Diagnostic Radiography Clinical Assessor Training Guide

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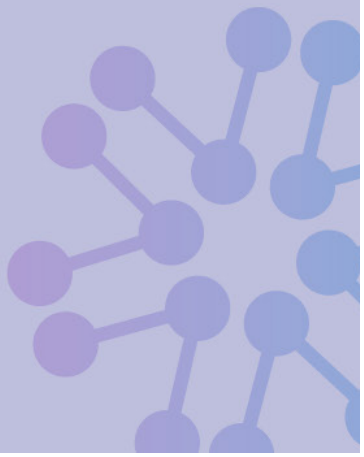
This output has been developed through an externally CoR-commissioned project with funding received from NHSE. This work marks the initial stages of the College of Radiographers' scoping regarding standardised clinical assessment. As outlined in the report recommendations, the College recommends that further research be undertaken to understand and evidence the effectiveness of this tool, including a pilot and evaluation phase. The CoR does not yet endorse use of this tool however, policy and guidance will be updated accordingly as the evidence base grows.



DIAGNOSTIC RADIOGRAPHY CLINICAL ASSESSOR TRAINING GUIDE

BSc/MSc/BSc Apprenticeship/ MSc Apprenticeship

These suggestions for Clinical Assessor training are designed to support the rollout of the proposed new Standardised Clinical Assessment Tool. They have been drawn from the modified Delphi process which informed the design of the proposed new tool.

This work was completed by University of Derby and Keele University in collaboration with clinical partners, academic colleagues, and pre-registration diagnostic radiography learners across the UK.

The proposed standardised Clinical Assessment Tool was commissioned and funded by NHS England.

For consideration in Clinical Assessor Training

Underlying Principles

Need to unpack each principle in turn:

- DRAD CAT has been designed to take a holistic approach to the clinical education and assessment of pre-registration diagnostic radiography learners. Therefore, there is an equal emphasis on professional behaviours and clinical proficiencies.
    - Reflect HCPC, SCoR and IfATE standards.
- DRAD CAT has been designed to be used as a continuous assessment of clinical proficiency and professional behaviour over the duration of the learner's programme of study.
    - Reduces pressure by taking away 'snapshot' assessments. Progress over whole of placement will be assessed.
- DRAD CAT has been designed with the recognition that learners develop clinical proficiencies and professional behaviours at different speeds, depending on their prior knowledge and skills.
    - Support for differing learning needs, supports widening participation, supports neurodivergence, promotes equity rather than equality.
- DRAD CAT has been designed to enable flexibility within clinical placement learning. Learners are supported to learning in a range of different clinical environments, as well as Imaging departments. This will also benefit placement providers, by supporting more flexibility.
    - Flexibility for HEI's and placements to adapt rotas, so learners could be placed in modalities like CT or MRI from the start of their placements.
    - Inter-professional learning opportunities encouraged to develop professional behaviours.
- DRAD CAT has been designed to have a strong emphasis on reflective practice and regular self-assessment of progress.
    - Reflective practice crucial, underpins integrated review process.
    - Structured reflective models should be used – provided as templates.

- DRAD CAT uses a mixture of formative and summative assessment methods to measure learner's progress. Formative assessment includes self-assessment, clinical proficiencies, professional behaviours, observed practice and feedback from others (peers, service users and carers). Summative assessment is via the integrated review process.
    - Discussion about competency vs proficiency required.
    - Importance of formatives as development opportunities.
- DRAD CAT incorporates an integrated review process for each placement, including an initial objective setting meeting (formative), mid-point review (formative) and end of placement review (summative). The summative is informed by all elements of formative assessment and acts as a progression gateway to the next stage of clinical education.
    - Support for learners not meeting expectations.
    - Failing to Fail must be discussed.
    - Use of SWOC and SMART
- DRAD CAT includes an additional formative assessment for learners in their final placement, a half-day observation of practice.
    - Usually, will be carried out in a projection radiography clinical area (could be other areas such as CT if an apprentice and this will be main area of clinical practice)
    - Support for learners not meeting expectations.
    - Failing to Fail must be discussed.
- DRAD CAT incorporates a feedback and grading system which recognises learner' s achievements and makes recommendations for areas of development.
    - Quality and consistency of feedback crucial.
    - Feedforward approach highlighting strengths and areas for development
- DRAD CAT has been mapped to the HCPC Standards of Proficiency (2023), the HCPC Standards of Conduct (2024), the 4th edition of College of Radiographers Education & Career Framework (2022) and the Knowledge, Skills and Behaviours of the Apprenticeship Standard for Diagnostic Radiography (2023).

Professional Behaviour Domains

Discuss how expectations of professional behaviour will differ at different stages of training, in line with marking criteria.

Professional behaviours assessments can be completed by a trained clinical assessor in any appropriate clinical area.

Domain 1 - Safe and effective practice

Ability to consistently work safely and effectively within scope of practice, make reasonable adjustments as required, report concerns in a timely manner, and make informed decisions.

Maps to:

1. HCPC SoPs: 1.1, 1.2, 4.6, 4.7, 4.8, 5.4, 13.7, 14.1, 14.2, 14.3, 14.4, 14.5, 14.6, 14.8, 14.9
2. HCPC SoCs: 3.1, 3.2, 3.3, 4.1, 6.1, 6.2, 7.1, 7.2
3. SCoR ECF: 3.1, 3.9, 3.10, 3.11, 3.31, 4.3, 7.2
4. KSBs: K13, K49, S1, S3, S17, S25, S66, S68, S69, S73, S74, S76, S79, S103, S104, S106, S107, S108, S109

To address in training:

- Need for consistent demonstration of this behaviour
- Need for the learner to be aware of their own limitations.
- Breadth of this domain, and therefore the feasibility of assessing it – examples required

Domain 2 - Professional conduct

Ability to maintain appropriate professional boundaries, work in a trustworthy and ethically sound way, act as a role model for others, and reflect on impact on self and others.

Maps to:

1. HCPC SoPs: 2.1, 2.2, 2.3, 2.4, 2.9, 2.11, 4.1, 5.3, 8.3
2. HCPC SoCs: 1.7, 1.8, 1.9, 1.11, 1.12, 2.1, 2.8, 2.10, 2.12, 7, 7.5, 7.6, 7.7, 8.1, 8.2, 8.4, 9.1, 9.2, 9.3, 9.4, 9.5, 9.6
3. SCoR ECF: 2.1, 3.19, 3.20, 3.21, 3.27, 3.28, 3.33
4. KSBs: S4, S8, S10, S12, S30, S45, B1, B2, B4, B5, B6

To address in training:

- Need for learners to take responsibility for their professional conduct – is set out at start of DRAD CAT
- Clarification of concepts with measurable assessment parameters and examples
- Discuss concepts such as civility, emotional intelligence, and stronger environmental association/wellbeing

Domain 3 - Person-centred care

Ability to practice inclusively, upholding the rights, dignity, values, beliefs and autonomy of individuals, and empowering people by recognising and supporting their individual needs.

Maps to:

1. HCPC SoPs: 2.2, 2.3, 2.5, 2.6, 2.8, 4.3, 4.4, 5.1, 5.5, 5.6, 5.7, 5.8, 6.3, 7.11, 8.5, 8.12, 13.3, 13.13, 13.14, 13.18, 13.21, 13.22, 13.27, 13.28, 13.30, 13.31
2. HCPC SoCs: 1.1, 1.2, 1.5, 1.6, 2.2, 2.3, 2.4, 2.5, 7.1, 7.3, 7.4, 8.3
3. SCoR ECF: 1.1, 1.2, 1.3, 1.4, 1.7, 2.6, 3.32, 3.34, 3.35, 3.37, 4.1, 7.12, 7.4, 7.5, 7.6, 7.7, 7.8
4. KSBs: K2, K6, K16, K28, K31, S5, S6, S7, S23, S24, S26, S28, S31, S34, S47, S87, B3

To address in training:

- 'What matters to you' campaign and Personalised Care
- 'Making every contact count' campaign
- Respect for rights, dignity, values, beliefs, preferences
- Cultural competency
- Protected characteristics

Domain 4 - Wellbeing of self and others

Ability to empower and enable individuals and self to manage own physical health, mental health, and wellbeing, adjust practice as required, and promote public health initiatives.

Maps to:

1. HCPC SoPs: 3.1, 3.2, 3.3, 3.4, 7.4, 12.6, 15.3
2. HCPC SoCs: 1.3, 2.11, 6.3, 6.4
3. SCoR ECF: 3.29, 3.30, 3.38
4. KSBs: K9, K10, S14, S15, S108, B3, B7

To address in training:

- New AHP Public Health Strategy 2025-2030; Allied Health Professions Federation
- Difference between personal health management and public health promotion
- Mental health, individual support systems, and recognising when unfit to work

Domain 5 - Communication skills

Ability to adapt all forms of verbal and non-verbal communication to the individual needs, preferences and circumstances in the placement setting. Responsible use of social media, as per HCPC Standards of Conduct.

Maps to:

1. HCPC SoPs: 4.4, 7.1, 7.2, 7.3, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11
2. HCPC SoCs: 1.10, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12
3. SCoR ECF: 2.1, 2.2, 2.3, 2.5, 2.6, 2.7
4. KSBs: K21, K22, K23, K55, S29, S30, S31, S32, S36, S41

To address in training:

- verbal and non-verbal communication
- appropriate use of social media to align with the HCPC SoCs
- examples to illustrate how this domain would apply to patients, carers, staff and visitors.

Domain 6 – Interprofessional relationships

Ability to work in partnership with colleagues from the multi-disciplinary team, recognising their professional knowledge and skills, and sharing relevant information where appropriate.

Maps to:

1. HCPC SoPs: 7.10, 8.1, 8.2, 8.3, 8.4, 8.5
2. HCPC SoCs: 2.6, 2.7, 2.9
3. SCoR ECF: 4.2, 4.4
4. KSBs: K38, S35

To address in training:

- links to interprofessional / multi-disciplinary learning opportunities template and feedback from colleagues' template
- examples of how to evidence this domain, including scenario's

- Opportunities to spend time in emergency department / ward / outpatients' settings will support this domain

Domain 7 - Leadership qualities

Ability to demonstrate leadership qualities and behaviours, act as a role model, support and mentor colleagues and peers, and provide appropriate supervision.

Maps to:

1. HCPC SoPs: 4.5, 4.8, 8.9, 8.10, 8.11, 8.13
2. HCPC SoCs: 4.2
3. SCoR ECF: 2.4
4. KSBs: K11, K26, S43, S44, S48

To address in training:

- expectation that learners can demonstrate leadership of, and role modelling to more junior learners, e.g. 3rd year mentoring 1st year
- importance of team working
- links to communication domain

Domain 8 – Continuing Professional Development

Ability to reflect on own practice to continually improve, and to engage with peers and colleagues to support their development. To keep up to date with research and developments within the profession, such as new technologies, applications, innovations and practices.

Maps to:

1. HCPC SoPs: 1.3, 4.8, 5.6, 13.1
2. HCPC SoCs: 3.4, 3.5, 3.6
3. SCoR ECF: 2.4, 3.2, 5.10, 5.11, 5.12
4. KSBs: K11, K32, S3, S61, S63, B5, B6

To address in training:

- importance of linking CPD activity to practice
- importance of engaging with peers and colleagues to support their CPD as well as own CPD – this may link to domain 7 - leadership

Clinical Proficiency Domains

Clinical proficiencies should be completed by a clinical assessor working in that area, e.g. CT, Ultrasound, Projection Radiography.

Lots of discussion over competency vs proficiency in Delphi – consensus reached on proficiency as in line with HCPC.

Definitions of levels of proficiency will differ at different stages of training, as per marking criteria. Learner on their first placement is likely to be 'novice'. A learner on their final placement should be achieving 'profession ready'.

Domain 1 - Informed Consent

Ability to obtain valid consent, which is voluntary, informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented.

Maps to:

1. HCPC SoPs: 2.7, 13.2
2. HCPC SoCs: 1.4, 2.2
3. SCoR ECF: 7.3
4. KSBs: K4, K23, K48, S9

To address in training:

- definition of informed consent / capacity /voluntary
- what does appropriately documented mean

Domain 2 - Safety of self, service users, carers and colleagues

Ability to maintain a safe environment for self, service users, carers and colleagues by careful use of equipment, and adherence to health and safety policies and procedures.

Maps to:

1. HCPC SoPs: 13.19, 13.20
2. HCPC SoCs: 3.1, 6.1, 6.2
3. SCoR ECF: 3.5, 3.6, 3.9, 3.10, 3.11, 3.12, 3.15, 6.8, 7.1
4. KSBs: K60, S18, S19, S78, S82

To address in training:

- Similarities and differences between this domain and professional behaviour domain 1 – safe and effective practice
- H&S policies and procedures that relate to this domain

Domain 3 - Record keeping and confidentiality

Ability to maintain full clear accurate records in line with relevant legislation, guidelines and protocols, particularly confidentiality.

Maps to:

1. HCPC SoPs: 9.1, 9.2, 9.3
2. HCPC SoCs: 5.1, 5.2, 10.1, 10.2, 10.3
3. SCoR ECF: 3.3, 7.3
4. KSBs: S37, S65

To address in training:

- Legislation, guidelines and protocols that relate to this domain
- Examples of poor record keeping and breaches of confidentiality

Domain 4 - Radiation protection

Ability to ensure the safety of individuals regarding ionising radiation and high-strength magnetic fields, and to maximise the health gain for individuals from their imaging, whilst minimising the risks from exposure to ionising radiation, and complying with IRR, IR(ME)R and MHRA.

Maps to:

1. HCPC SoPs: 2.12, 8.15, 11.4, 12.11, 13.19, 13.20, 13.24, 14.7
2. HCPC SoCs: 6.1
3. SCoR ECF: 3.8, 3.12, 3.13, 3.14, 6.1, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 7.2, 7.9, 7.11, 7.13
4. KSBs: K35, K43, K45, K60, S13, S50, S54, S58, S80, S84, S91, S106

To address in training:

- What is meant by health gain – risk/benefit
- Compliance with IRR, IR(ME)R and MHRA guidance

Domain 5 - Use of imaging related digital technology and supporting systems

Ability to competently use imaging related digital technology, such as post processing and AI, and supporting systems, such as PACS and RIS.

Maps to:

1. HCPC SoPs: 7.7, 13.4, 13.33
2. HCPC SoCs: N/A
3. SCoR ECF: 3.31, 6.10, 6.12
4. KSBs: K29, S33, S61, S62, S93

To address in training:

- Types of digital technologies and supporting systems learners will use
- What are the expectations at different levels of training

Domain 6 - Safe use of contrast media and IV cannulation in line with the HCPC SoPs

Ability to perform a range of imaging examinations which require the use of contrast media, across a range of diagnostic or screening pathways, and to recognise adverse or abnormal reactions, and respond to them appropriately.

Maps to:

1. HCPC SoPs: 12.11, 12.21, 13.25, 13.26, 13.34
2. HCPC SoCs: N/A
3. SCoR ECF: 3.5, 3.6, 3.7
4. KSBs: S60, S84, S85, S94

To address in training:

- Must be within learner's scope of practice
- Learners must not administer contrast media

Domain 7 - Image evaluation and escalation of concerns

7a Ability to appraise images for quality, technical acceptability and accuracy and suggest improvements if required.

Maps to:

1. HCPC SoPs: 13.17, 13.39
2. HCPC SoCs: N/A
3. SCoR ECF: 7.17, 8.2, 8.4, 8.5, 8.6

4. KSBs: K57, S59, S99

To address in training:

- Focus is only on quality, technical acceptability and accuracy
- Should be able to suggest how image could be improved, and whether a repeat image is required

7b Ability to take appropriate action to escalate concerns if unexpected findings are identified.

Maps to:

1. HCPC SoPs: 12.16, 13.40
2. HCPC SoCs: N/A
3. SCoR ECF: 7.14, 8.3
4. KSBs: S100

To address in training:

- What is appropriate action to escalate concerns
- No consequences for missing abnormalities as they are not trained to report

Domain 8 - Projection Radiography (axial, appendicular, chest and abdomen – standard techniques)

Ability to perform a broad range of standard axial and appendicular skeleton, chest, and abdominal imaging techniques, across a variety of diagnostic or screening care pathways.

Maps to:

1. HCPC SoPs: 13.4, 13.23,13.26
2. HCPC SoCs: N/A
3. SCoR ECF: 6.6, 7.1, 8.4
4. KSB's: S78, S84

To address in training:

- May be helpful to chunk feedback into sections, e.g. axial or appendicular or chest or abdomen
- Need to see development of proficiencies over time, and maintenance once reaching 'profession ready'

Domain 9 – Projection Radiography (axial, appendicular, chest and abdomen – adapted technique)

Ability to perform a broad range of imaging examinations where the service user's individual characteristics require non-standard imaging techniques.

Maps to:

1. HCPC SoPs: 13.18, 13.26, 13.28, 13.32, 13.4
2. HCPC SoCs: N/A
3. SCoR ECF: 7.1, 7.5, 7.6, 7.7, 7.8
4. KSBs: S88, S92

To address in training:

- Definitions and examples of adaptive technique that should be assessed, and what should not
- What type of individual patient characteristics should be assessed, and what should not

Domain 10 - Technique/examination (fluoroscopy, theatre and interventional)

10a Ability to assist in a range of interventional and fluoroscopy procedures.

Maps to:

1. HCPC SoPs: 13.25, 13.26, 13.34, 13.40
2. HCPC SoCs: N/A
3. SCoR ECF: 6.6, 6.8, 7.15
4. KSBs: S78, S94

To address in training:

- Types of interventional and fluoroscopy procedures which are appropriate for this assessment
- Examples of the types of assistance the learner may provide during the procedure, e.g. image acquisition, comfort and care, etc.

10b Ability to perform a range of examinations within a theatre environment.

Maps to:

1. HCPC SoPs: 13.30
2. HCPC SoCs: N/A

3. SCoR ECF: 7.12
4. KSBs: S90

To address in training:

- Types of examinations which are appropriate for this assessment
- Focus on patient identification, patient dignity, image acquisition, radiation protection of staff and patients in theatre, and infection control

Domain 11 - Projection Radiography (mobiles)

Ability to safely and proficiently perform imaging techniques using mobile (radiography) equipment.

Maps to:

1. HCPC SoPs: 13.4, 13.26, 13.29
2. HCPC SoCs: N/A
3. SCoR ECF: 6.1, 6.6
4. KSBs: S89

To address in training:

- Assessments should only be undertaken on mobile chest imaging
- Could be undertaken in a ward setting, resuscitation area or theatre recovery area, but not when a patient is clinically unstable

Domain 12 - CT Head, body, spine

Ability to perform a range of CT examinations, including a standard CT head, and assist with CT examinations of the spine, chest and abdomen in acute trauma, and contribute effectively to other CT studies.

Maps to:

1. HCPC SoPs: 13.4, 13.25, 13.26, 13.35
2. HCPC SoCs: N/A
3. SCoR ECF: 3.5, 3.7, 6.6, 8.4
4. KSBs: S95

To address in training:

- In line with HCPC SoPs

- Perform appropriate for CT head, CT spine, and standard CT chest, abdomen and pelvis imaging
- Assist appropriate for acute trauma imaging and other studies

Domain 13 - MRI

Ability to assist with ensuring the physical safety of all individuals in relation to high-strength magnetic fields and competently perform examinations routinely undertaken within an MRI department as per the HCPC SoPs.

Maps to:

1. HCPC SoPs: 13.4,13.25, 13.26, 13.36, 14.7
2. HCPC SoCs:
3. SCoR ECF: 3.5, 6.6, 8.4
4. KSBs: S96

To address in training:

- Emphasise 'assist with' safety with respect to high-strength magnetic fields as per HCPC SoPs. Links with clinical proficiency 4.
- Emphasise 'perform' examinations routinely performed may differ from placement to placement

Domain 14 - Assist with Ultrasound examinations

Ability to safely and competently assist with ultrasound imaging procedures across a variety of diagnostic or screening care pathways.

Maps to:

1. HCPC SoPs: 13.4, 13.25, 13.37
2. HCPC SoCs: N/A
3. SCoR ECF: 6.6, 8.4
4. KSBs: S97

To address in training:

- Emphasise 'assist with', as per HCPC SoPs
- Examinations routinely performed may differ from placement to placement
- May be based on a 2 or 3-day experience, maximum of 1 week
- Only needs to be assessed once within the programme of study

Domain 15 - Assist with Radionuclide examinations

Ability to safely and competently assist with imaging procedures using radionuclides including PET tracers and particle emitters, across a variety of diagnostic or screening care pathways.

Maps to:

1. HCPC SoPs: 13.4, 13.25, 13.38
2. HCPC SoCs: N/A
3. SCoR ECF: 6.6, 8.4
4. KSBs: S98

To address in training:

- Emphasise 'assist with', as per HCPC SoPs
- Examinations routinely performed may differ from placement to placement
- Does include PET and particle emitters
- May be based on a 2 or 3-day experience, maximum of 1 week
- Only needs to be assessed once within the programme of study

Domain 16 - Paediatric Radiography

Ability to perform projection radiography for paediatric patients.

Maps to:

1. HCPC SoPs: 13.32
2. HCPC SoCs: N/A
3. SCoR ECF: 7.6
4. KSBs: S92

To address in training:

- Standard projection radiography techniques only
- Covers ambulant outpatients, emergency department referrals, and stable ward or neo-natal patients – provide examples

Domain 17 - Additional Experience (optional)

Option to include other experiences not included in other clinical proficiencies such as DXA, Mammography, Dentals and Forensic radiography.

To address in training:

- May be based on a 2 or 3-day experience
- Will depend on which modalities are available in the placement setting
- May not be available to all learners, therefore not a reason to fail if not completed

Observations of practice

Observations of practice should only be undertaken by trained clinical assessors. They are a formative assessment, usually undertaken in the final placement.

Expectations will differ at different stages of training, as per marking criteria. Learner on their first placement is likely to be 'novice'. A learner on their final placement should be achieving 'profession ready'.

Focus should be on providing constructive supportive feedback, to support learner's development.

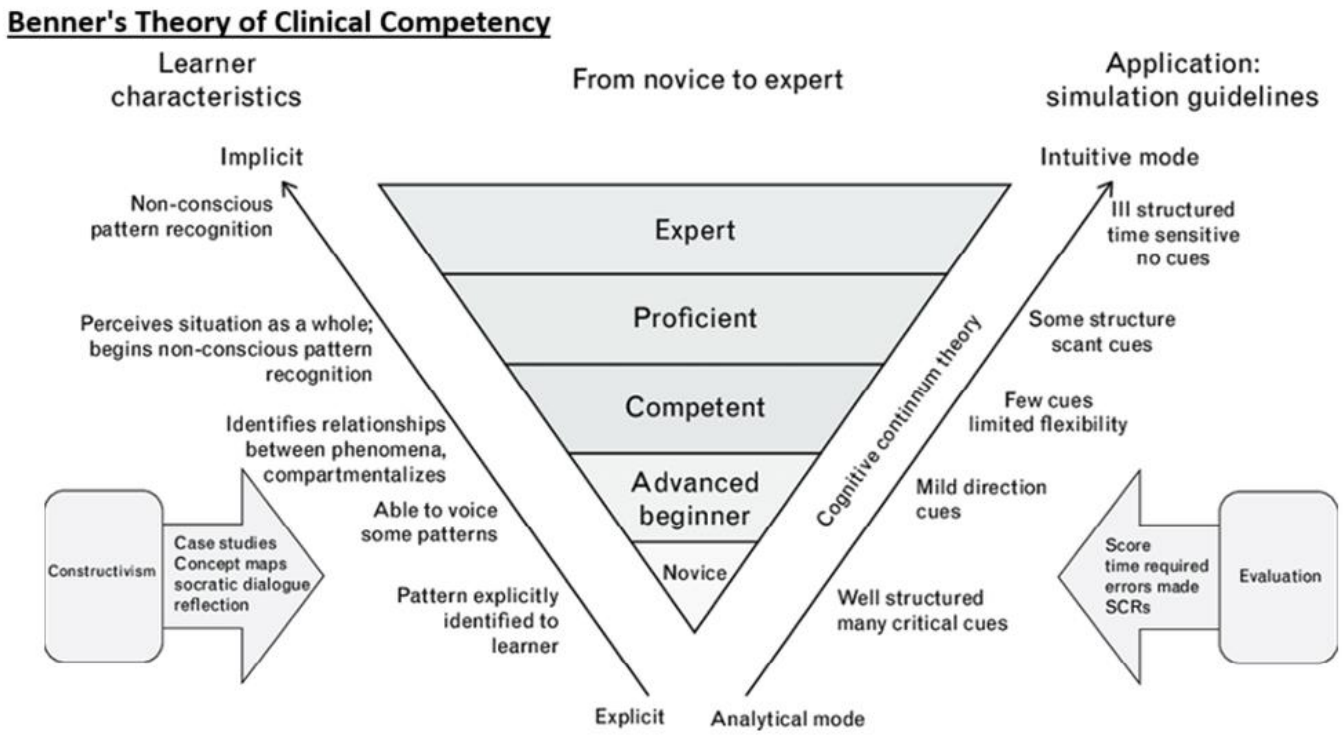
Marking criteria

Clinical assessments should only be completed by trained clinical assessors. The DRAD marking criteria was co-developed by the DRAD CAT research team, a Steering Group of expert stakeholders, and a panel of modified-Delphi participants. The new marking criteria is based on Benner's model of clinical competence and has been adapted to suit diagnostic radiography.

Modifying Benner's model of clinical competence

Firstly, here is a little background to Benner's original model (Benner, 1982), how we adapted it, and a summary of the comments made about it in round one.

Benner's original model has 5 components (see image). When modifying Benner's model for the DRAD CAT, the research team based the components on Benner's overarching principles (which are themselves built upon the principles previously devised by Dreyfus and Dreyfus in their "Dreyfus Model of Skill Acquisition").



https://www.researchgate.net/profile/Rostam-Jalali/publication/318289727/figure/fig1/AS:513885733568512@1499531314521/A-schematic-representation-of-Benner-theory.png

For the DRAD CAT version, we removed the "proficient" and "expert" components, as these describe clinicians who are more experienced than our newly qualified registrants will be. Through the consensus process that produced the DRAD CAT we changed 'competent' to 'profession ready' and split the "advanced beginner" component into three intermediate stages to progress the learner from novice to profession ready, based upon the level of supervision required.

As the DRAD CAT has been designed to be used as a continuous assessment tool over the duration of the learner's programme of study, a first-year learner on their first clinical placement is expected to enter at the "Novice" level and reach "Profession Ready" by the completion of their programme of study. This method of assessment recognises that learners progress at different rates, but that all learners need to reach the "Profession Ready" level in each clinical proficiency and professional behaviour by the end of their training, to ensure the safety and reliability of newly qualified registrants entering the workforce.

Over the duration of their programme of study, learners should demonstrate continual movement along the colour continuum for each clinical proficiency and professional behaviour, with a decrease in amount of direct supervision and direction needed from the clinical supervisor. Assessors should indicate which of the following stages the learner is at, depending on the level of direct supervision and direction required:

- 'Novice': when the learner requires high levels of direct supervision and consistently needs direction.

- ‘Developing’: when the learner requires direct supervision and frequent direction (around 75% of the time).
- “Strengthening’: when the learner requires direct supervision, and some direction is required (around 50% of the time).
- ‘Consolidating’: when the learner requires low levels of direct supervision and minimal direction (around 25% of the time).
- ‘Profession ready’: the learner can be signed off as ‘profession ready’ in a particular clinical proficiency or professional behaviour when they consistently demonstrate the expected standards.

Qualitative feedback: Providing written formative feedback to learners will help to identify what they already do well and what are their areas for improvement. Assessors are required to give brief written feedback when assessing clinical proficiencies and professional behaviours, with separate text boxes provided in the DRAD CAT for feedback on the learner’s strengths, areas for development, and the learner’s attitude and effort towards learning that particular clinical proficiency or professional behaviour.

When should these assessments be completed?

Progress with clinical proficiencies and professional behaviours should be assessed prior to the mid-placement and end of placement reviews for each placement. For a learner on a BSc Hons programme, this means there are likely to be 2 assessments for each proficiency and behaviour in each academic year, 6 in total over the duration of the programme of study.

Observations of practice should be assessed at a minimum, prior to the end of placement review of the final placement. However, HEIs and placement settings do have the flexibility to incorporate additional observations as required.

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