 2008.

The endorsement of CPD programmes has shown strong growth. Overall CPD endorsement showed a marked improvement on the previous year with almost 200 programmes endorsed which warranted investment in resources to improve management of the process and a new piece of software was commissioned to support this process, running alongside CPD Now. It is envisaged that this would be live early in 2009.

Recruitment and training of Assessors

The recruitment and training of assessors continues to be a high priority for the AAB. New assessors are now being appointed to shadow more experienced assessors during course reviews.

In the New Year a coherent rolling training plan for all levels of assessors will be developed with opportunities for assessors with limited experience to attend workshops to increase understanding of the approval process. A handbook will be produced which can be used as a reference for future events.

The AAB recognises that problems exist in recruiting new assessors, particularly in radiotherapy. Ultrasound is also underrepresented and there are currently no assessors from cardiac specialties.

Other Activities

Virtual Learning Environment

The AAB welcomed the £5million investment by the Department of Health (England) in radiotherapy education. Robert Appleyard and Louise Coleman have been seconded by their education institutions to oversee implementation and evaluation of the tool.

All 10 English universities who train therapeutic radiographers have had VERT installed as have 29 radiotherapy departments with 8 potential installations by the end of 2009.

The project aims to evaluate the impact of the VERT system on the development of first year pre-registration radiotherapy students' basic psychomotor/practical skills prior to their initial clinical placements.

Interprofessional Collaboration

The AAB receives reports of meetings of the Allied Health Professions Federation (AFPF) Education Leads. Additionally, the AAB is kept abreast of the work of Assessment and Learning in Practice Settings (ALPS), who are currently rolling out their competency assessment tools to produce more confident and competent students. ALPS is keen to work with SCoR in the future.

Consultations

The AAB contributed to the Society and College of Radiographers response to a number of consultations, particularly from the HPC.

Collaboration with the Irish Institute of Radiography

The Republic of Ireland is in the process establishing a registration board for radiographers.

Scottish education strategy

Scotland is undertaking a review of its education strategy with a view to using a 2+2 approach. Universities Scotland, in association with NES, has applied for funds to scope the design and implementation of a radical reform of undergraduate honours, postgraduate and post-qualification curricula for nursing, midwifery and the allied health professions. The AAB will continue to monitor the progress of this review.

3. Introduction

This is the fourth year of operation of the AAB of the CoR. Since its inauguration it has achieved 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 its accreditation activities are undertaken. The AAB has a responsibility to maintain high quality radiography provision for the medical imaging and radiotherapy workforce.

Due to the high degree of change affecting the profession, there has been a huge impact on the educational needs of radiographers and the wider radiography workforce. Therefore, the work of the AAB is constantly evolving and will continue in this evolutionary manner in the future in order to respond to the demands of the profession.

This report draws into a single commentary the approval and accreditation activity over the 2007-8 academic year. It provides a national overview of the nature and scope of education provision for the radiography workforce, thus giving a benchmark for individual EIs to use to support self-evaluation and development planning. Additionally, it provides comprehensive data and statistical information on the current and future workforce, where the report is recognised as the most authoritative record of student recruitment, retention and completion.

Since September 2007 major changes have occurred, with the introduction in England of the Standard Benchmark Price and Contract, necessitating a great deal of work to develop a system that would ensure continuity of engagement with both student radiographers and education providers. Critically, the CoR has had to work with each education provider to overcome problems associated with data exchange. It is vital to maintain a full data set if the national record on student recruitment, retention and attrition is to be maintained. Unfortunately, two universities have not returned their data monitoring schedule and this will have an effect on the overall statistics.

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 AAB continues to play an essential role in the collecting, collating and analysing of data related to radiography education and training. The Society and College of Radiographers (SCoR) is the only professional body for the radiography workforce and, therefore, well-positioned to be able to provide a comprehensive UK-wide overview of radiography education and the workforce.

This report incorporates the data collected for the totality of education provision for the medical imaging and oncology workforce gathered during the 2007-8 academic year.

This year we have reduced the overall burden on EIs in completing the data monitoring schedules by removing sections where the data can be derived from our existing data sets. There has been further analysis to determine what data can provide relevant commentary. The rationale for collecting this data is to provide a comprehensive representation of the radiography education provision for both the medical imaging and radiotherapy and oncology workforce across the UK. This data will enable individual EIs to compare its specific data with the national data set. In addition, the results will inform discussion with external bodies such as workforce development and planning, education commissioning and professional development, which will help the future development of the radiography profession.

Due to the changes in contracts arrangements in England, there are some data that we can no longer collect or reliably analyse and this will have an impact in some areas of the report. The AAB would like to thank those institutions who submitted their data monitoring schedules this year, as without co-operation from those involved with radiography education a full picture cannot be gained.

Comparative data from 2004 – 2007 can be found in the appendices 1-3.

5. Changes to services for EIs and students

The AAB has been extremely pleased with the response from EIs in regard to the changes to contract arrangements in England. A number of EIs continue to pay registration fees for all students and some for existing students. Student recruitment has exceeded expectations.

All EIs, apart from two, opted for the annual inclusive package, which is heartening. CPD endorsement is now included in the inclusive package.

The new system will take time to embed, but it is likely in the future that students' will be wholly responsible for paying their own fees. The AAB considers it highly important to gather individual student data which informs national analyses and affects many tranches of work, including the Pay Review Body and commissioned numbers.

SCoR continues to improve its services on an ongoing basis. It has introduced complimentary membership for first year students for the 2008-9 academic year intake and a reduced rate of £4 per month for continuing students. This way forward was based on a student membership strategy submitted and approved by UK Council in June 2008.

6. Educational Programmes

6.1 Pre-registration Programmes

6.1.1 Approvals/Re-approvals of Pre-registration Programmes

During the 2007-8 academic year the AAB has been involved in the review and re-approval of the following pre-registration programmes:

- 6.1.1.1 Cardiff University – BSc (Hons) Diagnostic Radiography and Imaging; BSc (Hons) Radiotherapy and Oncology
- 6.1.1.2 University of Ulster – Periodic Reviews BSc (Hons) Radiography (Diagnostic); BSc (Hons) Radiography (Therapeutic)
- 6.1.1.3 Sheffield Hallam University – paper review of major change of accommodation and increased student numbers at three clinical placement sites in connection with the BSc (Hons) Therapeutic Radiography
- 6.1.1.4 University of Portsmouth – re-approval of BSc (Hons) Diagnostic Radiography; BSc (Hons) Therapeutic Radiography
- 6.1.1.5 Kingston University – re-approval of BSc (Hons) Diagnostic Radiography; BSc (Hons) Therapeutic Radiography
- 6.1.1.6 University of Leeds – re-approval of BSc (Hons) Radiography
- 6.1.1.7 Robert Gordon University, Aberdeen – re-approval of BSc (Hons) Diagnostic Radiography
- 6.1.1.8 University of Salford – re-approval of BSc (Hons) Diagnostic Radiography

Additionally, the AAB approved the BSc (Hons) Medical Imaging programme delivered at the Universiti Teknologi Mara University (UiTM), Malaysia. In April, a delegation from UiTM visited the SCoR headquarters to discuss the process for seeking approval and accreditation for their programme. In August, the AAB approved two assessors to make an international visit and another assessor to scrutinise the programme's documentation.

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

24 EIs are accredited to offer diagnostic radiography programmes

- 6.1.1.9 20 EIs are accredited to offer programmes of three years duration
- 6.1.1.10 3 EIs are accredited to offer programmes of four years duration
- 6.1.1.11 London South Bank University is accredited to offer a 4-year part-time in service BSc (Hons) Diagnostic Radiography programme
- 6.1.1.12 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
- 6.1.1.13 6 HEIs are accredited to offer part-time BSc (Hons) Diagnostic Radiography programmes
- 6.1.1.14 University of Teesside is accredited to offer a PgD/MSc Diagnostic Radiography programme.

12 EIs are accredited to offer therapeutic radiography programmes:

- 6.1.1.15 10 EIs are accredited to offer programmes of three years duration
- 6.1.1.16 2 EIs are accredited to offer programmes of four years duration
- 6.1.1.17 London South Bank University is accredited to offer a 4-year part time BSc (Hons) Therapeutic Radiography programme
- 6.1.1.18 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
- 6.1.1.19 4 EIs are accredited to offer part-time BSc (Hons) Therapeutic Radiography programmes
- 6.1.1.20 Sheffield Hallam University and Queen Margaret University are accredited to offer PgD Therapeutic Radiography programmes
- 6.1.1.21 London South Bank University is accredited to offer a PgD/MSc Therapeutic Radiography.

St Martin's College has now made the transition to the University of Cumbria, and has confirmed that the awarding body has also changed to the University of Cumbria.

Queen Margaret University, Edinburgh has moved premises to a new purpose built campus. This was approved for radiography education by AAB assessors and provides an excellent learning environment for their students.

University of Derby also moved premises, however, they did not require an assessor site visit as this was assessed at the time of the programme's last review.

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 of the with a census date of November 1st 2007.

Number of first year students registered with the EIs	
Diagnostic Students	Therapeutic Students
1088	274

Table 1

Unfortunately, two institutions failed to return their completed monitoring schedules.

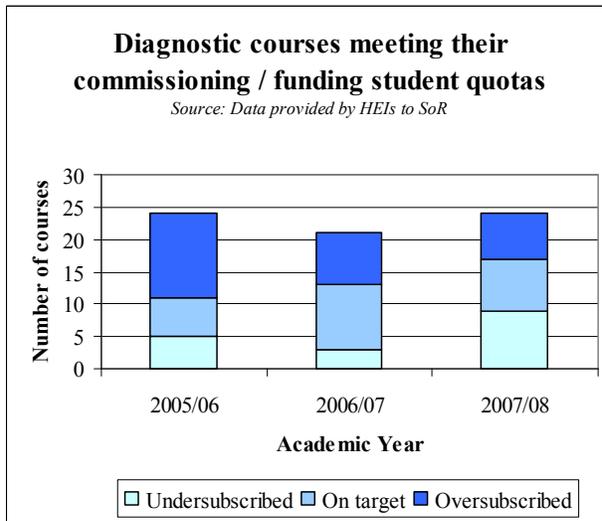
- 6.1.2.1 For diagnostic students – Birmingham City University and University of Derby
- 6.1.2.2 For therapeutic students - Birmingham City University

This will unfortunately impact on the overall UK figures. 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.

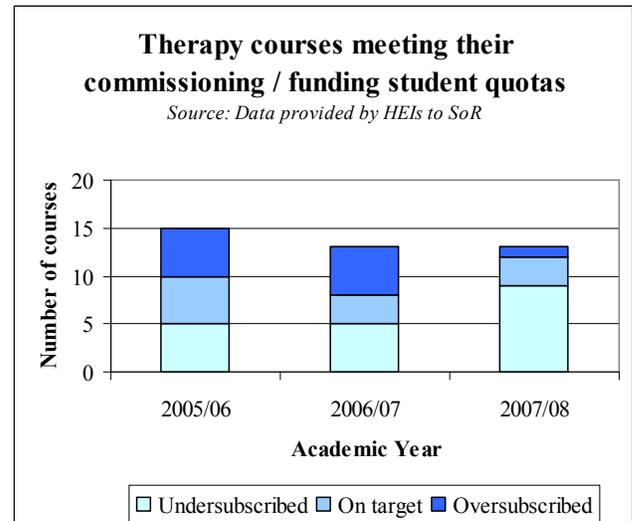
For this academic year it is impossible to determine the total student radiography population due to limited data submitted by EIs after the change in contracts that occurred in September 2007.

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

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



2a



2b

Nb. "Undersubscribed" means fewer students enrolling on the course than the number of commissioned / funded places
 "On target" we mean the number of students enrolling on the course equalled the number of commissioned / funded places
 "oversubscribed" we mean more students enrolling on the course than the number of commissioned / funded places

From the diagrams it is clear to see the trend is that programmes are increasingly undersubscribed this year on comparison with the past. This is particularly noticeable with radiotherapy programmes with 69% of courses not meeting their commissioning number. This is of major concern due to the expansion taking place within the radiotherapy services.

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 2004-2007
- Attrition rates

6.1.5 Clinical Placements for Pre-Registration and Assistant Practitioner Programmes

Data was collected on placements providing clinical experience for pre-registration students and trainee assistant practitioners. The 23 returned monitoring schedules shared a total of 216 major clinical placements providing clinical education for diagnostic radiography students, with 42 of these also training assistant practitioners.

This shows a decrease in the number of major clinical placements from the previous two years as follows:

- 2006/7 – 238
- 2005/6 – 226
- 2004/5 – 229
- 2003/4 – 215

A total of 96 subsidiary placements were used by 16 EIs, mainly to provide experience in specialist areas of practice and the independent sector.

The clinical education of therapeutic students was provided by 55 major clinical placements (at least 12 of these also train assistant practitioners compared with:

- 2006/7 – 55
- 2005/6 – 66
- 2004/5 – 59
- 2003/4 – 56

These figures demonstrate no increase in placement availability in 2007-8, although as noted previously, not all monitoring schedules were received.

A total of 8 subsidiary placements were used by 4 EIs, mainly to provide experience in specialist areas of practice and the independent sector.

6.1.6 Completion Numbers for Pre-Registration Programmes

Table 3 below shows the number of students that graduated during 2008, and so became available to the radiography workforce in the United Kingdom.

Number of students graduating from radiography programmes in 2008

	Diagnostic	Therapeutic
	864 BSc (Hons)	195 BSc (Hons)
		12 PgD
TOTAL	864	207

Table 3

6.1.7 Diversity profile of graduates from pre-registration radiography programmes in 2008

The following graph (diagram 4) 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.

The SCoR data is incomplete due to HEIs not providing pass lists.

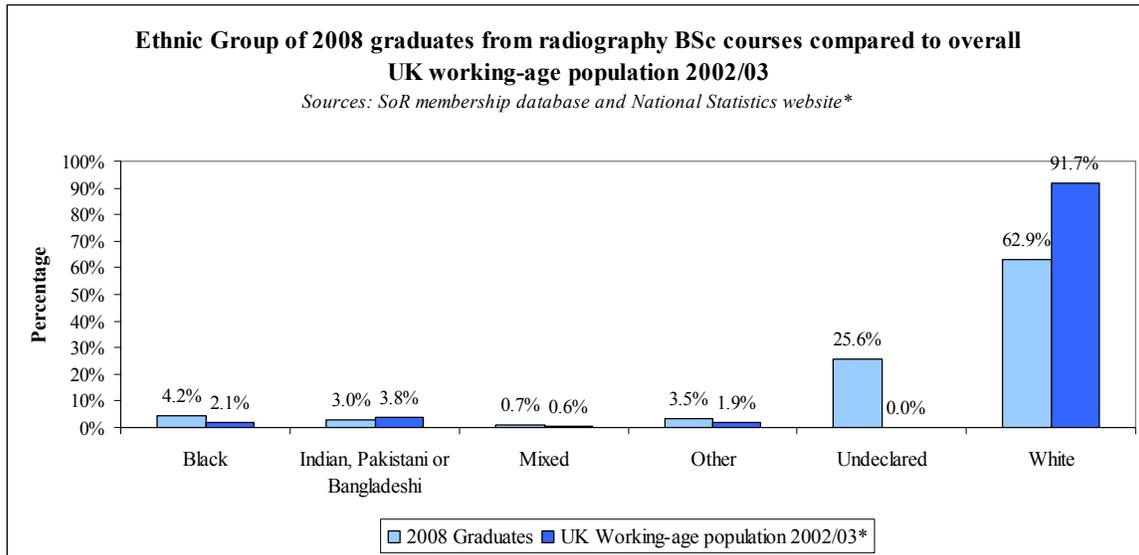
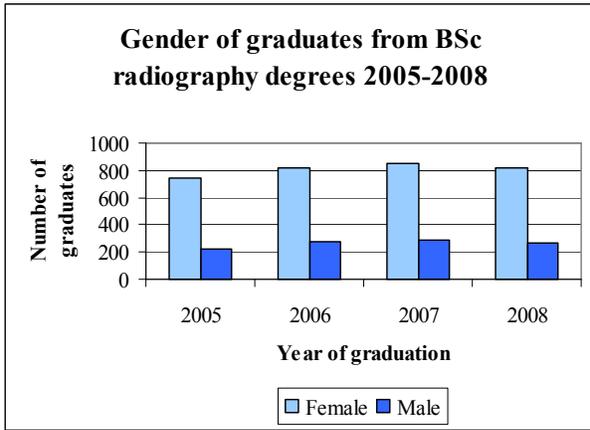


Diagram 4

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

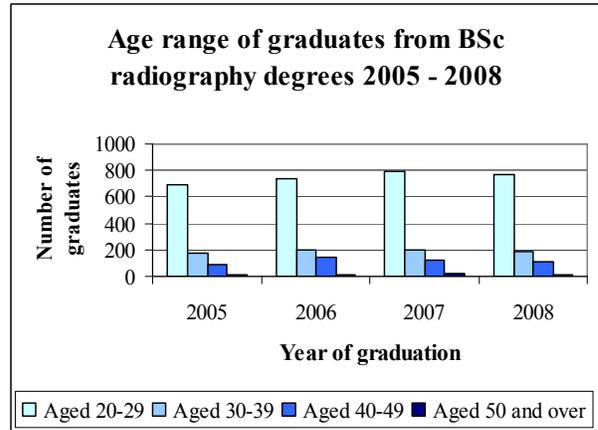
The graph above demonstrates that the ethnic diversity of radiography students matches closely the ethnic diversity of the working population. However, it can be seen that there is a 28.8% difference in the ‘white’ category. We suggest that these figures would more closely match should the ‘undeclared’ category be distributed over all the categories.

The below graph (5a) demonstrates the gender of BSc radiography graduates in 2008 in relation to 2005-7. It shows that the profession is still significantly dominated by females. Therefore, a potential growth area for EIs to promote radiography educational programmes is with the male population. Graph 5b illustrates the age range of BSc radiography graduates in 2008 in relation to 2005-7. Although the range seen in 2008 is similar to previous years, it is predicted that this will alter in coming years with the governments focus on widening participation.



Source: SCoR 2008 database

5a



5b

6.1.8 Response from 2007-2008 SCoR Graduate Survey

The 2007-2008 SCoR Graduate Survey represents an analysis of two graduate online surveys run by SCoR between July 18th to August 27th 2008. The first survey asked individuals graduating from radiography degrees in 2008 about their experiences searching for their first jobs. The second survey asked 2007 graduates about their first year working as a radiographer.

The surveys covered as many recent graduates as possible. Nearly 250 graduates responded to the 2007 graduate survey and almost 200 graduates responded to the 2008 graduate survey. The SCoR estimates that the overall graduate population is approximately 1500 graduates per year, so these surveys covered around 15% of the population.

Diagram 6 below demonstrates 82% of 2008 graduates had a job arranged for after graduation. This indicates that most graduates do not have difficulty finding work. However, for those aged 36 and over this percentage dropped to 61%. Older 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.

2008 graduates with a job arranged as of August 2008

Source: SoR survey of 2008 radiography graduates

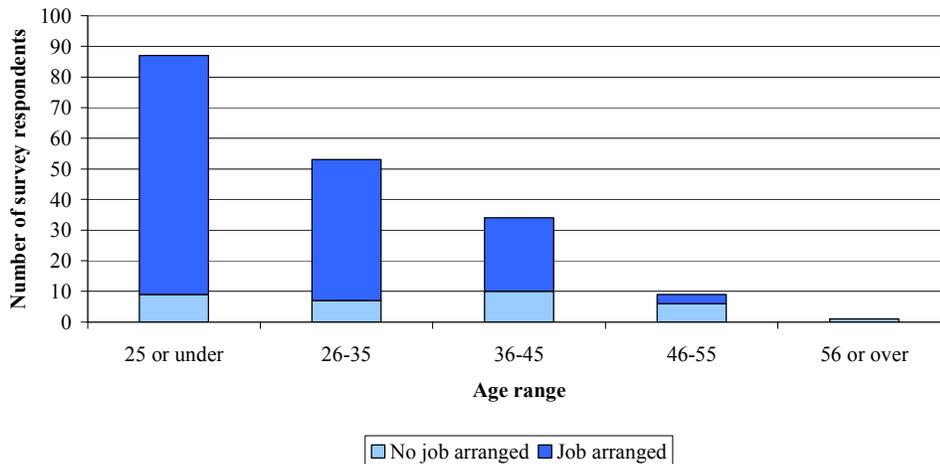


Diagram 6

Diagram 7 shows 90% of 2007 graduates started their first job within three months of graduation, confirming that in general, the job market for recent graduates is strong.

Number of months after graduation before starting first job

Source: SoR survey of 2007 radiography graduates

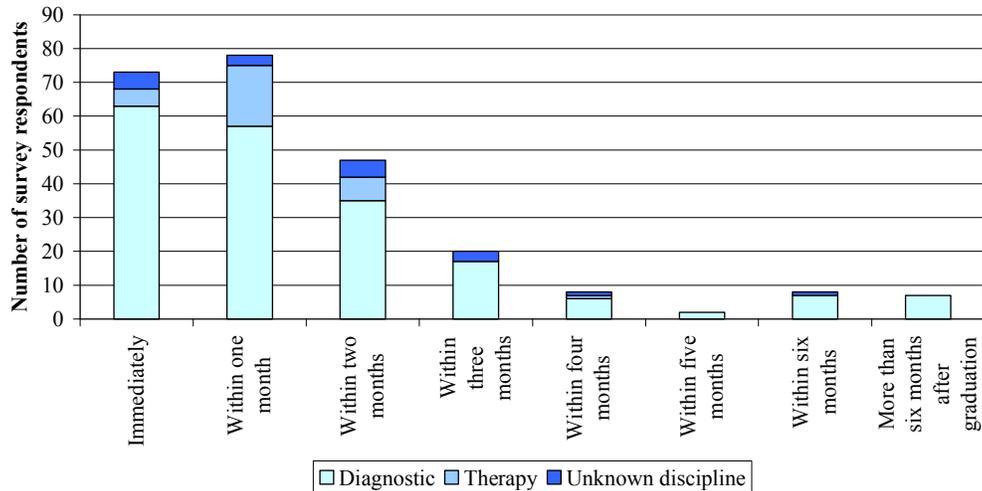


Diagram 7

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 a number of programme approvals and re-approvals.

During the period covered by this report the following programmes were approved/reviewed:

- 6.2.1 City University – re-approval of MSc/PgD Nuclear Medicine Technology. CANME representative had visited and recommended approval of the programme
- 6.2.2 Sheffield Hallam University – MSc/PgD/PgC Advanced Practice – re- approval had been requested following a reconfiguration of postgraduate provision
- 6.2.3 Birmingham City University – review of MSc Radiography
- 6.2.4 University of Hertfordshire – review of MSc Medical Imaging and Radiation Science
- 6.2.5 Kingston University – review of postgraduate radiography provision
- 6.2.6 Canterbury Christ Church University – review of MSc Medical Imaging

In the next academic year, the AAB anticipates developments in providing masters’ degree level education in clinical research from one institution.

6.3 Assistant Practitioner Programmes

The numbers of new submissions for approval at this level are limited, reflecting that the majority of institutions have now developed assistant practitioner programmes since the initial introduction of this role. In this academic year only three institutions submitted documentation for new programmes. They are as follows:

- 6.3.1 University Campus Suffolk – FdSc in Radiotherapy; FdSc in Diagnostic Radiography
- 6.3.2 Canterbury Christ Church University – Multiprofessional Foundation Degree
- 6.3.3 Kingston University – FdSc Breast Imaging

Three institutions successfully submitted assistant practitioner programmes for re-approval. They are as follow:

- 6.3.4 University of Hertfordshire – re-approval of Cert HE Clinical Imaging
- 6.3.5 University Of Leeds – Re-approval of Cert HE Diagnostic Imaging Studies
- 6.3.6 City University – re-approval of FdSc in Radiotherapy

6.4 Practice Educator Accreditation Scheme (PEAS)

The CoR's Practice Educators Accreditation Scheme continues to work jointly with the Chartered Society of Physiotherapy, which runs the Accreditation of Clinical Educators (ACE) Scheme, and the College of Occupational Therapists, Accreditation of Practice Placement Educators (APPLE) Scheme, to discuss issues surrounding practice education accreditation and further work on developing a single, joint scheme to replace the three separate schemes. Work has been undertaken on developing a re-accreditation process. However, this will not be utilised by SCoR for some time as the scheme is only in its second year and accreditation is for a period of five years. The three professional bodies have a reciprocal agreement in which each of the bodies accepts programmes accredited by the other two bodies.

There now stands 11 accredited practice educator programmes. This includes three EI submissions to support the programme route (taught course) for accreditation. They were approved by AAB as follows:

- 6.4.1 University of Salford – approval of Multi-professional practice based/practice placement educators programme
- 6.4.2 University Campus Suffolk – approval of PgC in Education for Health and Social Care Professions – approval of programme supporting Practice Learning (Mentorship) module
- 6.4.3 University Campus Suffolk – approval of Supporting Practice Learning (Mentorship) module

6.5 Short Courses

Submissions for short courses continue to be received. In particular, there is a demand for the approval and accreditation of dental radiography programmes, which is probably still due to the consequence of regulatory requirements for dental nurses undertaking dental radiography, published in 2006.

This year a number of submissions for short course approvals were received and subsequently approved, as follows:

- 6.5.1 University of Hertfordshire – approval of Dental Radiography for Dental Surgery Assistants
- 6.5.2 University Campus Suffolk – approval of Dental Radiography for Dental Surgery Assistants

- 6.5.3 Defence Dental Services – approval of Specialist Radiography Course for Dental Nurses and Dental Hygienists
- 6.5.4 The Radiological Protection Centre – re-approval Radiation Protection and Quality Assurance for Radiology Department

The courses proposed are generally non-credit bearing. 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. *The Consortium for the Accreditation of Nuclear Medicine Education (CANME) and the Consortium for the Accreditation of Clinical Magnetic Resonance Education (CACMRE)*

CANME is currently in a state of suspension. A proposal between the British Nuclear Medicine Society and the Royal College of Radiologists regarding establishment of an intercollegiate board has stalled. Unresolved business remains among CANME and the parent bodies. Meetings have been held with the Institute of Physics and Engineering in Medicine to resolve outstanding issues and move forward with a multi-professional approach.

CACMRE has now been dissolved. SCoR is currently developing criteria to convene an advisory board similar to the Nuclear Medicine Advisory Board in order to take into account wider issues that solely affect education. This is in an embryonic stage at present.

8. *Consortium for the Accreditation of Sonographic Education (CASE)*

CASE continues its work. The sonography voluntary register has now been established. It is hosted by the SCoR on behalf of the CoR and the United Kingdom Association of Sonographers jointly.

CASE has been looking at ways to approve short courses which would give a basic level of ultrasound education, however, in order to undertake this approval is required from Parent Bodies. SCoR has already approved ultrasound short courses.

9. *Staffing and Staff Development*

9.1 *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 tables show 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 reduced between 2004-2007. However, for the last two years we have not received complete data sets for all EIs so this could be the explanation.

Numbers of radiography qualified staff employed by EIs

Date	Diagnostic Qualified FTE	Therapy Qualified FTE	Total
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
1 Nov 2004	234.85	76.88	316.53

Table 8

9.2 *Staff Development*

The purpose of this section of the report is to provide information on the main activities of staff development during this period, including key areas of staff development provision and notable achievements.

It is heartening to see a significant amount of staff continuing with higher education. This year, a number of staff have completed or are enrolled on postgraduate programmes including Postgraduate Certificate in Learning and Teaching (HE), European Computer Driving Licence (ECDL), Pg cert in Education and Learning and Teaching and modules to support academic practice and development.

A large number of staff have now completed or have enrolled on MSc or MA programmes for Lifelong Learning and professional practice, Learning and Teaching and Education, to name just a few.

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 individuals' 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.

Wide attendance at local, national and international study days and conferences has been highlighted, covering wide-ranging aspects. 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.

An individual at one institution has been appointed as a Scientific Advisor for the National Osteoporosis Society. In another institution, two grants have been gained; one from the Royal College of Radiologists for clinical research into Charcot arthropathy and one from the Health Education Academy to develop a blended-learning approach for psychology teaching.

One individual has been awarded an associate teaching fellow and several have been appointed in external examiner roles.

The progress taking place demonstrates a very strong commitment to staff development within the profession.

9.3 *Staff holding or studying for Doctorates*

Doctorates are held by twenty two staff from thirteen EIs compared to twenty three staff from eleven centres in 2006-7.

Nineteen of the twenty three EIs who returned their monitoring schedules currently have thirty-six members of staff registered for doctorates, indicative of a strong commitment to staff development.

10. Accreditation Process

10.1 *Assistant Practitioners*

The demand for individual accreditations of assistant practitioners during the past year has been steady. At 31st August 2008, there were 74 accredited assistant practitioners with a number awaiting accreditation.

The AAB believes 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.

10.2 *Practice Educators*

The Practice Educator Accreditation Scheme (PEAS) has now been in existence for two years. At the end of August 2008 there were 103 practice educators registered: 2 having followed the experiential route and the remaining 101 either the fast track route or via approved programmes.

It is highly apparent that the programme route is the most popular route. However, during this year several CPD events discussing PEAS has highlighted the need to 'market' the scheme much better in the future as there appears to be a general lack of awareness surround it. Work will be undertaken in the coming year to promote the scheme and highlight the benefits of accreditation as a practice educator.

The increase in the number of accredited practice educators has been minimal this year. This is likely to be the effect with the removal of the fast-track route at the end of 2007 and the initial activity after the scheme was introduced. The AAB is keen to encourage practice educators to become accredited, whilst recognising accreditation is not an issue which could be forced.

Discussion has surrounded the impact on the individuals' workload in order to complete the experiential route with the length of the application form and word count to cover all the learning outcomes. However, where the application for the fast-track route was much reduced, complaint at this time was that the word count was too short. There is an issue in retaining the value in the accreditation process whilst making the process as simple as possible for potential accredited practice educators.

The three professional bodies are working with the Higher Education Academy to provide a CPD event to be held in York during March 2009, which will focus on facilitating interprofessional learning in practice. 10 free places will be available for SoR accredited practice educators.

10.3 *Advanced Practitioners*

Much work had been undertaken during this year on drafting the policy for the accreditation of advanced practitioners. The processes have been clarified and streamlined and been sent to UK Council and CBoT for consideration and approval before being piloted. The platform hosting the CPD Now programme is being strengthened and upgraded and pilot development work is taking place in order to support and incorporate advanced practitioner accreditation.

The HPC is currently involved in responding to changes in the law and regulation and thus is still exploring Advanced Practice. It may take a further two years before the HPC's views are made public. Although, it is unlikely that the implementation of a HPC supplementary register of advanced practitioners is imminent, it is felt that such a register would eventually be opened and that the SCoR's documentation would fit well.

10.4 *Sonographer Registration*

It is now very well understood that ultrasound service delivery poses a major challenge to meeting and sustaining the various 18-week targets, due to the grave shortage of sonographers in the UK. Accordingly, it is increasingly common practice for employers to consider employing suitably qualified sonographers who are ineligible for registration with one of the statutory regulators; either from within the EU or EEA, or coming into the UK from countries where there is 'direct entry' to ultrasound (e.g. USA).

Employers should be well aware of the fact that there is no statutory regulation of sonographers in the UK at present and, indeed, sonographer regulation is unlikely to be a reality for several years, although SCoR has now presented a case to the HPC for sonographers to become a regulated occupational group, with the title 'sonographer' to be protected. In January 2008, UK Council approved the application to go to the HPC. The HPC is currently considering the documentation and SCoR is awaiting a positive reply.

10.5 *Post Registration Skills Accreditation*

As in previous years, the demand for the CoR's Certificate of Competence in Intra-Venous Administration and the Postgraduate Award in Mammography Practice support the continuing need for this accreditation work.

The tables below provide data on the up-take and output associated with these accreditation processes for the period 1st September 2007 – 31st August 2008.

Mammography

68 registered students of which 46 were SoR members;
32 students, from 4 breast screening centres, previously registered received accreditation certificates

Intravenous Injections

453 registered students of which 326 were SoR members;
349 students from 9 education centres, previously registered received accreditation certificates

11. Approval and accreditation of Programmes delivered outside of the UK

The AAB is sometimes asked to approve programmes for delivery outside the United Kingdom. These fall into three broad categories: Programmes that have been approved for the education and training of radiographers in the United Kingdom, where such programmes accept overseas students who come to the UK for the academic component of the programme, but undertake the clinical component in their home country. Programmes that have been approved for the education and training of radiographers in the UK, but are to be delivered in an overseas country under franchise, and to the same standards as in the UK; programmes developed and delivered by an institution in an overseas country seeking approval and accreditation by the CoR as an indication of the quality of the programme. This applies mainly to countries where the practice of radiography is similar to that of the UK, often where the university is the sole provider in that country and is looking to the CoR to provide external quality assurance.

The AAB is also able to offer advice and guidance to other radiography programmes offered overseas but, where such programmes differ in standards from UK based programmes, approval will not be possible. The CoR is pleased to respond positively to requests such as those outlined above as this enables it to support the quality of radiography education and training provision internationally and so help improve standards worldwide. As such the AAB has produced a document entitled 'Approval and accreditation of Programmes delivered outside of the UK' to provide guidance. This document is available on the public side of the SoR website for downloading:

<https://www.sor.org/public/pdf/appro accreditation progs del outside uk0108.pdf>

12. Approval of external examiners

The AAB has recognised the need to verify the calibre of external examiners to be included on a SCoR register of external examiners. The AAB agrees that this approval process does not replace an institution's existing procedures for appointment. However, an individual's inclusion on the register could be viewed with confidence of their abilities to perform the required tasks.

The application form, criteria for inclusion on the register and the policy document for external examiners have now been completed and approved. The aim is to advertise the process for becoming an approved external examiner between November - December 2008 with the view to opening the register on 1 January 2009. Four assessors have been appointed to scrutinise applications received.

13. Terms of reference

This is the fourth year the AAB has been in operation. This year it was timely to further develop the terms of reference to provide further rigour and transparency. As such the AAB developed and approved a new terms of reference this year which has been approved by UK Council. See appendix 4.

14. Continuing Professional Development (CPD)

The programme of regional training events to support and promote the use of CPD Now continued, with another 200 practitioners completing a training programme of at least 3 hours. Each session included a brief on regulatory and professional CPD requirements, as well as providing information on the theory of outcomes-based CPD and guidance on supporting and encouraging colleagues, supported by practical hands-on training in the computer laboratory.

Further development work was undertaken in response to the 2007 user survey and comments regarding the complexity of the application. Plans were drawn up to streamline the system and to provide video clips demonstrating the main features and procedures to record and claim accreditation for CPD. A section for preceptor practitioners was added and it was planned that the enhanced version should go live by the end of 2008.

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 3,300 at the end of September 2008.

The endorsement of CPD programmes has shown strong growth. The ‘Education on the Stand’ initiative at UKRC, whereby companies provided ‘quick bite’ CPD opportunities through a programme of endorsed lectures, presentations and practical sessions delivered at the exhibition stand proved a resounding success and was well received by delegates and exhibitors. One exhibitor reported a turnout of 120 delegates for an event for which 20 had been expected. UKRC will be repeating this activity in 2009.

Overall CPD endorsement showed a marked improvement on the previous year with almost 200 programmes endorsed. It was decided that this volume of work warranted investment in resources to improve management of the process and a new piece of software was commissioned to support this process, running alongside CPD Now. It is envisaged that this would be live early in 2009. Commercial providers still remain the largest group to seek CPD endorsement, with HEIs poorly represented, despite endorsement being included in the annual services fee paid to the College. It is planned to promote endorsement more actively with HEIs offering CPD programmes aimed at members.

Further promotion of CPD Now was made at a conference hosted by the Professional Associations Research Network (PARN) where the application was favourably received by a range of professional organisations. The British Association of Prosthetists and Orthotists (BAPO) commissioned a customised version for its members and strong interest was expressed by the College of Optometrists.

15. Recruitment and training of Assessors

The recruitment and training of assessors continues to be a high priority for the AAB. In November 2007, following an advertising campaign to attract new assessors, the AAB held a training and induction day for assessors at the Royal Institute of Architects. This event was well-attended with a mixture of experienced assessors and new applicants. The event proved successful, particularly for updating attendees with the latest policies and documents produced and published by SCoR. However, feedback informed the AAB that the training had not been made specific enough for those with no prior experience of being an assessors and, therefore, required more focused training in order to in order to feel confident to undertake their role as a SCoR assessor.

As such, new assessors are now being appointed to shadow those assessors with more experience during pre-registration course reviews. Several new assessors have now benefited from the shadowing process before undertaking their first approval process hence this will be continued in future for all newly appointed assessors. It is an expectation of all experienced assessors to undertake a mentoring role.

In the New Year a coherent rolling training plan for all levels of assessors will be developed with opportunities throughout the year for assessors with limited experience to attend workshops to increase their knowledge and confidence within a small group setting. A handbook will be produced which can be used as a reference for future events.

The AAB recognises that problems exist in recruiting new assessors, particularly in radiotherapy. Ultrasound is also underrepresented and there are currently no assessors from cardiac specialties. A call for more assessors will be undertaken once the formal training programme has been developed and approved by AAB.

The application form and 'criteria for inclusion' document for new SCoR assessors have both been updated and broadened to reflect current roles and practice. These documents have been approved and are now available.

16. Other Activities

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

16.1 *Virtual Learning Environment*

The AAB welcomed the £5million investment by the Department of Health (England) in radiotherapy education. This has enabled immersive virtual learning technology to be introduced into radiotherapy education centres in HEIs in England, with complementary facilities in the majority of clinical radiotherapy centres this year.

To effectively support the 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, have been seconded by their education institutions to the SCoR to oversee implementation and evaluation of the tool.

Over the last year Louise, Implementation and Education Co-ordinator, has visited many universities and departments, whilst Robert, the Evaluation and Research Co-ordinator, has been concentrating on laying the foundations for the project evaluation. VERT was officially launched at the Radiotherapy in Practice conference in October 2008. The VERT User Group, which consists of representatives from both universities and departments, has met twice since the project started to share ideas and make suggestions about its use. All 10 English EIs who train therapeutic radiographers have had VERT installed as have 29 radiotherapy departments. There will possibly be 8 further installations by the end of 2009; this is dependent on room refurbishment work and major building work.

Initial training is carried out by Vertual, the software company, and Louise arranges to visit departments following this to talk about their plans for using VERT to meet the project outcomes.

The trusts that have been visited are enjoying using VERT though due to students' placement rotations use in some has so far been limited.

Some seminar VERT systems have been installed a considerable distance from the radiotherapy department and most are in shared rooms that have to be booked well in advance. Access for radiotherapy staff and students could potentially be an issue in some locations.

Use within the universities has been good. Nationally, some students have had more experience than others but this is dependent on the resources available to the university and the course structure.

The project aims to evaluate the impact of the VERT system on the development of first year pre-registration radiotherapy students' basic psychomotor/practical skills prior to their initial clinical placements. There are several different strands to the project evaluation and these are being undertaken by a variety of people across the country including Robert, who is overseeing this part of the project. They aim to evaluate the extent to which pre-placement experience in a hybrid virtual environment enhances radiotherapy students' basic psychomotor/practical skills, evaluate the impact that VERT experience has on student confidence and identify strategies for delivering pre-placement experience in VERT and make recommendations for best practice.

The first main component will focus on evaluating the extent to which pre-placement VERT experience enhances practical skills and confidence and this was disseminated to universities in December 2008. The professional input of Louise and Rob will play a crucial role in the roll-out of VERT across England.

16.2 *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 is kept abreast of the work of Assessment and Learning in Practice Settings (ALPS). ALPS are in the process of rolling out its competency assessment tools. The tools have been developed to assess student competency in communication, team-working and ethical practice. These tools and maps have been developed by, and with the agreement of, the 16 health and social care professions involved in ALPS.

Universities will be trialling the tools in preparation for 2009. ALPS are also undertaking work to assess the reliability and validity of these assessment tools to demonstrate their strength. ALPS aim is to produce more confident and competent students. ALPS are keen to work with SCoR to identify ways in which their associated practices can be embedded into key stakeholder agendas.

16.3 Consultations

The AAB contributed to the SCoR response to a number of consultations including:

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 Standards of Conduct, Performance and Ethics

16.3.3 The HPC's Student Fitness to Practice

16.3.4 The HPC's Standards of Proficiency - mini consultation arising from one standard and the possible future requirement for students to be trained to undertake obstetric ultrasound procedures

16.3.5 Skills for Health – Quality Assurance in Healthcare Education

16.4 Collaboration with the Irish Institute of Radiography

The Republic of Ireland is in the process establishing a registration board for radiographers and is reviewing the training provision for the new environment. SCoR has been invited to become involved.

16.5 Scottish education strategy

Scotland is undertaking a review of its education strategy with a view to using a 2+2 approach. Universities Scotland, in association with NES, has applied for funds to scope the design and implementation of a radical reform of undergraduate honours, postgraduate and post-qualification curricula for nursing, midwifery and the allied health professions. The project entails investigation of current professional requirements, and of means by which these may be changed with the agreement of the accrediting and regulatory bodies to meet contemporary needs with the feasibility of introducing these new curricula in academic year 2010-11. Although the funding proposal states that "agreement" and "cooperation" with the AHP professional bodies will be required, SCoR is not represented on either the Steering or the Reference Groups. The AAB will continue to monitor the progress of this review.

APPENDICES

APPENDIX 1

Student intakes for the 2007/2008 academic year

Tables 1a-e provide information on actual intake figures compared with approved intake figures for the years 2004-2007 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
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%
2004	1284	1270	1314	97.7%	359	335	385	93.2%

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

The CoR approved figures may vary slightly as the approved numbers for Anglia Ruskin University (17) are split between diagnostic and therapy as they have not made the distinction between the courses.

For Table 1a, the significant point to note is the decrease in actual student intake numbers of both diagnostic and therapeutic students compared to the approved numbers. This is obviously a concern as we are not attracting enough students to take up the available places.

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
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%
2004	1284	1264	101.6%	359*	375*	95.7%*

* This figure includes the PgD at South Bank and for 2004 the PgD students at Queen Margaret University and Sheffield Hallam University (2 year programmes).

For both disciplines, under-recruitment against commissioned/ funded numbers is noted. No reason for this can be determined using the data gained.

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
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%
2004	1133	1172	96.7%	266	309	86.1%

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
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%
2004	151	142	106.3%	39	41	95.1%

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
2007	24	33	31	72.7%	77.4%
2006	31	31	24	100.0%	129.1%
2005	25	30	33	83.3%	75.8%
2004	43	47	47	91.5%	91.5%

APPENDIX 2

Range and average intake figures for HEIs for the academic years 2004 –2007

Table 2a Diagnostic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2007	16	118	48.0
2006	13	131	48.5
2005	28	132	56.2
2004	26	137	54.5

Table 2b Therapeutic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2007	8	48	19.8
2006	8	135	25.5
2005	10	64	24.6
2004	9	64	25.6

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

Attrition rates remain at a level that is very worrying. Without an adequate workforce supply, health care targets for cancer and waiting times will not be met and certainly not sustained.

For diagnostic students there is a further 4.9% increase in attrition when compared to the data collated in the previous year. However, there is 6% improvement in the attrition rate for therapeutic radiographers which is very pleasing to see.

It is particularly worrying that the Department of Health (England) funded project on recruitment, retention and return to practice, and led by the (then) South West London Strategic Health Authority still appear to have had no impact on stemming attrition.

In the coming year, CoR will be publishing a document on the factors affecting attrition rates with examples of good practice, where possible.

Table 6a 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 6b 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 6c 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%

+Table 6c Attrition Rates Calculated Using Year 2005 Outputs

2005	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	956	238	135	47	n/a	35
Output	686 71.8%	130 54.6%	102 75%	31 66%	n/a	28 80%
Wastage	270 28.2	108 45.4%	34 25%	16 34%	n/a	7 20%

All programmes	Actual Intake	Output	Wastage
Diagnostic	1092	788 72.2%	304 27.3%
Therapeutic	320	189 59%	131 40.9%

APPENDIX 4

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS



APPROVAL & ACCREDITATION BOARD

Terms of Reference

1.0 INTRODUCTION

The Society and College of Radiographers (SCoR) has responsibility for leading and managing the profession and strengthening the contribution of radiographers and the radiographic workforce within existing and emerging health care teams. As part of this responsibility, the Approval and Accreditation Board (AAB) has been established to provide an accreditation framework to enable the:

- 1.1 accreditation of training programmes for those entering the professional level workforce in radiography through validation and approval of both pre- and post- registration education programmes.
- 1.2 approval and accreditation of clinical and educational departments as effective learning departments that support the individual in personal, practice and professional development.
- 1.3 accreditation of individual radiographers as they enter membership of the professional body.
- 1.4 recognition of awards at all levels, from across the spectrum of radiographic practice, and from all providers of such awards.
- 1.5 approval and accreditation of short credit-bearing courses including those that incorporate specific competences, as well as those of a more general nature.
- 1.6 endorsement of study days, conferences and other activities that include appropriate learning outcomes related to continuing professional and personal development of individuals.

The AAB is also responsible for:

- 1.7 maintenance and development of a system for monitoring and recording Continuing Professional Development (CPD) activity,
- 1.8 maintenance of a register of those practitioners who have attained relevant qualifications and awards approved by SCoR,
- 1.9 provision of advice in the development and monitoring of all approval and accreditation processes.

2.0 AIMS AND OBJECTIVES OF THE AAB

- 2.1 To develop policies and oversee and advise on all aspects of approval and accreditation of programmes, individuals and departments.
- 2.2 To establish, maintain, develop and consider all approval, validation and accreditation policies and procedures within the Accreditation Framework ensuring:
 - 2.2.1 a commonality and consistency of approach,
 - 2.2.2 the inclusion of the whole spectrum of activity (practitioners from all disciplines and at all levels of practice,
 - 2.2.3 that appropriate links are established and maintained with the Health Professions Council for issues related to maintained competence to practice,

- 2.2.4 the adoption of appropriate mechanisms for approval and accreditation in all home countries and regions, working in an integrated way with the normal quality assurance processes that operate in each country,
- 2.2.5 consistency with the objectives outlined in the 'Approval and Accreditation of Education Programmes and Professional Practice in Radiography: Policy and Principles, 2004; The Society and College of Radiographers'.
- 2.3 To formulate the future strategic direction for approval and accreditation for consideration by SCoR.
- 2.4 To establish time-limited and objective-driven working groups as necessary.
- 2.5 To provide advice and guidance and make recommendations to UK Council and the College Board of Trustees (CBoT) on all matters related to the SCoR approval and accreditation policy and its objectives.
- 2.6 To develop and implement training of SCoR representatives involved in approval and accreditation of programmes, individuals and departments.
- 2.7 To provide advice on resource requirements as these become apparent.
- 2.8 To provide periodic reports of its activities to CBoT and through CBoT to SCoR UK Council.
- 2.9 To provide a forum for sharing knowledge and best practice via formal meetings and networking opportunities.
- 2.10 To formulate the future strategic direction for approval and accreditation for consideration by SCoR.
- 2.11 To ensure effective communication of the activities of the AAB to SCoR members, members of participating higher education institutions and external organisations, and other national bodies on its position relating to approval and accreditation and support individual colleagues and organisations across the United Kingdom. This will be streamlined and enhanced to include a range of educational activities.

3.0 MEETINGS

- 3.1 The AAB shall meet three times per year – spring, early summer, and late autumn at SCoR headquarters.
- 3.2 The AAB shall have the authority to constitute small, short-life working parties, as necessary to meet objectives.
- 3.3 A quorum shall be one third of the membership.
- 3.4 The Director of Professional Policy will ensure that appropriate secretariat services are provided for each meeting by SCoR.
- 3.5 AAB decisions will normally be made through consensus. However, decisions may be taken at the discretion of the Chair.
- 3.6 The AAB is free to examine any and all issues that fall naturally under its area of responsibilities.
- 3.7 Minutes will be taken and circulated to the AAB members for comment prior to approval and issue according to section 6.0.
- 3.8 The AAB may ask any member who normally attends to withdraw in order to facilitate open and frank discussions on particular matters.

4.0 MEMBERSHIP

- 4.1 AAB members shall be appointed by SCoR. They should be cognisant with the responsibilities and policies of that body and reflect them in their work for the AAB.
- 4.2 AAB membership shall be composed of a Chair, Council Members, representatives from the College Board of Trustees, a representative from the PPLG, academic authorities in fields of study related to the curriculum taught at the College, and in development and administration of such programmes and clinical service representatives.
- 4.3 All AAB members are of equal standing.
- 4.4 The AAB shall elect a Chair and Vice-chair for two-year terms and will ensure that succession planning is in place.
- 4.5 AAB members shall normally serve for three years. Terms may be extended by mutual consent provided that all requirements have been met satisfactorily.
- 4.6 The membership of the AAB will be reviewed annually by the UK Council of the SoR.

5.0 DUTIES OF MEMBERS

- 5.1 AAB members accept corporate responsibility for decisions of the AAB.
- 5.2 No AAB member has individual authority or power by being a member of the AAB unless it has been specifically delegated. Only the AAB as a whole may take actions or decisions unless otherwise agreed and formally minuted.
- 5.3 AAB members are required to conduct thorough, accurate and fair reviews, to assure the integrity of the standards and quality assurance systems of SCoR and, at the same time, respect the confidential and sensitive nature of the review process to the programme, staff, individuals and students being evaluated.
- 5.4 AAB members must be demonstrably impartial and able to make their assessments with full independence.
- 5.5 AAB members will have relationships with specific institutions, clinical departments or relevant organisations. They must not engage in conduct that is unethical or unprofessional and may be prejudicial to the reputation of SCoR and the integrity of its quality assurance system. AAB members should be particularly careful to ensure that these relationships are conducted in a proper manner and that their standing as an AAB member is not compromised or open to misinterpretation.

6.0 DISCLOSURE AND CONFLICT OF INTEREST

- 6.1 AAB members should not use any material prepared for, or disclose information learned at, board meetings for any other purposes. All items relating to specific institutions, departments, organisations and persons are confidential and should not be discussed outside the meeting except at meetings of CBoT or the UK Council to which these items have been reported.
- 6.2 Where AAB members may be required to participate in the review and/or approval of programmes, individuals or departments, general observations in the field may be provided, but specific information that may identify individual programmes/individuals/departments must not be disclosed.
- 6.3 All documentation relating to the entire approval and accreditation processes becomes a part of the permanent and confidential records of the SCoR. This includes, but is not limited to, the following: electronic documentation, documentation submitted by higher education institutions, individuals or organisations, preparatory information forwarded to assessors, observations noted during site visits as well as any summary documents and recommendations subsequent to such visits.
- 6.4 AAB members must ensure that all documentation forwarded to them is kept in a secure location.
- 6.5 Upon completion of site visits and related summary, all documentation must be returned to the Education Administrator to become a part of the permanent records.
- 6.6 In cases where information has been transmitted electronically, all files are to be deleted upon confirmation by the Education Administrator that the information has been received and filed in SCoR headquarters.
- 6.7 AAB members should identify any potential conflicts of interest with respect to the work of the AAB. They should declare an interest if they or any related party:
 - 6.7.1 have a pecuniary interest,
 - 6.7.2 act in the capacity of external examiner,
 - 6.7.3 are involved in any other capacity with a specific institution, department or organisation being discussed during a meeting.They may be required to leave the meeting for an item where such an interest exists.
- 6.8 Notwithstanding the above, AAB members will be asked to declare relevant interests annually in writing, using the designated form.
- 6.9 AAB members must be aware that the role of the Board is to work on behalf of SCoR and CBoT. It is accountable to CBoT and makes its resolutions and recommendations to this body. Final decisions may rest with either CBoT or UK Council.
- 6.10 AAB members must acknowledge that any materials pertaining to the AAB standards, quality assurance system and evaluation process developed during their terms as assessors, as well as for a period of up to two years thereafter, are deemed to be the intellectual property of SCoR.

7.0 EXPENSES

- 7.1 Travelling expenses and subsistence costs for attending meetings will be reimbursed in accordance with the established Expenses Policy of SCoR.
- 7.2 Any additional expenses in relation to the work of the AAB should be agreed, in advance, with the Director of Professional Policy.

8.0 REPORTING

8.1 The minutes of the meetings shall be made available to the AAB electronically via the Education Administrator.

8.2 Amendments to the minutes will be received by the Education Administrator by the date specified and updated accordingly.

8.3 Minutes will be archived electronically on SORI.

8.4 The AAB will produce an annual report detailing its observations and recommendations to be produced at the end of the academic year. The report intends to fulfill a number of purposes, as follows:

8.4.1 to provide a summary of, and commentary on, the work of the AAB,

8.4.2 to provide a national overview of the nature and scope of education provision for the radiography workforce, so giving a benchmark which individual institutions can use to support self-evaluation and development planning,

8.4.3 to provide comprehensive data and statistical information on the current and future radiography workforce; for example, the numbers of students entering and progressing successfully through approved education programmes, numbers of accredited assistant practitioners, and data on those gaining CPD accreditation through CPD Now.

Samantha Jewell

Professional Officer: Education and Students
Society and College of Radiographers

July 2008

APPENDIX 5

2ND ANNUAL MEETING OF THE COLLEGE OF RADIOGRAPHERS (CoR) AND HEI HEADS OF SCHOOLS, 17TH JANUARY 2008, SCoR HQ, 207 PROVIDENCE SQUARE, MILL STREET, LONDON, SE1 2EW

PRESENT:	Lee Bolton	– Canterbury Christ Church University
	Kathy Burgess	– University of Liverpool
	Barry Carver	– Bangor University
	Anne-Marie Conway	– Queen Margaret University
	Jennifer Edie	– City University
	Geraldine Francis	– Kingston University
	Elaine Gannon	– University of Hertfordshire
	Phil Harris	– University of Cumbria
	Sylvia Kittle	– Anglia Ruskin University
	Karen Knapp	– University of Exeter
	Terry Lodge	– University of Bradford
	Simon Messer	– University of West of England
	John Newton	– Cardiff University
	Julie Nightingale	– University of Salford
	Richard Price	– University of Hertfordshire
	Paul Shepherd	– University of Ulster
	Kate Springett	– Canterbury Christ Church University
	Maggie Summerlin	– University of Derby
	Claire Webb	– University Campus Suffolk
	Jean Wilson	– University of Leeds
	Charlotte Beardmore	– College of Radiographers
	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 the attendees, made reference to the weather being better than for the previous meeting a year earlier and confirmed that more HEIs were represented this year. All attendees introduced themselves.
- 1.2 Apologies had been received from representatives from the following Institutions:

Helen Best – Sheffield Hallam University
Brian Ellis – Glasgow Caledonian University
Lesley Forsyth – The Robert Gordon University
Mary Lovegrove – London South Bank University
Susan Nixon – University of Teesside
Steve Turner – Birmingham City University

2. INTRODUCTION OF NEW STUDENT OFFICER – SAMANTHA JEWELL

- 2.1 Audrey Paterson stated that the organisation was now delighted to have employed a full-time, head office based Education and Student officer, Samantha Jewell.
- 2.2 Samantha Jewell informed the meeting of her background and hopes for the future, including a wish to develop the involvement in SCoR of HEIs and students. Samantha further stated a desire to visit all HEIs to meet representatives from Radiography departments in the foreseeable future.
- 2.3 Samantha confirmed that her role would include responsibility for all Radiography education provision and student membership. Many further projects had been identified.

3. NOTES OF PREVIOUS MEETING

- 3.1 The notes of the previous meeting were accepted as a true and accurate record.
- 3.2 It was confirmed that a similar report would be forwarded to all HEIs in respect of this meeting.
- 3.3 Audrey Paterson informed the attendees that Michele Landau's role within the organisation had increased significantly over the past 12 months. She was now the Administrator for Education & Student matters.

4. STUDENT ATTRITION

- 4.1 The attendees heard how SCoR was often harangued for the reasons behind why attrition levels were so high, particularly as commissioners and funders have increased Radiography education funding in recent years. Both wished SCoR to investigate and take action.
- 4.2 Samantha Jewell confirmed that the figures in the latest report from the Approval and Accreditation Board showed attrition rates as 31% Diagnostic and 48.7% Radiotherapy. The rates had risen significantly over the past few years and were above levels suffered by other Allied Health Professions. It was thought necessary to implement strategies to try to alleviate attrition.
- 4.3 Samantha spoke to a handout given to the group on a good practice guide for managing attrition rates from the Department of Health {DH} (see attachment) and wondered if it would be worthwhile to convene a focus group to draft a good practice guide for Radiography. It was felt that something was needed to endorse education in the clinical environment; this could include "sharing good practice".

ACTION: S JEWELL

- 4.4 It was felt that attrition was multi-factorial and there was wide variation between HEIs. Audrey Paterson drew the attention of the group to work completed by the DH on attrition which had confirmed that there was no particular pattern to attrition, but that it was continuing to rise. A discussion ensued on how to reduce attrition.
- 4.5 Possible causes for attrition included:
 - Entry through "widening access" routes
 - Numeracy and literacy concerns
 - Students not having completed a week in a department prior to commencing the course
 - Using Radiography to springboard their way onto courses in Medicine
 - Negativity in the NHS (particularly surrounding Agenda for Change), negative publicity in the press and being unable to see a positive career path in healthcare
 - Lack of support while on placement; the culture in clinical departments was not always welcoming. Attitudes would need to change if students were to stay in education.
 - Mature students who cannot commute to placements which are not nearby due to family responsibilities/disruptions due to placement rotation
 - Places had to be filled in order to receive commission funding, however, this did not always take into account the aptitude of students accepted onto programmes
 - Anxiety regarding funding of student placement accommodation.
 - Being linked to permanent job vacancies or the lack thereof.

- 4.6 It was felt that Radiography attrition rates should be kept in context within HEIs in general; attrition would always occur across the board.

- 4.6 It was suggested that if SHAs and the DH were so concerned they should perhaps market the profession in a more positive light. NHS Careers had previously stated it could not be seen to support one profession over another in its advertising but had tried to be inclusive of diagnostic and therapeutic radiography.

- 4.6 It was further suggested that concentrating on retention rather than attrition might help change the emphasis to the positive rather than negative.
- 4.7 A national study on attrition had given 44 points as reasons students left courses.
- 4.8 Samantha Jewell informed the group that at the Radiotherapy Advisory Group's (RAG) meeting the previous week it had been stated bullying and harassment was now being documented in clinical departments. RAG felt that a clinical supervision structure would be a positive move.
- 4.9 Since clinical supervisors/assessors were not always released by their departments to attend further training events it was thought there was a need for a specific requirement similar to that for nursing and midwifery.
- 4.10 Anne-Marie Conway informed the group that in Scotland QMU staff go to departments to deliver training sessions. The HEI was now considering training recently qualified staff to mentor students to better prepare them for clinical situations.
- 4.11 Charlotte Beardmore informed the group that it had been agreed at the last RAG meeting to raise Clinical Supervision at the next Radiotherapy Service Managers' meeting and to ascertain who could offer help on ways of working together.
- 4.12 The group felt that until the NHS and clinical departments understood that education was a large part of their core business attrition trends would not be reversed.
- 4.13 Audrey Paterson confirmed she was preparing a brief for a meeting with SHAs in March 2008. SCoR was aware of the problems and of some solutions and asked the group for further suggestions. She agreed to:
- Contact NHS careers to raise marketing issues
 - Push the need for additional support resources surrounding "widening access" participation with SHAs
- ACTION: A PATERSON**
- 4.14 Data captured by the CoR relating to attrition was only as specific as students would allow it to be. Examples given included "personal reasons" and "financial constraints", however, available data could not be reasonably quantified.
- 4.15 Tariff points for entry onto Physiotherapy courses remained higher than for Radiography.
- 4.16 It was felt that the career profile and expectations of a Radiographer needed a total revamp.
- 4.17 It was felt that the career profile and expectations of a Radiographer needed a total revamp.
- 4.18 Representatives from the CoR, CSP and CoT are currently part of a working group looking at groups not being actively recruited. It was agreed to update the group as more information becomes available.
- 4.19 A suggestion was made to raise the student profile using Synergy News, involving case studies. Samantha Jewell informed the group of the student e-zine which would be launched shortly. It was felt this could also be used, however, it would be helpful to also distribute it to clinicians.
- 4.20 Audrey informed the group that she had visited the Agfa training centre outside Leeds in the week prior to this meeting. All applications training took place on-site at the centre which had helped to improve service delivery considerably, and courses ranged from one day to a week in length. This is a model that might be beneficial for clinical supervisor training.
- 4.21 It was agreed that SCoR would re-establish contact with NHS careers on a UK-wide basis. A paper would also be produced for the SHAs and include topics such as good practice and career progression.

- 4.22 The group was informed that SCoR had recently convened a career progression board, which included participation from industry and the profession and dealt with all career pathways across the 4 countries. Consistent messages regarding Radiographers being autonomous practitioners would be highlighted, together with increasing alliance with other medical groups. It would be a continuing journey to raise and develop the career profile and expectations.
- 4.23 Charlotte Beardmore informed the attendees of the work of the Intercollegiate Committee of Medical Royal Colleges group which was currently looking at cancer throughout the whole of the medical profession. It would seem that Nursing and Radiography were the only professions working within cancer teams.
- 4.24 It was hoped that pressure related to financial constraints would ease in the next financial year, thereby allowing more vacancies to be filled. The next focus of the DH would be on waiting times and cancer.
- 4.25 Charlotte Beardmore highlighted that much work was taking place on Radiotherapy satellite units which would be Radiography led.

5. VERT PROJECT UPDATE

- 5.1 Charlotte Beardmore informed the group that the DH, through the National Radiotherapy Advisory Group had donated £5,000,000 to English HEIs in order to take forward the VERT project. Charlotte gave an overview of why it had been difficult to gain support. Roughly 80% of HEIs had so far expressed a positive interest and service departments were currently being targeted with 45-48 accepting so far.
- 5.2 The DH had offered secondment to SCoR for a co-ordinator in order to gain maximum benefit. Interviews had been conducted and details were now being formalised, however, the position was expected to be on the basis of 18 months and 1.0 WTE. The project had to reduce attrition and also do much more. It was confirmed that Wales had also now bid and Scotland was currently discussing ways to use VERT in lieu of clinical departments. SCoR would be meeting with the DH lead and requested any issues/concerns from HEIs.
- 5.3 It was hoped the project would attract more suitable students, take a different approach to learning and give positive motivation, thereby reducing attrition. The VERT tool had a potential for training purposes.
- 5.4 Audrey Paterson confirmed that there would be 3 elements to the project; evaluation, implementation and education. 0.6 would be directed to education and implementation with 0.4 directed toward evaluation.
- 5.5 Two jobshare people had been identified for the project and a detailed project plan would be required. It was hoped both co-ordinators would be in post by 1st April 2008.
- 5.6 The 18 month trial would not be long enough to provide total evaluation, it would be more of a pilot that would, hopefully, demystify treatment techniques to allow students to focus on other skills when entering clinical departments.
- 5.7 It was hoped that VERT would add huge value to student training and link with clinical capacity to free placement space, thereby increasing recruitment opportunities.
- 5.8 Charlotte Beardmore stated that a longer term use for VERT would be to change the Radiotherapy curriculum and that the project would be aimed at enhancing learning and relieving pressure on clinical departments.
- 5.9 Concerns were raised that SHAs would expect too much too soon, particularly regarding increasing student numbers.

- 5.10 Audrey Paterson reminded the group that HPC rules regarding specifying clinical hours were the same for all AHPs. Neither the HPC or SCoR could stipulate a minimum number of clinical hours and SCoR preferred outcome based learning. It would be important to drive the project correctly in order to produce valued outcomes. VERT would be useful for assisting in learning complex skills but would not be a substitute for the clinical environment. SCoR wished the whole of the UK to be involved. It was hoped that a small steering group, with input from the DH would be convened, together with an wider interactive consultative forum.

6. BID FOR FUNDING FOR E-LEARNING FROM DEPARTMENT OF HEALTH

- 6.1 Audrey Paterson informed the group that a bit for e-learning had now been sent to the DH, however, they had yet to allocate funds and a response was still awaited. There had been some misunderstanding on what the bid entailed between SCoR and the Royal College of Radiologists (RCR), however, the DH had stated this would not make any difference to fund allocation.
- 6.2 Charlotte Beardmore confirmed that the bid had included funds for Radiotherapy and confirmed that one side of the RCR had been enthusiastic. Charlotte also confirmed that the Intercollegiate Committee on Cancer had also placed a bid.
- 6.3 Concerns were raised regarding radiographer reporting. University of Salford, for example, had been suffering falling postgraduate student numbers, particularly on reporting courses, and investigations had showed a shift in attitude towards radiographer reporting. It was felt that radiologists were now backtracking and not seeing such a need for radiographers to report as more radiologists were being trained in clinical departments. Evidence would have to be provided on how radiographers are contributing effectively (without significantly increasing departmental budgets) with regard to reporting. An Australian study had also shown no need for radiographer reporting. It was important to keep conveying the message about the value of radiographer reporting and draw support from service providers. The March 2007 Health Care Commission report on radiology services showed radiographers reported 16% of examinations.
- 6.4 SHAs were actively reviewing the benefits of AHP consultant posts. Service managers felt that consultant promotions were too costly for their budgets.
- 6.5 The group wondered if the SCoR research group could conduct a quick study on implications arising from the withdrawal of radiographer reporting.

7. FEEDBACK FROM SOCIETY & COLLEGE OF RADIOGRAPHERS ON CHANGES IN HEI AND STUDENT MEMBERSHIP

- 7.1 Audrey Paterson informed the group that the changes had involved enormous technical challenges and SCoR felt it had tackled these better than it had expected. Almost all HEIs had signed up for the inclusive fee package. One Institution had declined the package and a few had yet to confirm. Issues surrounding CPD had yet to be reviewed. SCoR needed to know that HEIs expected and wanted.
- 7.2 There was difficulty surrounding shared student data. Firstly, it would not be easy to give students access to benefits if they did not join SCoR. Audrey Paterson confirmed she would write again to HEIs to set out the difficulties involved.
- 7.3 The bigger problem surrounded the database which would become less complete over time. SCoR had, until now, the only full national database on students, student retention and completion and it was felt that the implications could be disastrous if national figures could no longer be compiled accurately.
- 7.4 SCoR had taken advice on the Data Protection Act and felt that where data sharing was mutually beneficial it could be shared for specific reasons. This would depend on local implementation of the Data Protection Act; particularly where Institutions declined to send its data externally.

- 7.5 Audrey Paterson confirmed that SCoR had requested far less data from Institutions in the current academic year than previously.
- 7.6 Samantha Jewell informed the group that email addresses were of high importance this year as SCoR had agreed that email contact would be the best way to reach students. Samantha thanked the Institutions that had completed and returned student data sheets and stated that around 50% of students were not currently in SCoR membership. Email addresses could be limited to those given to students by HEIs
- 7.7 Representatives from some HEIs stated that their Institutions no longer wished to act as intermediary on behalf of AHP Professional Bodies. Audrey Paterson reiterated that it was necessary to work through this problem as without full data it would be impossible to track aggregate data or complete robust analysis. It was hoped that basic data such as date of birth, gender and name would be easily garnered, however, issues surrounding analysis of student attrition remained outstanding. SCoR was aware that the national dataset surrounding education was of high importance, however, the problem had yet to be resolved. Audrey and Samantha Jewell would need to work on this.
- 7.8 A suggestion was made regarding compelling students to declare a reason for withdrawing from a course prior to being able to cancel their payments online. Audrey Paterson confirmed there were issues surrounding online banking/fraud etc, however, an internal group met regularly to identify ways of making electronic access for students more efficient and effective.
- 7.9 Students had expressed concerns regarding HEIs releasing their email details to SCoR via the web forms.
- 7.10 HEIs wondered if they would be given feedback on which students had/had not joined SCoR. Audrey Paterson confirmed that further clarity was required with regard to what data could be shared but saw no problem with this where there was a formal agreement in place.
- 7.11 Samantha Jewell confirmed that data collection in the current academic year had not been totally effective and a more successful way would have to be determined. It would be important to confirm dates for student talks earlier in future.
- 7.12 Some HEIs confirmed that they would be happy to ask students to fill in their own student membership application forms, however, other Institutions still expressed concerns and would not permit students to pass on information directly.
- 7.13 Audrey Paterson confirmed a need to revisit student membership, with particular regard to the national dataset which was of mutual benefit to SCoR and HEIs. Ensuring clarity and consent would enable SCoR to transfer data back to HEIs.
- 7.14 Concerns were raised regarding students who did not join SCoR feeling pressurised. Audrey Paterson confirmed that SCoR would devise a framework and an agreement with each HEI.
- 7.15 Samantha Jewell confirmed that access to the members' side of the website had been withdrawn from students who had not come into membership by 1st January 2008. However, all students should still be able to access the Code of Conduct. Audrey confirmed that the Code of Conduct was a document for both radiographers and the public and so would definitely remain on the public side of the website.
- 7.16 Samantha Jewell confirmed that work was underway towards a "Student of the Year" award. Marketing would be due imminently, together with criteria for nomination. A Diagnostic and Radiotherapy student would be chosen from each region with one overall winner who would be invited to the House of Commons for the award ceremony.

- 7.17 Samantha Jewell informed the group that a new monthly e-zine for students, named “Student Talk” was due within the next few weeks. It would be emailed to all student members and help was requested from HEIs to showcase what they were undertaking for students. The e-zine would include columns for students and links to Synergy and Synergy News. Samantha stated she would arrange for it to be emailed to HEI representatives shortly and requested that the attendees highlight its existence to students. Ideally, SCoR would appreciate input from 1 student per discipline from each HEI.
- 7.19 It was hoped to eventually widen access to the e-zine, however, its initial audience was existing radiography students. The SCoR careers website was well used, however, it might be possible to make the e-zine available to students applying for radiography courses. It could also be used for hospitals to link to their current vacancies. The group was asked to email any feedback to both Audrey and Samantha.
- 7.20 The attendees heard that one copy of Synergy/Synergy News per academic year would be forwarded to each HEI in future. Institutions running 3 year programmes would receive 3 copies; those running 4 year programmes would receive 4 copies. The magazines would have to be shared between Diagnostic and Radiotherapy programmes.
- 7.21 Samantha Jewell reminded attendees of the SCoR student conference which would be taking place on February 19th. Students from each HEI had been invited, however, it would be possible to send more students if they had expressed an interest. It was hoped to grow the conference for 2009.
- 7.22 SCoR was in the process of implementing a networking site on Facebook, however, issues remained on policing issues and development.
- 7.23 Samantha Jewell stated a wish to visit all HEIs during the year and meet with course teams to see how SCoR could best benefit Institutions. Samantha requested that representatives contact her to arrange mutually acceptable dates.

8. CHANGES TO HPC STANDARDS OF PROFICIENCY

- 8.1 Concerns were raised regarding the inclusion of 1st trimester ultrasound measurements. It was felt this was inappropriate for a graduating student. To ensure a student exited at a high clinical level the curriculum would have to be changed and other education removed from a course.
- 8.2 Audrey Paterson informed the group that when it had responded to the HPC consultation it had made some suggestions for the future. The HPC had incorporated them into the revised standards without further consultation. The HPC would now need to re-consult later in the year in order to remove them. It was felt that radiographers reapplying to the register would not have to demonstrate ultrasound skills where inapplicable. SCoR has informed the HPC that it is not currently possible to clinically deliver such tuition. Audrey reassured the group that SCoR was working with the HPC towards removal of the relevant part of the standard.
- 8.3 The group was informed that the case for sonography registration was progressing.

9. ANY OTHER BUSINESS

- 9.1 Statements on the EQUIP framework had been released by the HPC/NMC and the Council of Deans. A joint statement from AHPF was in train and also would not be supportive. Audrey Paterson had attended the first three meetings of a quality assurance development advisory group, which was responsible for EQUIP, however, she had now resigned from the group.
- 9.2 Samantha Jewell confirmed that SCoR would issue its own statement as well as join with the response from other AHPs. It was felt that a joint statement would have more impact. Whether or not all groups showed negativity EQUIP would go ahead unless government ministers intervened. Confirmation as to whether they would utilise the framework was awaited from SHAs.

9.3 Audrey Paterson informed the group of a Skills for Health Modernising AHP Careers meeting that had taken place in Birmingham in December 2007. The meeting had been shambolic, however, a further meeting to sign off the project was due in the near future.

9.4 Phil Harris informed the group that the Heads of Radiography Education group (HRE) met three times yearly. The last meeting had taken place in October 2007, a further meeting had been set for 28th February at SCoR HQ and would include representation from SCoR. The next meeting would take place on 3rd July. At present the meetings were separate from SCoR meetings with HEIs, however, it was possible that they could merge in future.

Audrey Paterson confirmed that SCoR does wish to continue to meet with HEIs. She would be attending the HRE meeting on 28th February but discuss details of future involvement outside of the meeting with the HRE Executive.

9.5 Audrey Paterson confirmed she would book a further meeting with Heads of HEIs for 15th January 2009, thanked the attendees for their participation and wished all a safe journey.