

# College of Radiographers Approval and Accreditation Board

Annual Report 1<sup>st</sup> September 2013  
– 31<sup>st</sup> August 2014

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THE COLLEGE OF  
RADIOGRAPHERS



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# 1 Foreword

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The environment in which higher education institutions work and deliver programmes of study continues to be challenging. Despite resources, constraints and the ever present demands from clinical service and education commissioners, the continuing development of contemporary and innovative programmes of study in radiography education at all levels is an attestation to the commitment of educators and clinical partners in delivering high quality education.

During the 2013-14 academic year, the Approval and Accreditation Board received a number of courses for approval and re-approval; these ranged from individual modules and short courses, through to the full MSc's. This involvement of the College in approval and re-approval processes highlights the continued and effective engagement with the education sector and acknowledges the gravity of professional body recognition. On behalf of the Approval and Accreditation Board, I would like to thank all of the assessors who have given their time and expertise to work with the College over the past year, in particular those who have undertaken approvals and re-approvals on its behalf.

The College continues to work towards enhancement of professional and educational services. This academic year has seen extensive work being undertaken to support continuing professional development via the CPD Now refresh project. Discussions also commenced with regard to the move toward a review of the Practice Educator Accreditation Scheme, with a view to encompassing a wider range of professional groups.

I hope that you find this report useful dialogue for you and your organisation. I wish to thank you all for your continued support.

Tracey Gregory  
Chair  
Approval and Accreditation Board

# 2 Introduction

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The College of Radiographers (CoR) is pleased to publish the 2013-2014 Approval and Accreditation Board (AAB) Report.

The purpose of the report is to draw together the activity of the AAB by including data on the approval and accreditation work of the Board. Data and statistics from the Education Institution Annual Monitoring Survey constitute a significant proportion of the report. These data provide a mainly quantitative overview of the position of radiographic education within the UK. This will enable education providers, including providers of clinical imaging and radiotherapy services, to compare their own data with national perspective and to extract key areas where they may have further work to do or areas where they can share their good practice with the rest of the radiographic community.

This report is shorter than previous years. This reflects the reduced amount of data that were collected via the annual monitoring survey. Much of the data collected in previous years are useful but not necessarily required on an annual basis. Data on research topics, practice educators and qualifications has not been collected this year. However, these topics will be gathered again in the annual monitoring survey for 2017-2018.

As with any data gathering exercise, there are limitations to the conclusions that can be drawn. However, in the interest of clarity and transparency, the limitations have been highlighted with the intention of improving comprehensive data gathering in future years.

All of the pre-registration education providers have returned data for inclusion within this report. The Approval and Accreditation Board and the education team at the College of Radiographers wish to thank educational institution colleagues for their help and co-operation in supporting the production of this report. Without their continued support the data presented would offer less of a complete overview of national radiographic education. Thank you especially to the vast majority who returned the data by the deadline and without prompting. Timely and accurate responses save the administration team a significant amount of work when collecting and collating the data.

The data collated in this report are used for a variety of purposes, not least in the formulation of the Society and College of Radiographers' policy and opinion on educational and workforce matters. The report will be distributed widely to education institutions, placement providers and those who commission pre-registration education and will also be available in the document library on the Society of Radiographers' website.

The Approval and Accreditation Board anticipate that this year's report will provide much food for thought and ideas for the future.

### 3 Annual monitoring data collection

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The Approval and Accreditation Board continues to play a crucial role in collecting, collating and analysing data related to radiography education and training. This report incorporates the data collected for the education provision for clinical imaging and radiotherapy during the 2013-2014 academic year which ran from 1st September 2013 – 31st August 2014.

The data were collected via an online survey system, Survey Monkey®. Each education lead was sent an email with the link to access the survey and a copy of the questions. This enabled the education institution leads to collect the relevant data prior to filling in the survey.

In previous years the survey has been sent out in the early summer with responses to be collected in September. However, there is still a proportion of students who have not completed by this point so data such as attrition due to academic failure, final degree classifications and those passing at re-sit assessment boards are not fully collated. This year the survey was sent to the Heads of Education Institutions in September 2014 with a deadline for responses by mid-December 2014.

Last year it was only possible to present undergraduate pre-registration programme data due to discrepancies in the data provided by education institutions. This year both pre- and post-graduate programmes which lead to eligibility to apply for registration with the Health and Care Professions Council can be considered.

Students and newly qualified radiographers are surveyed by the College of Radiographers and the data from that survey are published in the *Analysis of students and recent graduates survey 2014* (Society and College of Radiographers, 2014) (<https://www.sor.org/learning/document-library/analysis-student-and-recently-qualified-radiographers-survey-2014>). Comparisons and

discussion around similarities and differences between that survey's results and those presented here are also outwith the scope of this report.

Data are anonymised within this report. Education providers should be able to recognise their own data or can contact the Professional and Education department at the Society and College of Radiographers and ask for their randomised code used within this report: [PandE@sor.org](mailto:PandE@sor.org).

## 4 Services to education institutions and students

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The College of Radiographers provides a number of services to both education institutions and students. The majority of education provider services are dealt with by the Professional and Education team while students initially fall under the remit of the Membership team but may be directed to relevant members of other teams as necessary.

This section will highlight the services delivered to education providers and will consider services to students provided through those education providers.

### 4.1 Education institutions

Following four years of no fee increases there was a modest increase in the fees charged for approval services. Both the Annual Inclusive Package and individual fees for services remain competitive and in line with other Allied Health Profession professional bodies. Education providers who take advantage of the Annual Inclusive Package are able to take advantage of the following services:

- Consultancy and advice on proposed education developments and provision, and on curriculum developments.
- Approval by the College of Radiographers of education programmes delivered by the education provider in accordance with current policies and principles. This includes approval of short courses such as dental radiography and intravenous injection courses.
- Endorsement of up to ten continuing professional development programmes per year which is included in the Annual Inclusive Package (and by negotiation for additional programmes thereafter).
- Full access for all staff of the Education Institution to the College's digital document library.
- Inclusion of approved courses in the Society of Radiographers' website which is linked to the radiography careers website ([www.radiographycareers.co.uk](http://www.radiographycareers.co.uk)). Inclusion in other careers and courses information provided by the SCoR.
- Copies of periodic (annual) reports with national data on student profiles, education provision and related academic matters.
- Access to a register of approved external examiners.
- Opportunity to participate in the Course Leader Forum, Practice Placement Forum and the Admissions Tutor Forum, and other relevant fora that may be established.
- Access to external mentors for those newly appointed to senior positions such as programme leads, or heads of schools.
- Access to local mediation services, when required.

- Provision of 'induction to the profession' and other relevant sessions for first, continuing and final year students to fit in with individual Education Providers' curricula
- Induction sessions for other groups by request (e.g., trainee assistant practitioners; qualified practitioners undertaking approved Masters awards)
- On request, and subject to availability, presentations or lectures by SCoR officers at study days and conferences run by education providers. Invitations should be received at least four months in advance of the due date.
- Inclusion in specific professional fora and working groups established from time to time, for example, the Education and Career Framework or Code of Conduct.

On payment of the relevant fee, these services are individually available to education providers who do not purchase the Annual Inclusive Package.

## 4.2 Students

The Student Membership Package is similar to the Annual Inclusive Package except that education providers pay £48 per student, per year. It includes all of the previously listed services and membership for all students.

This package includes the following services:

- Year one students: complimentary membership of the Society of Radiographers, subject to their University supplying personal details sufficient to set up a membership record for each student; and each student completing an application and direct debit form (for continuing years).
- Visit by SCoR professional officer or regional officer within first two months of starting course.
- For all continuing and final year students, membership is £4.00 per month / £48 per year – included in this package.
- In continuing and final years, two further visits to students are made by the professional body.
- Students maintaining membership for the whole of their education programme receive six months' complimentary full membership on qualifying
- A welcome booklet and pack for all year one students taking up membership at the start of their programme, delivered by Professional or Regional/National Officer during initial student talk.
- Students receive an electronic (digital) subscription to Synergy News (monthly publication of news and current events relevant to the profession; current issues affecting the practice of radiographers; information on national councils and regional committees, networks, and special interest groups; and features of general interest to the profession. Students are actively encouraged to make a contribution to Synergy News)
- An electronic subscription to Imaging and Therapy Practice is also provided, featuring practice-related topics and a range of continuing professional development opportunities. Students are encouraged to contribute their best work to this publication.
- Opportunity to purchase a subscription to printed Synergy News and Imaging & Therapy Practice at a significantly reduced rate.

- Students also receive a monthly e-zine, 'StudentTalk', with content particularly relevant to students. Again, student contributions are welcomed.
- Radiography, the profession's peer reviewed journal is published quarterly and full access to this is provided through the members' section of [www.sor.org/learning/library-publications](http://www.sor.org/learning/library-publications).
- Electronic access to all other publications in the Society and College of Radiographers' digital document library accessed through [www.sor.org/learning/document-library](http://www.sor.org/learning/document-library).
- Full access to the website, [www.sor.org](http://www.sor.org), with dedicated sections for students and a wide range of briefings, advice and guidance material (some student specific), resources to support practice, career planning advice, learning resources, on-line job advertisements (available from the time they are placed) and on-line access to all publications and journals produced by SCoR.
- Full access to CPD Now, the Society of Radiographers web-based continuing professional development tool, again through the website.
- Opportunity to follow the profession on Twitter - [@SCoRMembers](http://twitter.com/SCoRMembers).
- Substantially discounted rates for conferences run by SCoR (generally, charges levied are at cost only and a student rate is set for each conference individually).
- A designated membership team as a first port of call, and access to a team of professional and regional officers who can provide expert advice on educational, workplace, and personal related issues.
- Indemnity insurance and certificates for clinical placements (including electives and overseas placement with the exception of North America and Canada) that are part of the University's approved education programme.
- Indemnity insurance for part-time employment as a radiography helper or, when appropriate, as an accredited assistant practitioner (subject to this being annotated in the individual's Society of Radiographers' record).
- Access to a structure that encourages and supports student involvement in the profession at regional and national level, and in policy development forums. This includes opportunities to:
  - Attend the Annual Student Conference.
  - Become a member of the Student Working Party which advises on the Annual Student Conference programme.
  - Become an office-holder in the relevant regional committee (RC) or national council (NC)
  - Be part of an RC/NC delegation at the SoR's Annual Delegate Conference (SoR Members' policy advisory conference).
  - Be nominated to be an observer in attendance at the UK Council of SoR.
- Opportunities to join and participate in any of the national networks facilitated by the SCoR (e.g., Equalise, the SoR's equality network).
- Opportunity and encouragement to engage with Special Interest Groups recognised by SCoR.
- Access to the Society of Radiographers' Benevolent Fund, according to its rules.
- Other benefits as they arise from the Society of Radiographers' students' working party (which has a remit to review and enhance benefits for students, and enable active student engagement in the profession).

- Lobbying on student matters and concerns collectively at UK governmental level and in the four countries of the UK (e.g., on finances, career structures, career development opportunities, etc).

## 5 Assistant practitioner education programmes

The number of approved assistant practitioner programmes has fallen again this year. The number of requests from service providers for assistant practitioner programme information has increased indicating that there is still a demand from clinical practice. The Society and College of Radiographers recognises that education providers are not able to develop and run programmes for small and annually inconsistent numbers of students. Currently there are 22 assistant practitioner programmes approved by the College of Radiographers, but not all of these are currently running.

Speciality	Number of approved assistant practitioner programmes	Number of assistant practitioner programmes running
Clinical imaging	9	5
Breast screening/mammography	6	5
Radiotherapy and oncology	4	1
Ultrasound (Abdominal Aortic Aneurysm (AAA) screening only) – CASE accredited	3	3

Table 1 Table showing the number and speciality of assistant practitioner programmes approved by the College of Radiographers (Society and College of Radiographers, 2015) and the number of those programmes still running. Data gathered from education providers' websites.

### 5.1 Approval/re-approval of Assistant Practitioner programmes

During the year 2013 – 2014 the College of Radiographers approved three programmes as shown in Table 2.

Education institution	Award
Cardiff University	Certificate of Higher Education in Assistant Radiographic Practice
Sheffield Hallam University	Diploma of Higher Education Radiotherapy and Oncology Practice
Warwickshire, Solihull & Coventry Breast Screening Service in Partnership with Nuneaton Training Centre	Advanced Apprenticeship in Clinical Health Care for Assistant Practitioners

Table 2 Table showing the education institutions that had programmes approved that lead to College of Radiographers' voluntary accreditation and registration as accredited assistant practitioners during 2013-2014.

Assistant practitioners who successfully complete one of these programmes are eligible to apply for accredited assistant practitioner status and inclusion on the public voluntary register of assistant practitioners (Society and College of Radiographers, n.d.).

NB Recruitment, retention and completion data from assistant practitioner programmes do not fall within the scope of this report.

## 6 Pre-registration programmes

The programme data collected via the annual monitoring survey relates to pre-registration programmes. These programmes also constitute the majority of the work undertaken by Approval and Accreditation Board assessors.

### 6.1 Approvals/re-approvals of pre-registration programmes

The number of pre-registration programmes approved each year varies depending on the education providers' re-validation cycle. Standard Approval and Accreditation Board approval lasts for five years. The Board is sympathetic to education providers who request an extension of one year to enable the programme to fit with their institution cycles which can be six years, or with other programmes they run.

The table below shows a comparison of the number of pre-registration programmes approved in previous years. It includes both undergraduate and postgraduate approvals leading to eligibility to apply for registration with the Health and Care Professions Council.

<b>Speciality</b>	<b>Number of programmes approved 2011-2012</b>	<b>Number of programmes approved 2012-2013</b>	<b>Number of programmes approved 2013-2014</b>
<b>Diagnostic radiography</b>	10	6	6
<b>Therapeutic radiography</b>	7	3	4

*Table 3 Table comparing pre-registration approvals during the academic years 2011 – 2014.*

The six programmes which were approved in 2013 – 2014 are listed overleaf.

Education institution	Award
Cardiff University	BSc (Hons) Diagnostic Radiography
	BSc (Hons) Radiotherapy and Oncology
University of Portsmouth	BSc (Hons) Diagnostic Radiography
	BSc (Hons) Therapeutic Radiography
University of Exeter	BSc (Hons) Medical Imaging (Diagnostic Radiography)
Sheffield Hallam University	BSc (Hons) Diagnostic Radiography
	BSc (Hons) Radiotherapy and Oncology
University of Derby	BSc (Hons) Diagnostic Radiography
Birmingham City University	BSc (Hons) Diagnostic Radiography
	BSc (Hons) Radiotherapy

Table 4 Table showing education institutions that had programmes approved that lead to registration as a radiographer during the academic year 2013 - 2014.

## 6.2 Duration of pre-registration radiography programmes

Currently 24 education providers are accredited by the College of Radiographers to offer pre-registration programmes in diagnostic radiography. There are 14 accredited to deliver therapeutic radiography pre-registration programmes. Table 5 shows the number of pre-registration education programmes of 2, 3 and 4 years' duration that are currently approved. Some education providers offer both pre- and post-registration programmes.

Programme duration	Number of pre-registration programmes in diagnostic radiography	Number of pre-registration programmes in therapeutic radiography
2 years (postgraduate)	1	5
3 years (undergraduate)	22	13
4 years (undergraduate – Scotland)	3	2
4 years (undergraduate – part time)	0	0

Table 5 Number of diagnostic and therapeutic radiography pre-registration programmes of 2, 3 and 4 years' duration.

## 6.3 College of Radiographers approved places

The College of Radiographers approves education providers and their practice placements to educate a specific number of students. The limiting factor in terms of numbers of students on each programme can be the overall placement capacity or the number of students commissioned/funded/allocated. Placements must be able to provide a supportive and high quality clinical learning environment for students. Currently the College of Radiographers does not specify how assessors check this. Practice educators and service managers report via College of

Radiographers’ advisory meetings and fora that the number of students placed is frequently more than they can effectively support. Clearly, the process for assessing and tracking the number of students placed needs to be enhanced and data included within the assessor’s report during the approval process. This work will be carried out during 2016.

## 6.4 Commissioned, funded or allocated students

The commissioning, funding or allocation mechanisms are different within each of the countries of the UK.

Country	Commissioning/funding/allocation model
<b>England</b>	This was the first year the Local Education and Training Boards (LETBs) took over commissioning of students. Each LETB decided on the number of students its area required. HEE then aggregate, finalise and confirm this number and publish in the autumn as an overall figure for each profession.
<b>Wales</b>	Students commissioned by the NHS Wales Shared Services Partnership: Workforce and Education Development Service. Individual professions are considered, including those considered shortage occupations.
<b>Scotland</b>	Students allocated by the Scottish Funding Council. Funding is distributed to the education providers who decide how many students to recruit based on specific workforce shortages.
<b>Northern Ireland</b>	Students commissioned by Department of Health, Social Services and Public Safety based on workforce policy and advice from professional bodies and other key stakeholders.

Table 6 Table showing the commissioners, funders and allocators for student education in the UK.

### 6.4.1 Diagnostic radiography commissioned, funded or allocated students

Commissions across the UK for diagnostic radiography were very variable. Some providers had significant increases and some decreases. Fourteen remained unchanged. One provider lost twenty commissions (England) which was 15.8 % of the previous year’s commissions.

One provider in Scotland did not return data for this section of the 2012–2013 annual monitoring survey but their allocation has remained consistent with that of 2011-2012.

Country	Increase/decrease of students
<b>England</b>	- 21 students
<b>Wales</b>	- 2 students
<b>Scotland</b>	+ 15 students
<b>Northern Ireland</b>	Remained constant

Table 7 Table showing the increase or decrease of diagnostic radiography commissioned, funded or allocated students across the four countries.

## 6.4.2 Therapeutic radiography commissioned, funded or allocated students

Therapeutic radiography commissions, allocations and funded places were far less variable. Only one education provider reported an increase in the number of students they were allocated (Scotland) to train. Three universities reported a drop and the rest remained constant. Nationally there was a reduction of two students. One university in Scotland did not provide data for this section of the 2012–2013 or 2013–2014 annual monitoring survey.

Country	Increase/decrease of students
England	- 10 students
Wales	Remained constant
Scotland	+ 8 students
Northern Ireland	Remained constant

Table 8 Table showing the increase or decrease of therapeutic radiography commissioned, funded or allocation students across the four countries.

## 6.5 Student intake

As normal, there is variation between the number of students commissioned, funded or allocated and the actual number of students who begin the programme. This variation is shown for diagnostic and therapeutic radiography in Figure 1 and Figure 2.

Respondents cited a variety of reasons for over or under recruitment of students. Where over recruitment occurred the most common response was that more applicants achieved the necessary grades than expected. Other reasons included previously deferred students returning and accepting self-funding students.

Unsurprisingly, when under-recruitment occurred, respondents cited fewer applicants achieving the necessary grades.

There is evidence of a balance having to be made between undergraduate and postgraduate programmes at some institutions. Where the undergraduate programme over or under recruited, the postgraduate programme had to reduce or increase the numbers of students who could be accepted in order for commissioned numbers to be met.

### 6.5.1 International students

If there are placements available which have not been filled by commissioned, funded or allocated students then education providers may choose to take international or other fee paying students. In previous years this has happened rarely due to commissioners/funders/allocators taking all available spaces. However, this year there were significantly more opportunities to fill these places with international students than previous years.

The number of international students recruited in 2013-2014 is shown in Table 9 and Table 10 overleaf. This data has only been collected in the annual monitoring survey for two years.

<b>Country</b>	<b>2012 - 2013</b>	<b>2013 - 2014</b>
<b>England</b>	12	11
<b>Wales</b>	3	3
<b>Scotland</b>	0	2
<b>Northern Ireland</b>	0	0

*Table 9 Table showing the number of international students admitted to diagnostic radiography programmes in the academic years 2012 – 2013 and 2013 – 2014.*

The 16 international diagnostic radiography students were admitted between eight education institutions. Of these, only one institution admitted more than two international students.

Education providers in England lost 21 diagnostic radiography commissioned places between these two years but took one fewer international student than the previous years. Initially, it may look as though the universities in England have not taken advantage of the extra available placements. However, the LETBs inform the majority of education providers of the number of student places they will fund *after* the Universities and Colleges Admissions Service (UCAS) application deadline has passed. This makes it challenging for the universities to take advantage of extra placement capacity.

Diagnostic radiography allocations in Scotland increased by eight students and providers there took a further two international students. This was a result of a change in practice placement use and sharing of placements where they were not shared previously. Consequently, extra capacity was created.

<b>Country</b>	<b>2012 - 2013</b>	<b>2013 - 2014</b>
<b>England</b>	2	1
<b>Wales</b>	0	0
<b>Scotland</b>	0	0
<b>Northern Ireland</b>	0	0

*Table 10 Table showing the number of international students admitted to therapeutic radiography programmes in the academic years 2012 – 2013 and 2013 – 2014.*

Spare therapeutic radiography capacity also increased during 2013-2014 but one institution did take an international student. The corresponding diagnostic radiography programme at this institution did not take any international students.

## 6.6 Comparison of commissioned/funded/allocated and admitted students

Comparisons can be made with data provided via the annual monitoring survey in previous years.

### 6.6.1 Diagnostic radiography

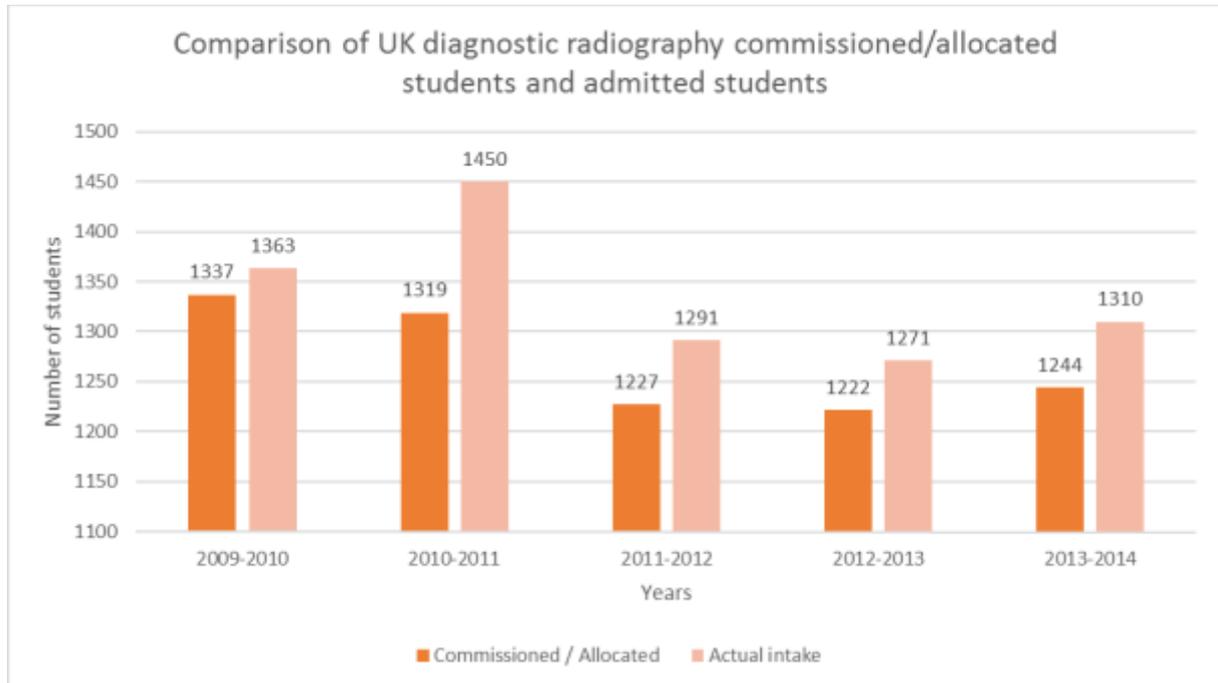


Figure 1 Chart showing the number of commissioned/funded/allocated diagnostic radiography students compared to admitted students.

In 2013–2014 more students were admitted than were funded. The difference is not explained by international students. It is not possible to say if the local commissioners/funders/allocators paid for these extra students or if the universities bore the cost of training them.

## 6.6.2 Therapeutic radiography

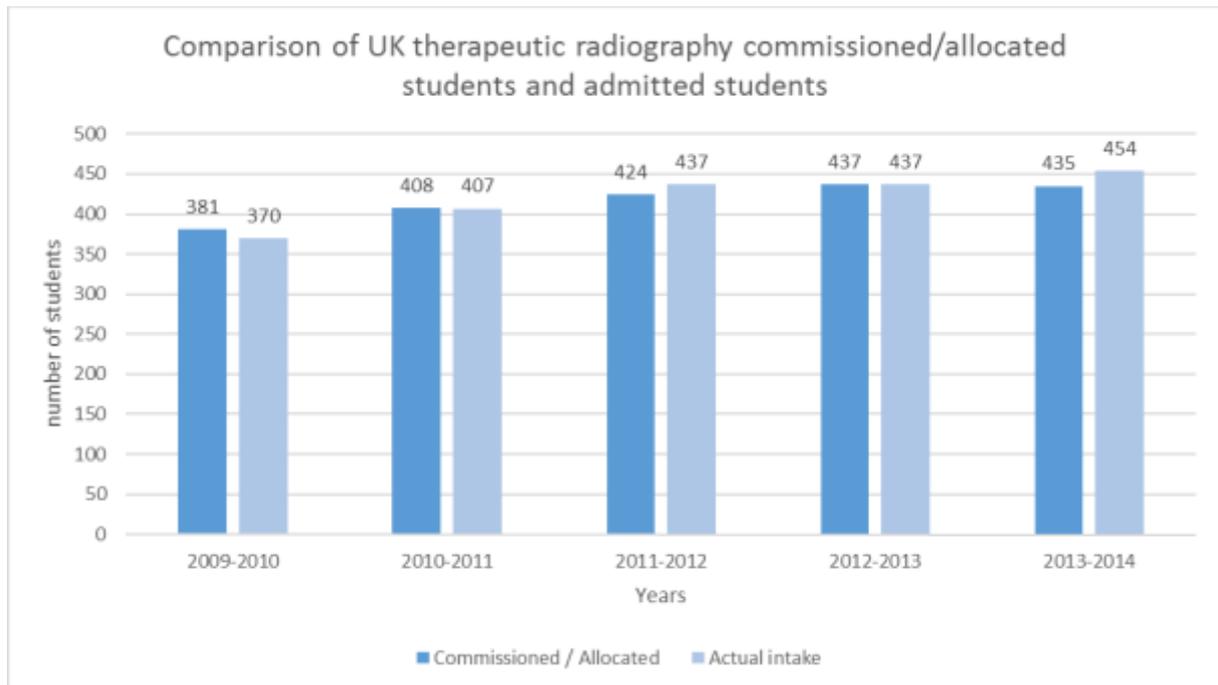


Figure 2 Chart showing the number of commissioned/funded/allocated therapeutic radiography students compared to admitted students.

As with diagnostic radiography, universities admitted more students than were commissioned/funded/allocated. The difference is less pronounced than diagnostic radiography programmes owing to the smaller numbers of students.

## 6.7 Student attrition from pre-registration programmes

Confident comparisons can be drawn between this year's data and last year's with regards to student attrition. However, data may not be comparable with education commissioner's data owing to differences in defining "attrition". For example, Health Education England currently uses an attrition formula that takes into account transfers between courses and education providers. The College of Radiographers does not count transfers, preferring instead to consider that a student wishing to leave one institution is attrition. If they then join the programme at another institution this may lead to strengthening of that cohort – positive attrition. The College of Radiographers may consider changing the attrition formula in the future. However, Health Education England and the other funders/allocators may also decide to revisit their formulae.

Attrition has been calculated using the following formula:

$$Attrition = \frac{S_o - (S_c + S_r)}{S_o} \times 100\%$$

$S_o$  = Number of students starting the programme

$S_c$  = Number of students who have completed the programme in 2013 - 2014

$S_r$  = Number of students who were referred/deferred at the qualifying assessment board but are still due to complete.

The timing of the data gathering was changed this year to try to capture all students, including those who had to re-sit assessments and were presented at autumn boards. However, at the point of data capture, there were still students who were due to qualify in the future. The data presented in this report assumes that those still to complete the programme of education have qualified at the time of writing. The number of students who had outstanding assessments is captured in section 6.8.4.

Unlike last year, it has been possible to include postgraduate pre-registration qualifications within the attrition calculation. It is also now possible to break attrition down into separate countries and to separate undergraduate programmes for postgraduate.

The annual monitoring survey collected data to determine pre-registration attrition from the following cohorts of students:

- 4 year BSc (Hons) starting in the academic year 2010 - 2011 in Scotland
- 3 year BSc(Hons) starting in the academic year 2011 - 2012 in the rest of the UK
- 2 year PgD starting in the academic year 2012 - 2013
- 3 year MSc starting in the academic year 2011 - 2012

An anonymised table of attrition by programme has been produced. It also shows attrition changes from last year. This table can be found in Appendix B.

### 6.7.1 Diagnostic radiography attrition

Intake	Total started	Total completed	Total still to complete	Total attrition
<b>BSc (Hons) and PgD/MSc</b>	1277	1064	50	12.76 %

*Table 11 Number of students that started, completed and are still to complete Diagnostic Radiography BSc (Hons) programmes in the UK leading to the total attrition for diagnostic radiography.*

All diagnostic radiography education providers returned attrition data.

### 6.7.2 Therapeutic radiography attrition

Intake	Total started	Total completed	Total still to complete	Total attrition
<b>BSc (Hons) and PgD/MSc</b>	428	308	16	24.30 %

*Table 12 Number of students that started, completed and are still to complete Therapeutic Radiography BSc (Hons) programmes in the UK leading to the total attrition for therapeutic radiography.*

All therapeutic radiography education providers returned attrition data.

### 6.7.3 Comparison of attrition data – diagnostic and therapeutic radiography

Attrition data can be compared directly with the 2012 – 2013 Approval and Accreditation Board report (College of Radiographers, 2015) and shown in Figure 3 overleaf. As it is not known how attrition data prior to this were calculated and what anomalies, if any, existed, only broad comparisons with previous years are possible.

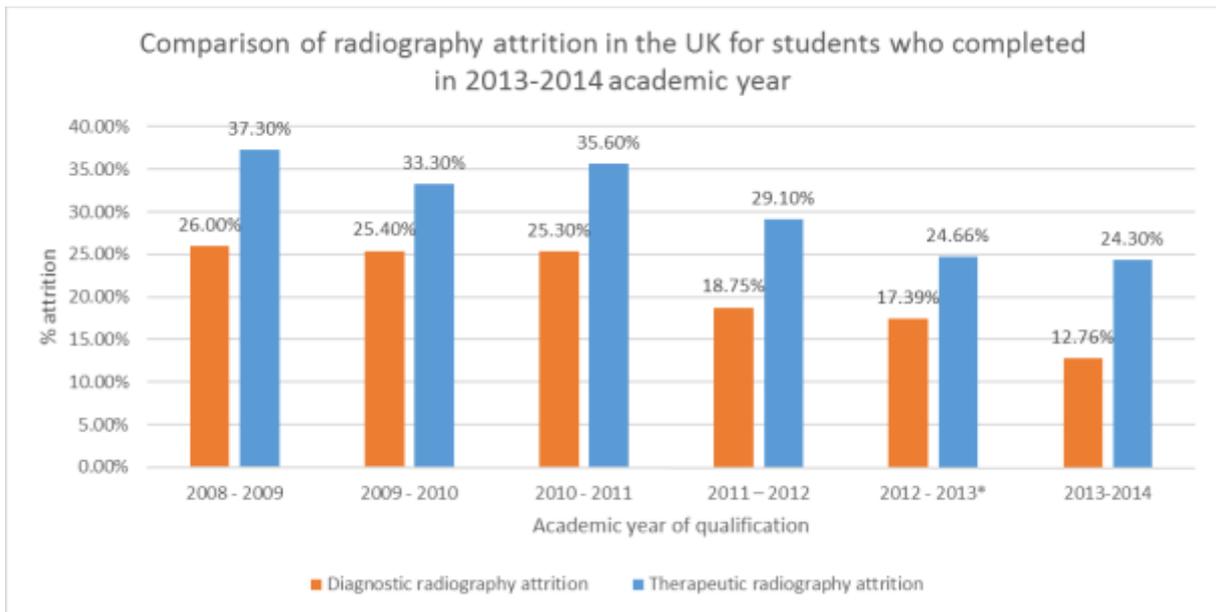


Figure 3 Chart showing comparison of radiography attrition. \*BSc (Hons) data only

Both diagnostic and therapeutic radiography attrition continues to decrease. However, therapeutic radiography remains worryingly high and the reduction is minimal compared to last year.

#### 6.7.4 Reasons students did not complete pre-registration programmes

All data presented in this section comes from the Annual Monitoring Survey. The Society and College of Radiographers also surveys students and recent graduates and asks them why other students left the programme (Society and College of Radiographers, 2014). Analysis and comparison of the two surveys is outwith the scope of this report and only the annual monitoring data will be considered and presented in Figure 4 below and Figure 5 overleaf.

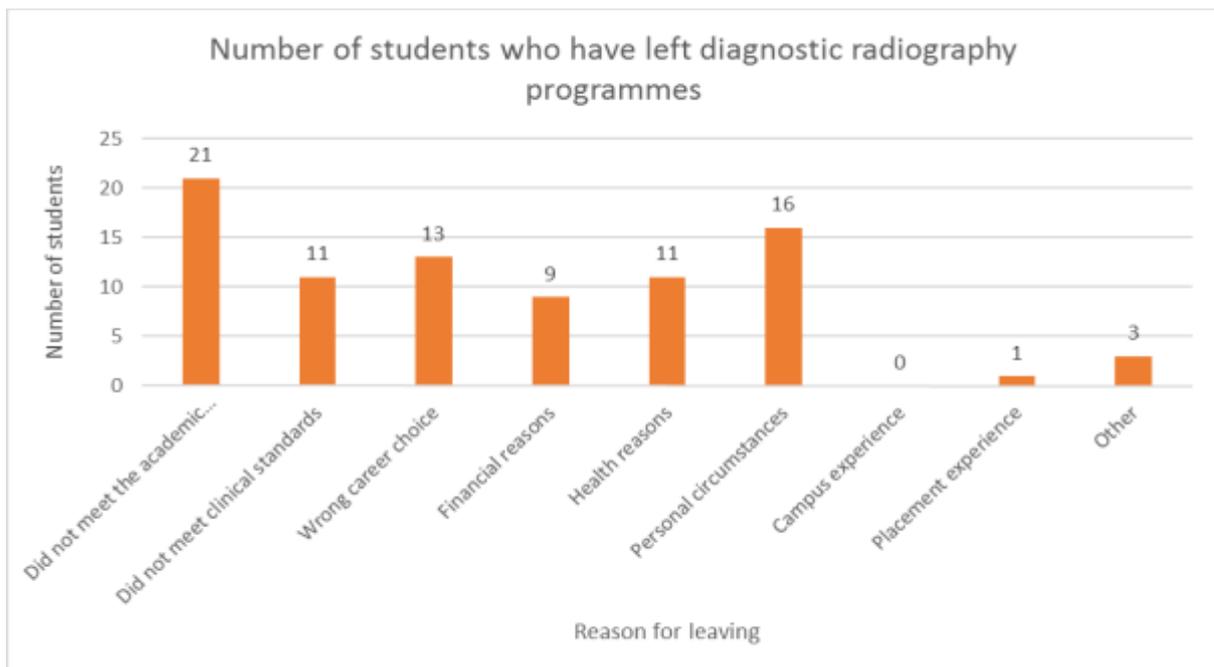


Figure 4 Chart showing the number and reasons students did not complete diagnostic radiography programmes

Once again the most prevalent reason for students to leave diagnostic programmes is that they did not meet the academic standards followed by personal circumstances then wrong career choice.

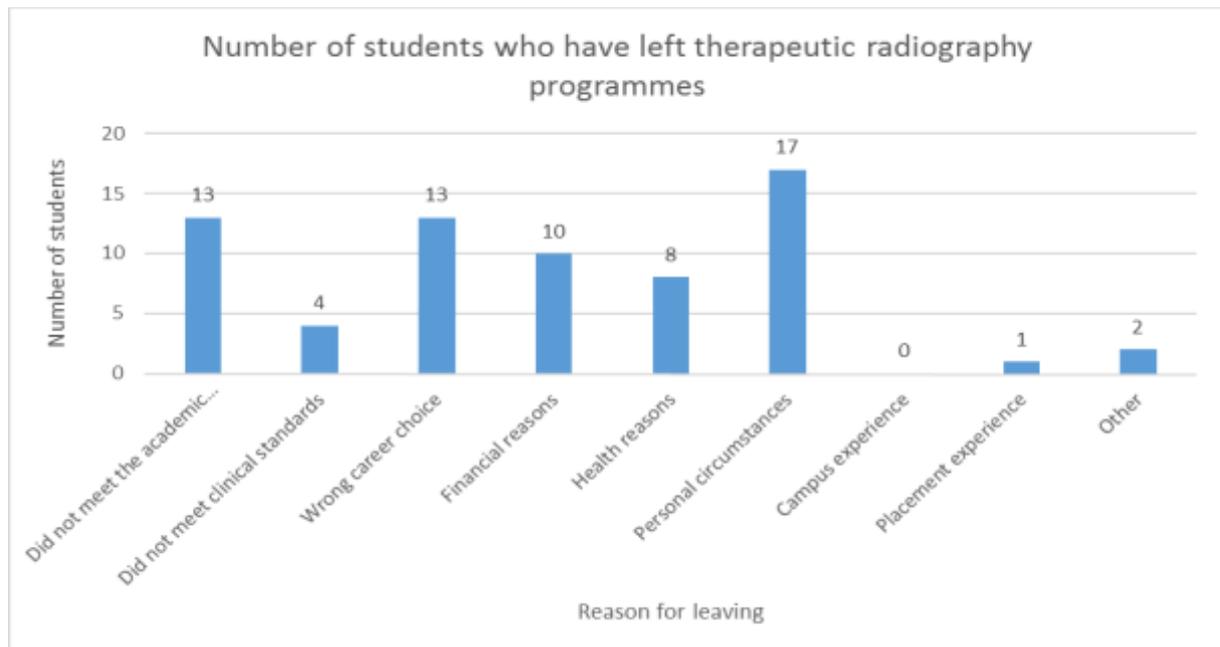


Figure 5 Chart showing the number and reasons students did not complete therapeutic radiography programmes

The therapeutic data show the three main reasons are the same as the diagnostic radiography data, though with personal circumstances being the most predominant reason.

There are several points to note regarding the diagnostic and therapeutic radiography data:

- It is tertiary information. It would be very challenging to obtain the primary reason students have left from the ex-students themselves. Obtaining the data from the course leader via the Annual Monitoring Survey provides us with the best alternative.
- The Annual Monitoring Survey does not ask specifically about bullying and it was not mentioned in any of the “other” responses. However, anecdotal, second hand, evidence suggests that real or perceived bullying and placement experience *is* a problem.
- It is recognised that students *very rarely* leave due to one single reason. It is usually a combination of issues that eventually make students decide to leave the programme.
- “Other” responses include fitness to practise and deferral to the next cohort.

When students defer the year they count as attrition for this year but next year will count as an addition to that cohort.

### 6.7.5 Successful strategies for reducing attrition

Many successful student retention strategies have been implemented during or prior to the 2013–2014 academic year. The annual monitoring survey has captured this data for several years. However, this year, two separate questions were asked; one regarding successful strategies on campus and another on successful strategies on placement. Previous surveys asked for strategies to reduce student attrition but did not enquire about campus and placement separately. The decision to separate them was due to receiving very limited data on placement strategies last year. This year almost every education provider returned information on both campus and placement strategies.

There are eight broad themes of support that emerged from the responses for campus strategies:

- Course team / personal tutor support including assessment preparation .
- Course and assessment structure and timing. Includes varying teaching methods and includes simulation. Negotiated learning enabling students to break from studies.
- Placement preparation and support in the form of clinical lecturers / practice educators and induction sessions.
- Education institution provided support services e.g., financial advice, generic academic skills, counselling etc.
- Robust selection criteria and interviewing. Includes values based recruitment.
- Monitoring students for grades, attendance and identifying personal/social problems at an early stage.
- Information given to career advisors and prospective students at open events and interviews.
- Master's students – transition to mastery sessions.

These themes are similar to those previously reported. However, there are significant additions such as values based recruitment, communication with careers advisors, active monitoring of student grades and transition to mastery sessions for postgraduate students. Clinical simulation sessions were also more prevalent.

There has been a significant increase in active monitoring and support for students by personal tutors, course leaders and lecturers. This level of support takes a great deal of time. This will be particularly challenging for those course teams who have low staff/student ratios. Staff/student ratios will be discussed in section 6.9.

There are eight broad themes of support that emerged from the responses for placement strategies:

- Student support. Link lecturers, practice educators, lecturer-practitioners, support plans.
- Preparation for clinical placement. Pre-selection information and visits, resilience, early exposure to placement.
- Assessment. Competency assessment. Formative and summative assessment monitoring and feedback.
- Communication. Regular meetings with service manager and course teams.
- Research using UCAS forms to see if attrition could have been predicted.
- Use of fitness to practise processes and hearings to stress the importance of professional practice.
- Assessor/supervisor/practice educator courses and training.
- Social media – Twitter feeds to help students still feel part of the university when they are on placement.

As with campus strategies, monitoring of students was reported many times. However, in section 6.9.2, respondents reported that there are many programmes with *no* practice educators in post. This could make meaningful and effective monitoring of students in practice difficult to achieve.

There is also recognition that some attrition is good. Some students will not make safe, competent and confident radiographers. Fitness to practise panels are being used when other methods of support, feedback and assessment do not redeem the students' performance.

One respondent reported using Twitter to keep the students informed of what was happening on campus while they were on placement. This is an innovative way of addressing the well-reported issue of students feeling remote and disconnected from the university. The next stage would be for practice educators to investigate doing something similar to keep students informed about what is happening at their placement site while they are on campus.

Training of mentors, supervisors and practice educators was reported by several respondents. This type of training is recognised as being very beneficial for the individuals and thus the students. However, members of the College of Radiographers' Practice Placement Forum and Course Leader Forum regularly discuss how difficult it is to get clinical staff to attend training both in practice and especially on campus. As more radiographers work shifts and weekends, this will become increasingly more difficult to facilitate, especially as there is no regulatory body requirement for supervisors and mentors to have any training. This is in contrast with the Nursing and Midwifery Council (NMC) who mandate that mentors who sign off competency must complete a programme of education delivered by an NMC accredited education institution. The programme must meet the NMC outcomes defined in the *Standards to support learning and assessment in practice* (Nursing and Midwifery Council, 2015).

The College of Radiographers provides an accreditation system for practice educators, the Practice Educator Accreditation Scheme (PEAS). The learning outcomes associated with this scheme are currently being reviewed and the scheme will be re-published in 2016.

Full, verbatim responses returned in the annual monitoring survey can be found in Appendix A.

## **6.8 Completion from pre-registration programmes**

According to the data submitted by the education providers, 1064 diagnostic radiographers had qualified at the point of submission and 308 therapeutic radiographers.

All education providers completed this section. However, some submitted classification figures which do not correspond with the completion figures submitted, i.e., the sum of the degree classifications do not equal the number of students which completed.

The figures as reported have been included in this report but readers should note this discrepancy. In future surveys attention will be drawn to the importance of ensuring that submitted data matches.

### 6.8.1 Diagnostic radiography degree classification

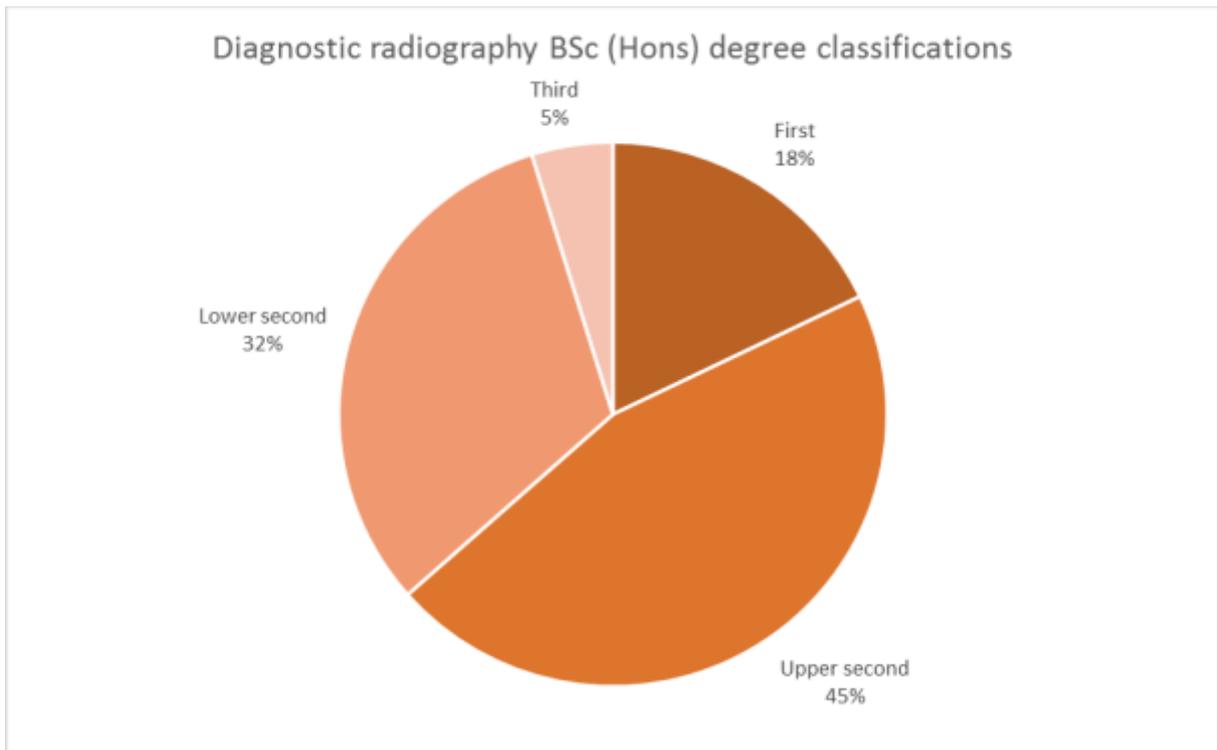


Figure 6 Chart showing distribution of degree classifications for diagnostic radiography BSc (Hons) degrees

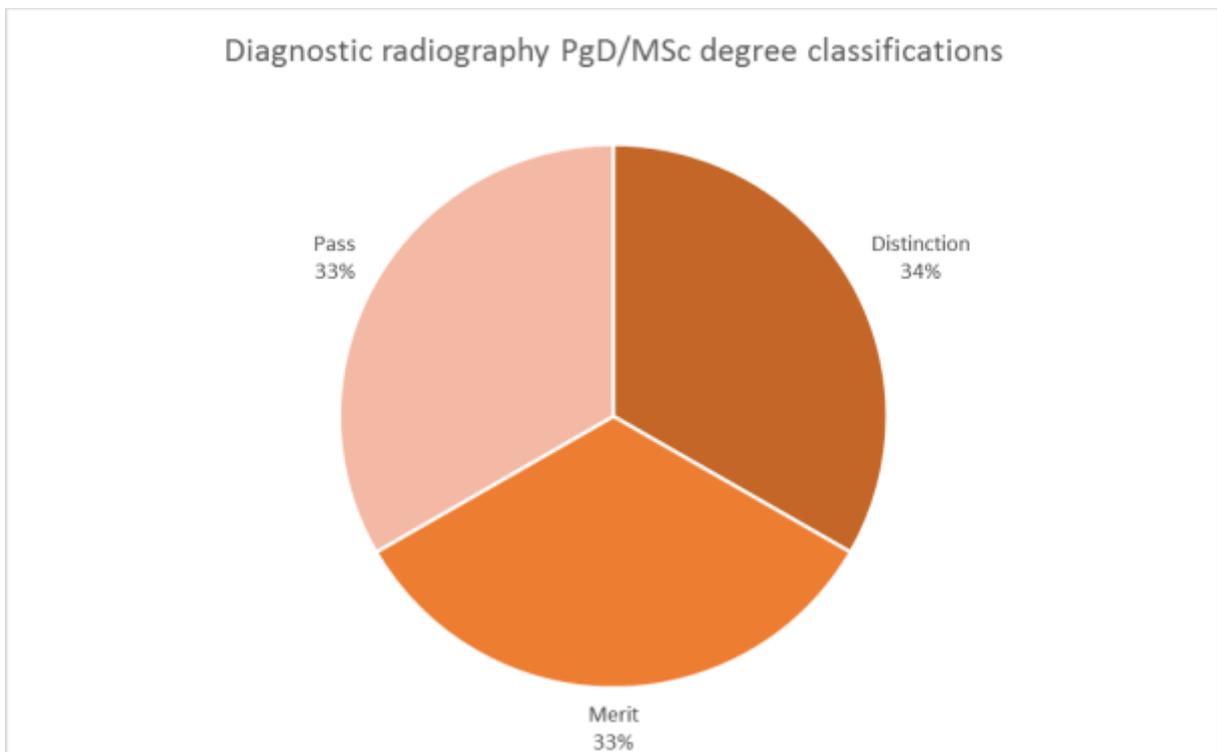


Figure 7 Chart showing distribution of degree classifications for diagnostic radiography PgD/MSc degrees

### 6.8.2 Therapeutic radiography degree classification

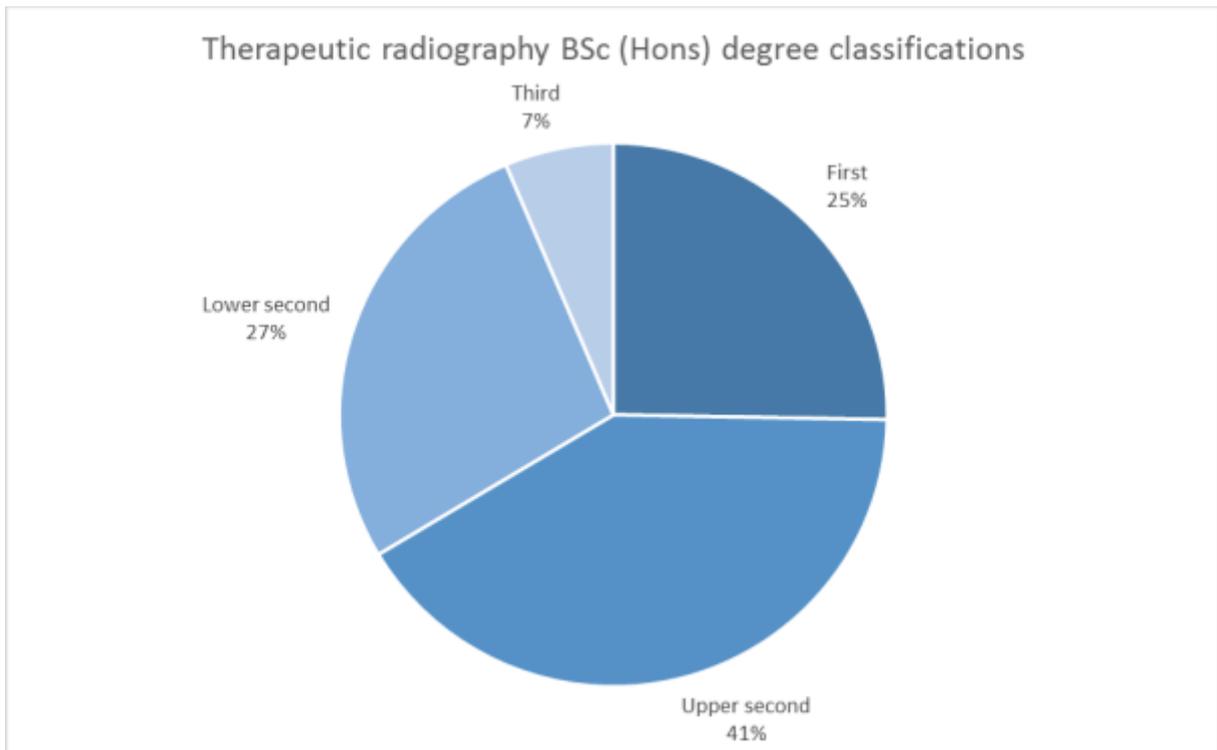


Figure 8 Chart showing distribution of degree classifications for therapeutic radiography BSc (Hons) degrees

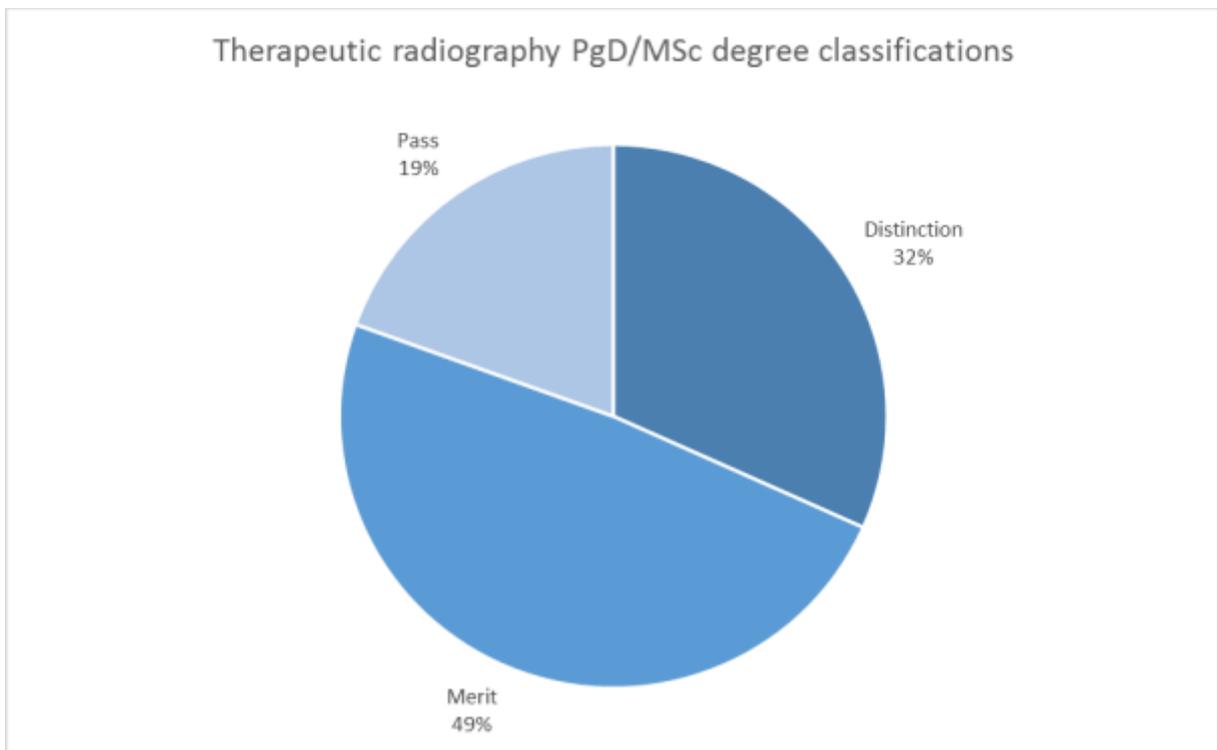


Figure 9 Chart showing distribution of degree classifications for therapeutic radiography PgD/MSc degrees

### 6.8.3 Comparison of degree classifications with previous years

Undergraduate degree classifications are presented in Figure 10 and Figure 11. This is the first year postgraduate pre-registration degree classifications have been collected. Consequently, there are no data to compare.

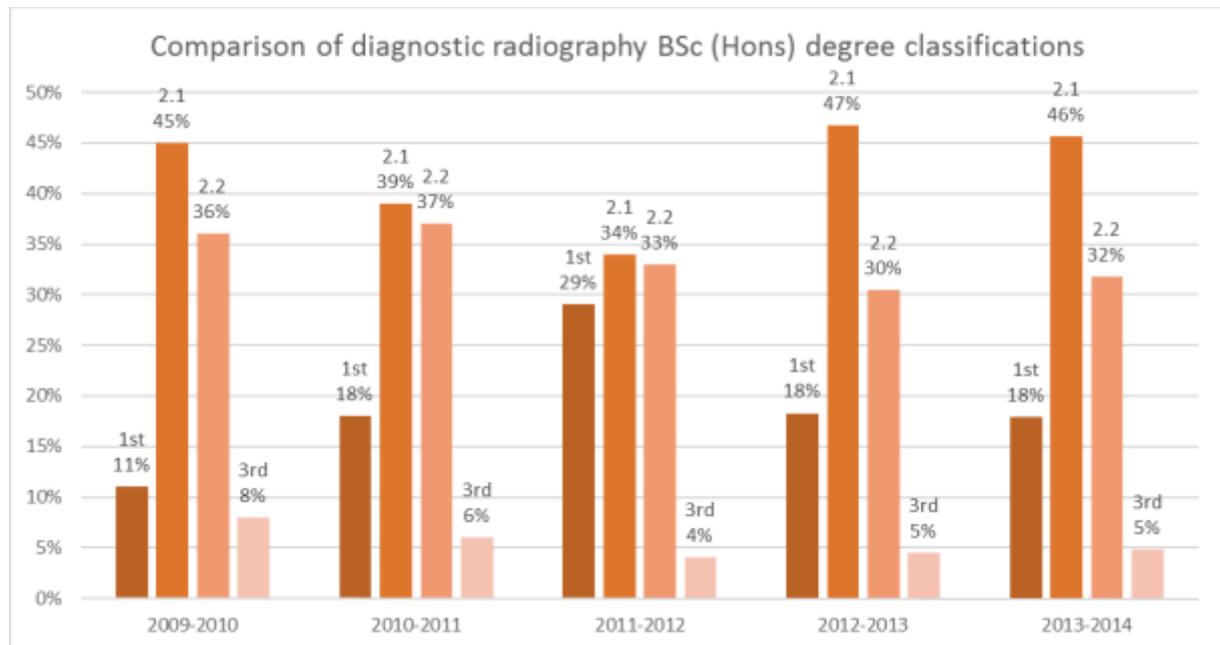


Figure 10 Chart showing five-year comparison of degree classifications for BSc (Hons) diagnostic radiography programmes

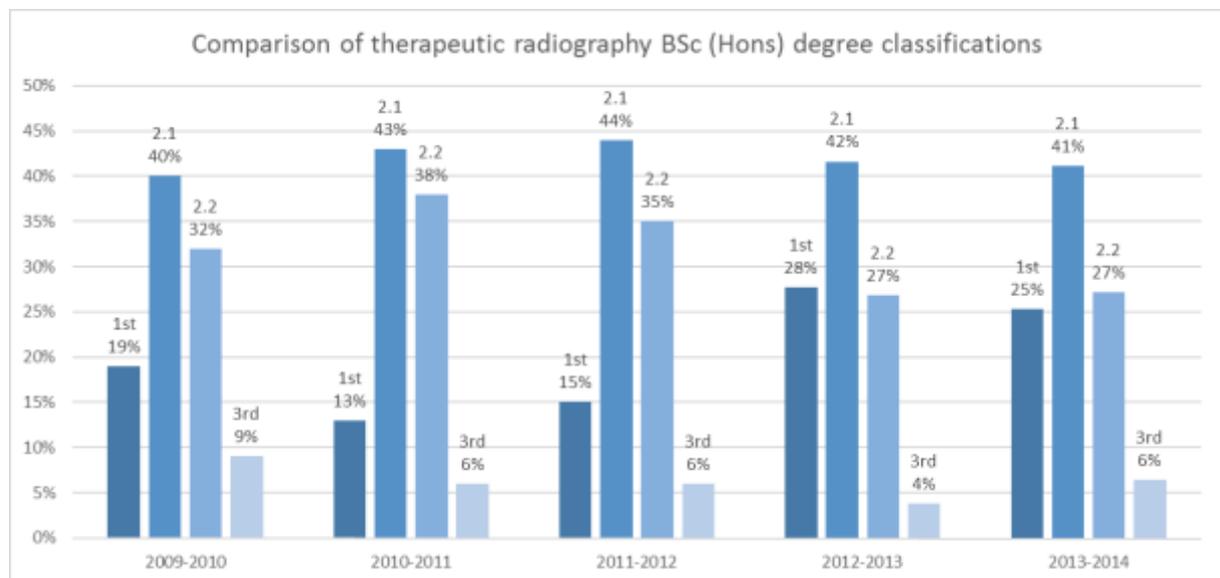


Figure 11 Chart showing five-year comparison of degree classifications for BSc (Hons) therapeutic radiography programmes

### 6.8.4 Students still to complete

Despite changing the data collection period to the autumn there were still students who had not completed their degree at the point of annual monitoring survey submission.

Programme	Number of students still to complete
Diagnostic radiography	50
Therapeutic radiography	16

Table 13 Table showing the number of students still to complete at the point the annual monitoring survey was completed.

## 6.9 Staff establishments

Staffing levels related to pre-registration programmes have been collected again this year. The College of Radiographers' Course Leader Forum and the Practice Placement Forum have both reported difficulties recruiting lecturers and funding practice educators through the Education and Training Tariff (England) and other monies. The data provided will be used to provide information to commissioners, funders and allocators and to raise awareness of radiography educators.

The following data consider full time equivalent (FTE) numbers rather than individual numbers. The staff/student ratios have been calculated from the number of students who started the programme and do not take attrition into account.

Staff/student ratios have been calculated and expressed in decimal format, i.e., 0.10 represents a staff/student ratio of 10:100 or  $\frac{10}{100}$ .

The College of Radiographers does not make recommendations regarding staff/student ratios but during the approval process Assessors will enquire about the sufficiency of the number of campus and practice educators.

### 6.9.1 Campus staff

Campus lecturing staff have responsibility for administration and delivery of pre-registration radiography programmes. The annual monitoring survey question was phrased slightly differently from last year and asked "How many full time equivalent (FTE) members of staff are primarily employed in delivering this course on campus?" The aim of the rewording was to clarify the data received from the education providers. It is recognised that staff from other disciplines will input into radiography programmes but it is important that the core course team numbers are reported in order to identify areas where there may be links; for example, between the staff student ratio and attrition and retention.

The list of anonymised and randomised staff/student ratios can be found in Appendix C.

### 6.9.1.1 Diagnostic radiography staff/student ratios

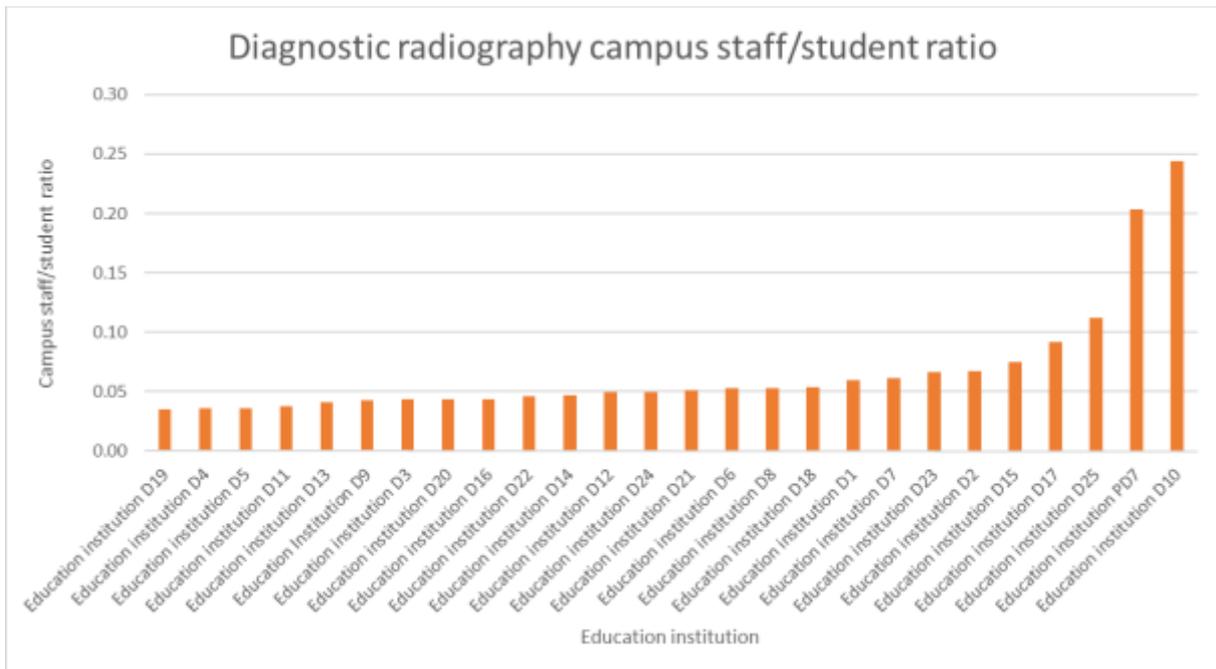


Figure 12 Chart showing the campus staff/student ratios for pre-registration diagnostic radiography programmes.

Diagnostic radiography staff/student ratios vary from 0.03 (3 members of staff for every 100 students) to 0.24 (24 members of staff for every 100 students). Three of the universities with the lowest staff/student ratios also have some of the poorest student retention. However, without further, in-depth research and analysis it is not possible to draw firm conclusions from this and it is only a speculative link that can be made.

### 6.9.1.2 Therapeutic radiography staff/student ratios

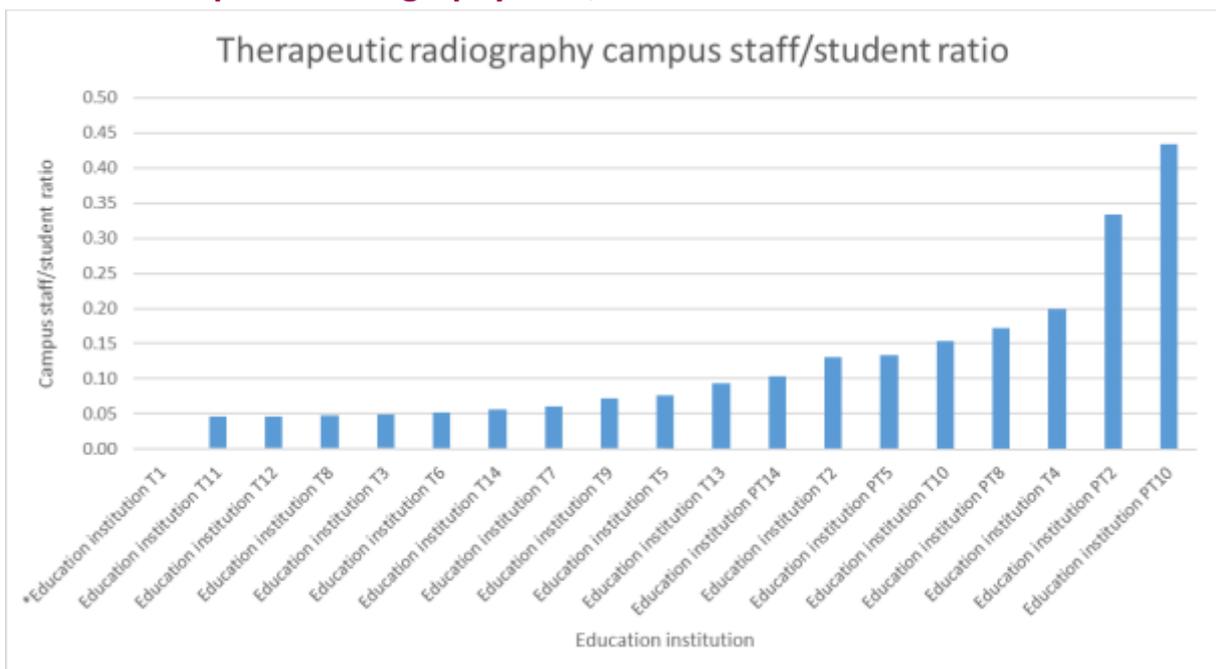


Figure 13 Chart showing the campus staff/student ratios for pre-registration therapeutic radiography programmes.

Therapeutic radiography staff/student ratios have a larger range, from 0.05 (5 members of staff for every 100 students) to 0.43 (43 members of staff for every hundred students). Education institution T1 reported no FTE members of staff on campus. This is very likely to be anomalous. The programme with the largest staff/student ratios is a postgraduate programme with a small number of students.

Similar to diagnostic radiography, two of the institutions with the lowest staff/student ratio also have some of the poorest student retention. Again, no conclusions can be drawn without further research.

### **6.9.2 Practice educators**

A clear definition of a practice educator was given in the annual monitoring survey.

A practice educator is based in the clinical department. The role supports students and facilitates their learning. It may be referred to as: clinical lecturer, practice facilitator, practice teacher, lecturer practitioner, clinical educator for example. It does not include daily supervisors, assessors, or mentors.

The College of Radiographers acknowledges that many different titles are used for this role. The term “practice educator” is used throughout College documentation and is further defined:

The term ‘Practice Educator’ is used to describe the identified practitioner in practice placement who facilitates student learning face to face on a daily basis and generally has responsibility for the formative and/or summative assessment (College of Radiographers, 2006).

The annual monitoring survey did not ask who funded practice educator posts, or if they were accredited by the College of Radiographers.

### 6.9.2.1 Diagnostic radiography practice educator/student ratios

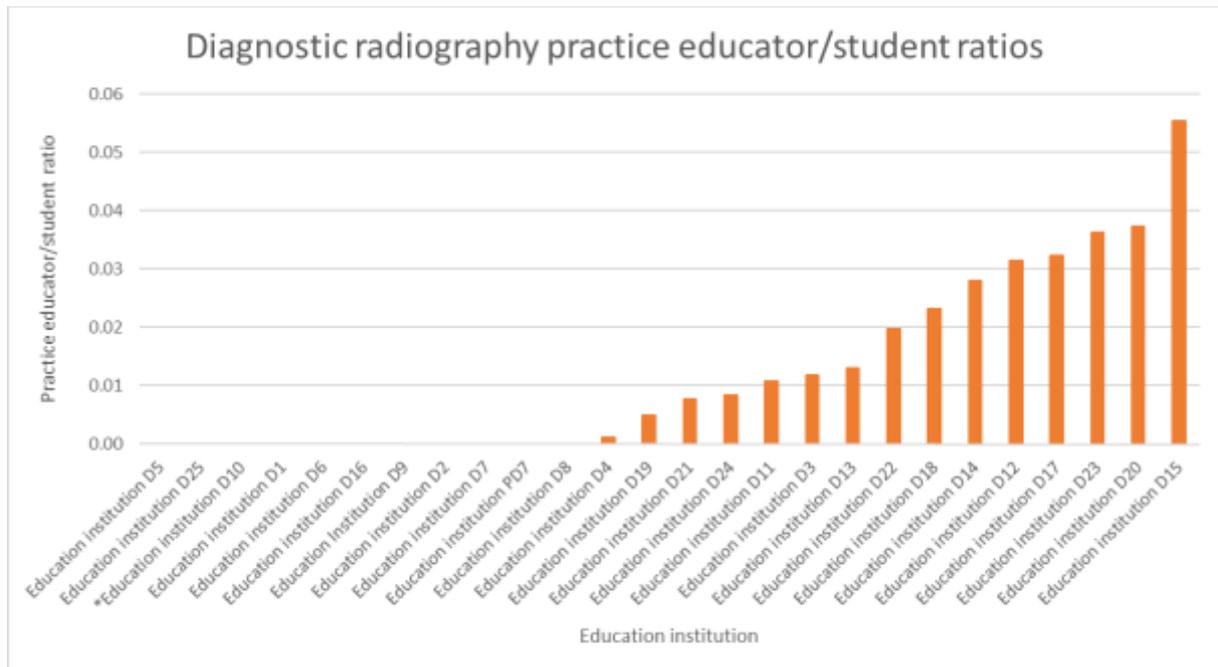


Figure 14 Chart showing the practice educator/student ratios for pre-registration diagnostic radiography programmes.

Worryingly, 11 out of 26 programmes report that they have no practice educators supporting students while they are on placement. Even the programme with the highest ratio reports that it is just under 6 per 100 students.

### 6.9.2.2 Radiotherapy practice educator/student ratios

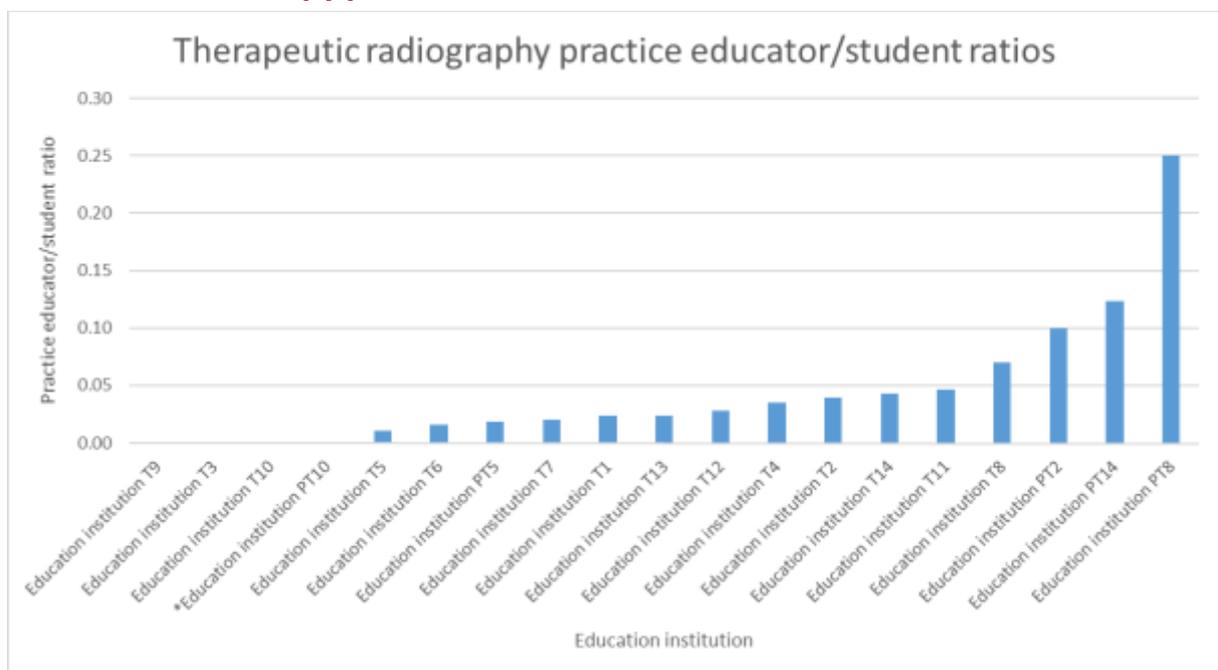


Figure 15 Chart showing the practice educator/student ratios for pre-registration therapeutic radiography programmes.

Therapeutic radiography programmes report 15 out of 19 having practice educators in place. The modal value is 0.04 (4 practice educators for every 100 students). As with diagnostic radiography, this is a worryingly low value.

## 7 Post-registration programmes

### 7.1 Approvals/re-approvals of post-registration programmes

The Approval and Accreditation Board considered a variety of post-registration programmes. The figures in Table 14 are programmes which lead to qualifications at Qualifications and Credit Framework (QCF) level 7 or Credit and Qualifications Framework for Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) level 11 and above, i.e., Postgraduate Certificate/Diploma and MSc/MA.

Speciality	Number of approvals/re-approvals
Diagnostic radiography	7
Breast imaging	1
Nuclear medicine/DEXA	1
Therapeutic radiography	1
Practice Educator Accreditation Scheme	1
Others including professional and interprofessional provision	0

Table 14 Table showing number of post-registration, post graduate programmes approved in 2013 - 2014.

## 8 Short courses

Short courses are designed to provide opportunities for individuals to update their knowledge and skills and may also assess or confirm competence. It is likely that a short course will have wide general appeal but it cannot be tailored to the learning or developmental needs of an individual. Additionally, it is unlikely that a short course would attract academic credit and as such is unlikely to make a significant contribution to a postgraduate award.

### 8.1 Approvals/re-approvals of short courses

The short courses considered by the Approval and Accreditation board have been mainly post-registration programmes. However, some programmes are suitable for the unregistered workforce, or those not registered by the Health and Care Professions Council such as assistant practitioners or dental nurses.

The approval period for short courses is two years.

The number and variety of short courses approved in 2012-2013 is shown in Table 15.

Speciality	Number of approvals/re-approvals
Diagnostic radiography	0
Breast screening	0
IV administration	1
Dental radiography	3
Ultrasound	2
Nuclear medicine/DEXA	1
Therapeutic radiography	0
Others including interprofessional provision	0

Table 15 Table showing number of short courses approved in 2013 – 2014.

## 9 Accreditation schemes

The College of Radiographers runs five accreditation schemes:

- Assistant practitioner accreditation
- Continuing professional development accreditation (CPD Now accreditation)
- Practice educator accreditation scheme
- Advanced practitioner accreditation
- Consultant practitioner accreditation

### 9.1 Assistant practitioner accreditation

From 1<sup>st</sup> January 2014 all assistant practitioners had to apply for accreditation through CPD Now. From this date the number of accredited assistant practitioners was presented to the Approval and Accreditation Board, but not names, owing to the volume of successful applications.

Approval and Accreditation Board	Number of assistant practitioners presented
October 2013	Applications not in CPD Now. Not presented.
February 2014	4
June 2014	34

Table 16 Number of assistant practitioners accredited and presented to the Approval and Accreditation Board between 1<sup>st</sup> September 2013 and 31<sup>st</sup> August 2014.

During August and September 2014 there were 150 applications which resulted in a severe delay in reviewing these and subsequent applications. Clinical imaging and mammography assistant practitioners made up the majority of the applications.

The majority of the applications during this period were initial applications. Assistants who have completed College of Radiographers' approved programmes have simply to fill in details of their work area and scope of practice and attach their education certificate. Those who have not

completed an approved programme must complete six pieces of relevant CPD. All re-accreditation applicants must evidence twelve pieces of relevant CPD.

The quality of the CPD reviewed was mostly good or very good. To date, only a very small number of assistant practitioners have been deferred due to poor quality CPD.

During the review process it became quickly apparent that assistant practitioners did not always realise that they had to attach a scan/photograph of their relevant education certificate(s). It was also apparent that the attestors were not thoroughly reviewing the submissions. Work is ongoing to address these two issues but ironically this has been delayed due to the volume of applications to be reviewed by the Education and Accreditation Officer.

Once the issues with attestors and certificates have been fully resolved, it is the College's intention to send applications to Assessors to review.

## 9.2 Continuing professional development accreditation (CPD Now accreditation)

Those gaining CPD accreditation are not presented to the Approval and Accreditation Board.

This accreditation is a completely automatic process whereby practitioners of all tiers can gain accreditation if they complete twelve pieces of CPD over the course of two years which meet at least six CPD Now framework outcomes. Members' CPD Now records are not reviewed by The College of Radiographers but we reserve the right to audit the records of those who have gained this accreditation.

### 9.2.1 CPD Now

The CPD Now refresh was completed this year and went live to members on the 25<sup>th</sup> September 2013. Since then the number of members regularly using CPD Now has increased significantly.



Figure 16 Chart showing the number of new CPD Now users between 1<sup>st</sup> July 2013 and 30<sup>th</sup> June 2014.



Figure 17 Chart showing the number of logins (sessions) to CPD Now between 1<sup>st</sup> July 2013 and 30<sup>th</sup> June 2014.

The peak in September 2013 corresponds to the refreshed version going live. The peak from February 2014 corresponds to the initial email to assistant practitioners giving them information about using CPD Now for accreditation.

### 9.3 Practice educator accreditation scheme

Accredited practice educators are not presented to the Approval and Accreditation Board at present but their details are held on a register at the College of Radiographers. This register is not publically available at present.

There were twenty-four practice educators accredited between 1<sup>st</sup> September 2013 and 31<sup>st</sup> August 2014. The majority of these were accredited via the approved programme route.

The practice educator accreditation scheme is almost ten years old. The Education and Accreditation Officer is currently reviewing the scheme along with the professional bodies of the other allied health professions.

### 9.4 Advanced practitioner accreditation

Advanced practitioner accreditations are presented to the Approval and Accreditation Board.

Approval and Accreditation Board	Number of advanced practitioners presented
October 2013	1 MRI and plain film reporting
February 2014	None
June 2014	None

Table 17 Number of advanced practitioners accredited and presented to the Approval and Accreditation Board between 1<sup>st</sup> September 2013 and 31<sup>st</sup> August 2014.

### 9.5 Consultant practitioner accreditation

Consultant practitioner accreditations are presented to the Approval and Accreditation Board.

Approval and Accreditation Board	Number of advanced practitioners presented
October 2013	2 both breast imaging
February 2014	None
June 2014	2 both breast imaging

Table 18 Number of consultant practitioners accredited and presented to the Approval and Accreditation Board between 1<sup>st</sup> September 2013 and 31<sup>st</sup> August 2014.

## 10 Continuing professional development event/resource endorsement

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Event/resource endorsements are not presented to the Approval and Accreditation Board.

Events and resources are endorsed against one or more of the twenty-three CPD Now framework outcomes. All applications could be endorsed against at least two outcomes and most of them against more.

Applications were received from a variety of education providers including universities, equipment manufacturers, NHS and independent providers of healthcare and private companies. Eighty-four applications were received and endorsed for events held within this period.

It is the College's vision that endorsements will be reviewed by Assessors in the future. Work is currently ongoing to update this part of CPD Now to in order to facilitate this.

### 10.1 Health and Care Professions Council

The relationship with the Health and Care Professions Council (HCPC) continued to be maintained and productive. During this period, the HCPC began the process to review the Standards of Education and Training. This process is still ongoing.

### 10.2 Interprofessional engagement

The College of Radiographers continues to engage with interprofessional organisations, including the Allied Health Professions Education Leads, Professional Associations Research Network and UK Interprofessional Group CPD Forum. These relationships are a valuable source of information and provide excellent networking opportunities for the organisation.

The College is part of the Allied Health Professions Education Leads Sub-group which is formulating practice educator standards and refreshed learning outcomes for the respective professional bodies' accreditation schemes.

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# Appendices

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## Appendix A Successful strategies developed by education institutions for improving retention of pre-registration students

The strategies listed below are quoted verbatim from the annual monitoring survey responses. Both diagnostic and therapeutic radiography responses are listed.

### *Campus*

- increased emphasis on career choice at pre-interview stage; support of module coordinators throughout modules and personal tutors visit every two weeks whilst students are on placement; use of varying styles in sessions delivery (large group / small group / practical / in session technology); creation of student peer support groups (made of 1st, 2nd and 3rd year students) enabling increased support from senior students. we can enable students to switch between full time and part time routes to help support through financial / personal or health related issues.
- Active personal tutor support. Enabling students to interrupt and return to their studies once they were able to. Use of negotiated learning plans to support students through difficult times.
- Course restructure for 2014 intake. Increased tutorials
- Clarity of programme and profession information for applicants to ensure they choose the correct career path and location. Good communication with students throughout the course to identify students who are struggling early and implement strategies to promote them being able to complete the course. Additional academic support is offered to all students prior to assessments to ensure that they are clear about the expectations prior to sitting assessment to reduce failure rate. Formative feedback mechanisms are embedded throughout the programme to ensure students can monitor their own professional development.
- Annual meetings with school careers advisors to specify challenges of course and clarify radiographers role (e.g. shift work, caring profession as well as technical/academic aspects). Open evenings with a follow up open evening for applicants to emphasis aspects of course and career to ensure they completely understand role. Insist on clinical visit prior to application. Vertical and horizontal induction, continuous support (academic tuition and pastoral, regular PDP meetings)
- Selection and entry strategies that select those students who are most likely to complete. Provision of information so that students know in advance the constraints and expectations. Longitudinal Professional Assessment to monitor and remediate sub optimal behaviour. Review of the interview and UCAS forms were for students who leave to see if this could be predicted from the recruitment and selection information in hind sight.
- Signposting and increasing the number of referrals to OH and the Student Well-being team in the University Student Support centre. Closer attention to attendance
- Personal Academic Tutor System. Good Communication Links. Effective Learning Service. Support Services.
- A thorough selection process to ensure that the candidates know what the course and profession is like and that they are candidates of the right calibre with the right values. A

thorough preparation before attending the first placement through simulation and assessment.

- Wider variety of teaching methods (less didactic, more practical) - recognise that one method does not suit all! Wider variety of assessments (written, image viewing, practical, oral, presentation) - recognise that one method does not suit all! Choice of assessment method within a module, e.g. prepare a patient information leaflet OR a podcast - same again re different styles! More detailed feedback on assessment (written on script; marking grid; personal audio file; class feedback for exams (students have their scripts) one-to-one with module lead for ALL who fail) Additional support services, e.g. Study Skills, who will e.g. look at a piece of work and the feedback and suggest areas for improvement/ways to improve
- Thorough review of selection processes
- There is no one reason that stands out for the team to address with respect to attrition. Currently effort is targeted towards improving feedback to student on assessed work. In addition to improving student satisfaction it is hoped that this will help to improve academic achievement which is one of the reasons for failure of student to progress or achieve the award for which they have registered.
- Quick interventions for any students who are at risk.
- Reviewed recruitment & selection process, to include values based recruitment elements. Improved & enhanced existing high quality personal tutor support. Developed peer mentor scheme (year 3 students mentoring year 1 students). Improved placement preparation activities to reduce dissonance between theory & practice. Improved & enhanced induction activities in all 3 years.
- We have personal tutors who meet with their tutees every other week. We monitor attendance at all tutorials, seminars and lab sessions and intermittently at lectures. We signpost students to appropriate support services and ensure tests within the first 6 weeks of them commencing their programme. These are purely formative, but allows us to safety-net the students who are not performing at the level required. We have audited the qualitative and quantitative data relating to retention and attrition and are conducting a larger study to explore the outcomes further. We have an open door policy for students to access staff when they need them.
- Personal tutor support in all 3 years of the programme for academic and pastoral support, year tutors monitor performance to highlight students who are at risk so that additional support can be given
- Greater use of predicted grades to ensure right calibre of student who is able to cope with the demands of the programme. Continuation of the use of interviews to establish that prospective students have a good understanding of the expectation of the programme and the profession. Greater use of personal tutor system to support students and ensure students achieve realistic goals and identify why they may not be reaching their potential. Provide guidance with regards to School and university support available for students to develop various skills required. Continual review of programme to explore how the student experience can be improved. Use of electronic feedback to improve access to feedback on work.

- 1. More structured academic advisor support linked to a generic module 2. Introduction of small group work as opposed to large lecture environment 3. Introduction of year 2 peer mentors to advise year 1 students
- Monitoring attendance of all academic and clinical components facilitates the early intervention by PT/Course Lead so that meetings can be arranged for students identified as being at risk before major problems arise. Personal tutorial framework in place across all 3 years providing group and individual support. Students remain with the same PT throughout programme.
- Personal Tutor support systems. Student listening events.
- Allocation of 'e-buddy' i.e. email contact details of a second year student who is allocated to the same clinical placement. Allocation of personal tutors who also visits the students whilst on placement (visiting lecturers). Strong support from programme leaders - open door policy – opportunity to apply for mitigating circumstances, long extensions or interrupts. Student 'learning zone' in library with taught sessions on referencing and critical writing. Transition to mastery included in first year teaching.
- Insight night launched for students to attend prior to application to try to inform career choice. Regular studies advice meetings with students to identify those with perceived difficulties
- Extra support for students who find academic writing difficult eg reading of drafts and academic personal tutor sessions.
- increased emphasis on career choice at pre-interview stage; support of module coordinators throughout modules and personal tutors visit every two weeks whilst students are on placement; use of varying styles in sessions delivery (large group / small group / practical / in session technology); creation of student peer support groups (made of 1st, 2nd and 3rd year students) enabling increased support from senior students.
- Allocated personal tutor - meets formally 3 times a year. Students are encouraged to keep in regular contact with their personal tutor. Personal tutor roles identified to students via poster displays etc. Interview with programme manager for students who express concerns with any aspect of the course with the intention of identifying support that needs to be in place. Student Support Centre on University site.
- - Better student/learning facilities - Transparent and detailed feedback - Wide variety of learning and teaching approaches
- Interviewing prior to admission.
- personal tutor support, study skills support, mentoring - academic, preparation for practice module
- Formative assessments; new Student Life Centre; Mental Health & Wellbeing team
- The Student Well being centre provides a comprehensive student support service to assist students who are struggling. Use of student ambassadors to talk to applicants about the academic and personal demands of the course.
- Personal Academic Tutor system. Good communication links. Support Services. Effective Learning Service.
- We do not have an issue in this area, retention is good for this programme
- The ethos of the programme is to support students where appropriate, developing them as independent learners and encourage the development of resilient practices. There is a strong

focus on personal and professional development that encourages students to be proactive in their learning and develop an ability to accept and act on constructive criticism. We have developed a comprehensive induction at level 4; this allows students to build their confidence with academic skills prior to this includes preparatory work for the first submission. Throughout the students training we offer practical support for example with study skills but also pastoral support with referrals where appropriate. Attendance is monitored in academic and this allows us to monitor student's engagement and address any issues as soon as they arise. We have been able to offer specific tailored support if appropriate. We have an academic tutor system that offers additional support and guidance from a named member of the academic team; this is available to all students. We hold regular student progression and monitoring meetings that looks at the students' performance, attendance and engagement across the whole of the programme rather than individual modules.

- Integration of skills suite (VERT, Eclipse and treatment couch / lasers) to enhance pre - placement preparation. Implementation of peer assisted learning between year 3 and year 1 cohorts to enhance preparation for practice and increase support. Enhanced personal tutor system 'Traffic light system' whereby students at risk of leaving the programme are identified at an early stage and appropriate support commenced. Early placement experiences - taster days in October and commencing practice placement in Nov of year 1
- The recruitment strategy was reviewed. Tariff points were increased and a science A-level was requested. Also applicants now undertake a maths test as well as a written English test during which they are asked to describe their visit to a placement site and what they understand about therapeutic radiography.
- Forums with academic staff are organised at the beginning and the end of semester. This helps to address any concerns students may have. Staff have a good rapport with students and respond promptly to emails and phone calls. This is noted in module evaluations. Peer mentor scheme to help support students particularly first years. Greater use of VERT and CT scanner for scientific and clinical teaching allows for more interactive learning. Modifications to the timetable to give students more personal study time.
- Academic advisors are appointed for each student. Student forums with academic staff are organised at the beginning and the end of semester. This helps to address any concerns students may have. Staff have a good rapport with students and respond promptly to emails and phone calls. This is noted in module evaluations. Greater use of VERT and CT scanner for scientific and clinical teaching allows for more interactive learning. For the recent renewal of the PgDip programme the attendance pattern has been altered to give students more personal study time.
- Monitoring attendance of all academic and clinical components facilitates the early intervention by PT/Course Lead so that meetings can be arranged for students identified as being at risk before major problems arise. Personal tutorial framework in place across all 3 years providing group and individual support. Students remain with the same PT throughout programme.
- We continue to encourage all applicants to visit a radiotherapy department before applying for the programme to ensure they are better informed. Students undertake a 3 week orientation placement during January of year 1. Students are allocated a Studies Adviser and meet regularly to discuss progress. Students support agencies are engaged with as early as possible when difficulties arise.

- Increased student support and mentoring
- Admissions process: interviewing with either a radiotherapy services manager or service user to assess the suitability onto the programme. Academic support: personal tutors have been allocated and study skills sessions have been organised for those that have struggled with the critical writing needed at M level.

### *Placement*

- n/a
- personal tutors visit every two weeks; mentors are allocated; we have a pre-placement clinical preparation week, where resilience is part of the clinical preparation; creation of cause for concern forms, for clinical staff to highlight early on any concerns (high or low level); one year group on placement at a time (has been so for 5 years).
- Use of placement support plans for students with additional needs. We have a professional competency requirement to be fulfilled for each placement block which addresses personal appearance, punctuality/ attendance, organisational skills, communication, confidentiality, safe working and attitudes to work. Failure of this may result in a fitness to practice hearing.
- Continued use of clinical lecturers. Radiographers attend a supervisors and assessors course at the university.
- Link lecturers visit students on a weekly basis and liaise with clinical staff regarding student progress. Students who are not achieving the required standard are informed and additional support mechanisms are put in place to help achieve the required competence levels. Additional time is facilitated within the clinical skills suite on-campus to develop confidence and competence throughout the programme. Regular meetings between service managers and course team ensures that global problems can be identified so that support mechanisms can be put in place to help target additional support. Student portfolios are used to provide on-going formative feedback regarding progress on a weekly basis.
- Good links with placement sites. We visit at least once a trimester and invite Liaison clinicians in for a regular per trimester meeting on campus to discuss any issues. Regular practice educators training days to ensure they understand role of P Ed a/mentor /supervisor.
- Selection and entry strategies that select those students who are most likely to complete. Preselection clinical visit compulsory. Provision of information so that students know in advance the constraints and expectations. Longitudinal Professional Assessment to monitor and remediate sub optimal behaviour. Review of the interview and UCAS forms were for students who leave to see if this could be predicted from the recruitment and selection information in hind sight. Early exposure to clinical setting.
- Closer monitoring of attendance. More transparency when dealing with student issues on placement More information given to students about demands of course at recruitment stage
- Good networking between HEI and Placement sites. Clinical Liaison Groups.
- A named member of the academic staff who regularly visit the students on placement. Named clinical staff members who are a point of contact between the university and placement.

- Close links with clinical staff (as always) to hopefully highlight problems early and put plan in place to resolve them. Change to continuous clinical assessment documentation, breaking down aspects of student performance (e.g. communication) into smaller areas (e.g. with staff, with patients, with others outwith department, etc) to make it easier for all concerned to pinpoint issues
- Increased level of support both pastoral and academic
- Cause for Concern Form' created for clinical partners to flag any issues before they escalate.
- Reviewed and updated clinical supervisors training package. Increased number of trained clinical supervisors on all placement sites. Provided extra support for clinical supervisors assessments. Consolidated programme of clinical visits to each placement by academic team. Introduction of 1.0FTE Practice Learning Facilitator role by 1 large placement provider (using tariff monies from LETB).
- We typically tend not to lose our students during their placement. Occasionally, some feel they have selected the wrong career and leave, but these are by far the minority. We have 2-3 link radiographers for each placement site who organise rota's and care for the students. We have an allocated clinical tutor employed by the University who visits each placement site every two weeks and checks student progress, offers pastoral care and provides tutorials to help them progress. We also have a module lead for placements who the students can contact at any time and they also have access to their personal tutors via e-mail / phone / skype while they are on placement if they need them. We have recently introduced a "tutor check in" on a monthly basis where personal tutors will e-mail their placement students to check they are OK. We have recently introduced a medical imaging twitter account and feed in information through this to help students feel more part of the University while they are away on placement. We have an equality impact assessed placement allocation priority list which all students have access to and students get to choose their placement preferences, but without the guarantee they can be sent to them.
- increased training for mentors. support mechanisms are highlighted to both students and clinical colleagues. introduction of cause for concern form which is submitted by clinical staff to the university clinical lead, this initiates an action plan and follow up to address issues
- Employment of lecturer practitioners/ clinical tutors to ensure support available in practice settings. Improved communication with students through use of student portal. Use of student to student mentoring 3rd year students mentor 1st year students to ensure smooth integration into practice. Use of a clinical skills suite in the trust to prepare students for their first placement. Use of induction days into clinical during the lecture blocks in the first semester in order to prepare students for their first clinical block in December.
- 1. Retention of clinical tutors in each placement site 2. One clinical placement site for the whole three years of the programme (from student feedback)
- Clinical Coordinator matches clinical placement sites to individual student personal circumstances. This reduces dropout rate due to financial difficulties relating to travelling/accommodation costs. Link radiographer teams meet with course team 3 times per year, University also runs a mentorship training programme 'supporters of learners in practice'.
- Each placement has a designated clinical tutor. The clinical tutors are involved in team meetings and assessments.

- Mentor concern forms for students on placement so a 'failing' student can be identified early and additional support strategies put in place. Each student allocated a mentor whilst on placement (radiographer) overseen by experienced site coordinator. Bimonthly meetings between all site coordinators and visiting lecturers. Placement concern forms for students to complete who have an issue with the placement or a member of staff. Use of a variety of tools i.e. Blackboard, blogs, vodcasts, discussion boards and wikees to support the students whilst on placement and try to retain contact with them.
- No changes recently implemented in placement - academic visitor appointed to each placement centre for students to liaise with if encountering problems or alternatively can contact the Placement Coordinator directly. Mid-placement visitor conducted by academic staff member at mid-point of placement
- Preparation of students for practice by including workbooks to enable students to work through clinical assessment materials. Maintenance of link visits by academic staff to maintain linking theory to practice.
- Clinical lecturer based 0.5 WTE in each clinical placement site. Annual study day for clinical staff in relation to their roles as supervisors within the clinical environment. Clinical education supervisor run several times during the year - interprofessional event with profession specific sessions and leads. Risk assessments carried out if any aspect is of concern with the intention of providing necessary support.
- Link lecturer support of students on placement and liaison with clinical partners. This is used for the UG programme instead of practice placement learning facilitators. (Learning facilitator number indicated in question 22 is for the 4 year FD/Top-up pathway).
- Longitudinal induction on placement. Introducing a placement mentorship scheme although this has still to be fully implemented and evaluated. Students have appreciated the introduction of this initiative and feel it will be of positive benefit.
- early entry placement 'taster', PAL mentors, placement mentor support, clinical liaison support,
- Increase support to practice educators.
- Good network links between HEI and Placement sites. Clinical Liaison Group.
- as above [same as campus response]
- We have an extensive programme of activities that lead up to the first placement for students and this includes a preparation for practice week. We have a robust system of support for students in practice utilising academic members of the team that are responsible for visiting each placement site usually a minimum of once a week when students are on placement (dependent on the number of students placed at each site). We have a peer mentoring scheme that is embedded into the curriculum and facilitates the support of first year students by a names final year student during their first placement block. We have sound links with all placement sites and offer onsite training of both mentors and assessors to support the programme. We have an external clinical website that allows clinical colleagues to access all the relevant support information for our students and the programme. The clinical modules in each year include development not just of technical and patient care skills but also professional behaviours and resilient practices that we feel improve the relationships between staff and students.

- Clinical lecturer at each site to provide support and links to Uni Liaison tutor from Uni Annual mentor regular progress reports to identify students who may be in need of additional support
- No students from this cohort withdrew because of placement issues.
- Link tutor visits are organised on a semester basis; Academics visit the clinical placement site and will talk to all years of students as a group and will be available for individual meetings if desired by students. We run a clinical tutor system where a 0.5 FTE clinical radiographer is identified in each placement to support the students. Academic staff liaise closely with clinical tutors to provide 'joined up' support for the students.
- Link tutor visits are organised on a semester basis; Academics visit the clinical placement site and will talk to all years of students as a group and will be available for individual meetings if desired by students. For the recent renewal of the PgDip programme the attendance pattern has been altered to give students a fairer exposure to clinical practice by reducing the number of students on placement at any one time.
- Clinical Coordinator matches clinical placement sites to individual student personal circumstances. This reduces dropout rate due to financial difficulties relating to travelling/accommodation costs. Link radiographer teams meet with course team 3 times per year, University also runs a mentorship training programme 'supporters of learners in practice'.
- A close partnership has been formed between the placement provider and the University. The Placement Provider hosts a Radiotherapy Education group meeting every month and academic staff from the University attend.
- Continued support from practice educators. Students have a named practice educator and also have regular contact with academic staff during their placement time. Weekly meetings are held with students and practice educators.
- We have 2 Practice Educator days a year for all of our PEs to attend and we can discuss strategies to help support students while on placement. Students will have a named PE while on placement and they will be seen weekly to assess their progress. A link lecturer will attend monthly to oversee the support and progress of students in each clinical site. We are trialling a clinical link facilitator role in one of our distant placement sites to enhance students placement experiences and show a uniformed cohesive approach to their learning needs

## Appendix B Randomised and anonymised attrition data figures

Data based on responses to annual monitoring survey 2013 - 2014. Negative attrition indicates programmes that have reported more students completing than originally started e.g., students joining the programme in the continuing years.

Position	Education institution	2013 – 2014 attrition	Position change from last year
1	Education institution D11	-17.54%	↑ 23
2	Education institution D18	-6.25%	↑ 14
3	Education institution T2	0.00%	↑ 5
4	Education institution PT8	0.00%	↓ -1
5	Education institution D16	2.63%	↑ 12
6	Education institution D1	5.56%	↓ -1
7	Education institution T13	5.56%	↓ -1
8	Education institution T4	5.56%	↑ 1
9	Education institution PD7	6.67%	↓ -3
10	Education institution D8	6.67%	↑ 13
11	Education institution D25	7.69%	↑ 19
12	Education institution D22	8.00%	↑ 13
13	Education institution D17	9.52%	↔ 0
14	Education institution D4	10.00%	↔ 0
15	Education institution T8	10.00%	↓ -2
16	Education institution D12	10.29%	↓ -7
17	Education institution D23	10.71%	↓ -11
18	Education institution D7	11.11%	↓ -7
19	Education institution D6	11.43%	↑ 9
20	Education institution T7	11.76%	↓ -5
21	Education institution D14	12.24%	↑ 7
22	Education institution D2	15.00%	↑ 3
23	Education institution D24	15.00%	↓ -8
24	Education institution PT2	16.67%	↓ -2
25	Education institution D15	17.02%	↑ 2
26	Education institution D20	17.02%	↓ -11
27	Education institution D3	17.86%	↓ -15
28	Education institution D13	18.42%	↓ -8
29	Education institution D21	18.87%	↓ -8
30	Education institution D19	20.00%	↓ -11
31	Education Institution D9	20.00%	↓ -12
32	Education institution T12	23.08%	↑ 5
33	Education institution T1	24.14%	↓ -2
34	Education institution D5	25.86%	↓ -8
35	Education institution D10	25.93%	↓ -1
36	Education institution T14	26.47%	↓ -1
37	Education institution PT14	30.77%	↑ 6
38	Education institution T3	31.82%	↓ -4
39	Education institution PT10	33.33%	↑ 5
40	Education institution T11	34.78%	↑ 1
41	Education institution T6	37.21%	↓ -1
42	Education institution T9	40.00%	↓ -4
43	Education institution T5	46.15%	↓ -7
44	Education institution PT5	46.15%	↓ -6
45	Education institution T10	50.00%	↓ -3

D = Diagnostic radiography programme

T = Therapeutic radiography programme

Diagnostic and radiotherapy programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are *not* the same EI.

EI numbers are the same as previous years.

## Appendix C Randomised and anonymised staff/student ratios

Data based on responses to annual monitoring survey 2012-2013. Education institutions have been allocated the same codes as in Appendix A. Data are presented for the main presentation of BSc (Hons) programmes only.

Education institution	Campus/student ratio
Education institution T1	0.00
Education institution D19	0.03
Education institution D4	0.04
Education institution D5	0.04
Education institution D11	0.04
Education institution D13	0.04
Education Institution D9	0.04
Education institution D3	0.04
Education institution D20	0.04
Education institution D16	0.04
Education institution D22	0.05
Education institution T11	0.05
Education institution T12	0.05
Education institution D14	0.05
Education institution T8	0.05
Education institution T3	0.05
Education institution D12	0.05
Education institution D24	0.05
Education institution D21	0.05
Education institution T6	0.05
Education institution D6	0.05
Education institution D8	0.05
Education institution D18	0.05
Education institution T14	0.06
Education institution D1	0.06
Education institution D7	0.06
Education institution T7	0.06
Education institution D23	0.07
Education institution D2	0.07
Education institution T9	0.07
Education institution D15	0.07
Education institution T5	0.08
Education institution D17	0.09
Education institution T13	0.09
Education institution PT14	0.10
Education institution D25	0.11
Education institution T2	0.13
Education institution PT5	0.13
Education institution T10	0.15
Education institution PT8	0.17
Education institution T4	0.20
Education institution PD7	0.20
Education institution D10	0.24
Education institution PT2	0.33
Education institution PT10	0.43

D = Diagnostic radiography programme

T = Therapeutic radiography programme

Diagnostic and radiotherapy programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are *not* the same EI.

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