Approval and Accreditation Board

Annual Report 1st September 2015 – 31st August 2016

CoR

THE COLLEGE OF
RADIOGRAPHERS

Contents

1 Foreword

The College of Radiographers is pleased to present the Approval and Accreditation Board report for 2015-16. The delayed publication of this report has been due to an exceedingly busy period of activity for the Education and Accreditation team as a result of education, accreditation and apprenticeship work that has been undertake in 2017. With many thanks to the team for all their commitment in these rapidly developing fields within radiography education. Data and statistics from the Education Institution Annual Monitoring Survey constitutes a significant proportion of the report. These data provide a mainly quantitative overview of radiography education in the UK. This data is useful to academic intuitions so that individual organisations are able to make meaningful comparison of their own data with data across comparable institutions in the UK. Education institutions will find the data useful as they develop their own reports for internal reviews and for development of processes.

During 2015-16, the Approval and Accreditation Board received reports for both approval and re-approval of courses.   These arranged from pre-registration courses (at both undergraduate and postgraduate level), post registration master's degree courses and short education courses designed to develop specific skills that are designed to enhance service delivery to patients receiving care whilst undergoing clinical imaging procedures or radiotherapy. I offer my thanks to Assessors, Advisors and members of the Approval and Accreditation Board for the professional commitment and expertise given to the review and development of the courses they consider on behalf of the College of Radiographers. This ensures that radiography education in the UK is world leading with its clear vision for developing forward-looking, innovative and inspirational professional staff who lead in their respective clinical fields.

The College of Radiographers has continued to work towards the enhancement of its services. The accreditation and re-accreditation of Assistant Practitioners has been a highly successful process with 66 Assistant Practitioners accredited or re-accredited. This large number represents a considerable workload and it ensures consistency of standards within the professions of diagnostic and therapeutic radiography and most especially to patients for whom we care. The accreditation or re-accreditation of advanced and consultant practitioners has been undertaken by AAB members and this forward-looking process ensures that a high quality of service provision to patients under our care.

I hope that the report is useful as you relate to your own institution's data in the development of your internal review process. I wish to note a particular gratitude to HEIs who present their data enabling development our understanding of the complexity of radiography education in the UK.

Erica Chivers
Chair
Approval and Accreditation Board.

2 Introduction

The College of Radiographers (CoR) is pleased to publish the 2015 - 2016 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 Pre-Registration Survey constitute a significant proportion of the report. The survey is not used by the CoR to monitor education providers. Nor is it the method by which education providers inform or report changes in education provision to the CoR. The data gathered are used by the CoR to inform commissioners and funders of radiography education of trends in student applications, retention, support and completion, and to identify examples of innovative practice related to student support.

These data provide a mainly quantitative overview of the position of radiographic education within the United Kingdom (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 diagnostic and therapeutic radiography community.

This report is almost identical to last year's in structure and data presented. 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 have 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 interests 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, and all provided the data required. Where anomalous data has been provided previously which affects year on year comparisons, this has been highlighted within the relevant sections of this report. The Approval and Accreditation Board and the education team at the CoR 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 and thus be of less use to those external organisations which have significant impact upon the provision of diagnostic and therapeutic radiography education. Thank you especially to the vast majority who returned the data by the deadline and without prompting.

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 and fund pre-registration education and practice placements 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 data collection

The AAB 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 of diagnostic and therapeutic radiography during the 2015 - 2016 academic year which ran from 1st September 2015 – 31st August 2016.

Data were collected via the 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.

As with previous data gathering, the decision was made to disseminate the survey with a mid-December deadline for responses. This date was chosen to ensure that all education providers' final progression boards had taken place. When data is submitted by education providers before all final year students have completed or been withdrawn, the attrition and completion figures are not accurate. This is made clear to education providers at the relevant point in the survey. However, some education providers still reported students who were yet to complete; in some cases, quite large numbers of students relative to the number who started. Again, in the next data collection period, the education team will try to resolve this with the education providers.

Students and newly qualified diagnostic and therapeutic radiographers were surveyed by the College of Radiographers and 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 (SCoR) and ask for their randomised code used within this report: PandE@sor.org.

4 Services to education institutions and students

The College of Radiographers provides many services to both education institutions and students. Most 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

There were no increases in the fees charged for approval services. Education providers who take advantage of the Annual Inclusive Package can 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). 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[1].
- Opportunity to participate in the Course Leader Forum, Practice Placement Forum and the Admissions Tutor Forum, and other relevant forums 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 master's 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.

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[1] This service was discontinued in July 2016

- Inclusion in specific professional forums 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 the previously listed services of the Annual Inclusive Package 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).
- For all continuing and final year students, membership is £4 per month / £48 per year – included in this package.
- Visit by SCoR professional officer or regional/national officer within first two months of starting course.
- 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 contributions to Synergy News.
- An electronic (digital) 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.
- Electronic access to all other publications in the Society and College of Radiographers' digital document library accessed through http:///www.sor.org/learning/document-library.

- Full access to the website 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 the 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® - 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 Society of Radiographers' (SoR) 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 remained constant, indicating that there is still a demand from clinical practice. The CoR recognises that education providers are not able to develop and run programmes for small and annually inconsistent numbers of students. Not all the assistant practitioner programmes approved by the CoR are currently running.

Programmes that were approved by Chair's action following the June 2016 AAB will be reported in next year's annual report.

5.1 Approval/re-approval of assistant practitioner programmes

During the year 2015-2016, the College of Radiographers did not approve any assistant practitioner programmes. One application was received during this period, and this will be included in the report for 2016-2017.

Assistant practitioners who successfully complete approved programmes are eligible to apply for accredited assistant practitioner status and inclusion on the public voluntary register of assistant practitioners (College of Radiographers, n.d.), https://www.sor.org/career-progression/assistant-practitioners/accredited-ap-register.

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 survey relates to pre-registration programmes. These programmes normally constitute most of the work undertaken by Approval and Accreditation Board assessors. This year there were eleven programmes approved.

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. 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.

Programmes that were approved by Chair's action following the June 2016 AAB will be reported in next year's annual report.

Table 1 shows a comparison of the number of full pre-registration programmes approved in this and previous years. It includes both undergraduate and postgraduate approvals leading to eligibility to apply for registration with the Health and Care Professions Council. This table does not include requests for approval of additional placements, new campus facilities or approval extensions.

Speciality	Number of programmes approved 2012-2013	Number of programmes approved 2013-2014	Number of programmes approved 2014-2015	Number of programmes approved 2015-2016
Diagnostic radiography	6	6	3	6
Therapeutic radiography	3	4	2	5

Table 1 Table comparing pre-registration programme approvals during the academic years 2012-2016.

Education providers who had complete pre-registration programmes approved or approval extended are shown in Table 2.

Education Institution	Award
University of Hertfordshire	BSc (Hons) Diagnostic Radiography and Imaging
	BSc (Hons) Radiotherapy and Oncology
University of the West of England	MSc Radiotherapy and Oncology
University of Derby	MSc Diagnostic Radiography
University of Leeds	BSc (Hons) Diagnostic Radiography
University Campus Suffolk	BSc (Hons) Diagnostic Radiography
	BSc (Hons) Radiotherapy and Oncology
City, University of London	BSc (Hons) Radiography (Diagnostic Imaging)
	BSc (Hons) Radiography (Radiotherapy and Oncology)
	MSc Radiography (Diagnostic Imaging)
	MSc Therapeutic Radiography
University of Teesside	BSc (Hons) Diagnostic Radiography, extension of approval period
	MSc Diagnostic Radiography, extension of approval period
University of the West of England	Approval of incorporation of foundation degree into BSc (Hons) programmes leading to a 4 year BSc (Hons)
University of Ulster	BSc (Hons) Diagnostic Radiography and Imaging, extension of approval period
	BSc (Hons) Radiotherapy and Oncology, extension of approval period
University of Bradford	BSc (Hons) Diagnostic Radiography, extension of approval period
University of Suffolk	Approval of University name change

Table 2 Table showing education institutions that had complete pre-registration programmes approved or approval extended during the academic year 2015-2016.

Education providers are required to get new campus facilities, additional placements or placement sites approved by the College of Radiographers. Table 3 shows the education providers who had new placements or facilities approved during this period.

Education Institution	Approval granted
Birmingham City University	Approval of new placement site
University of Exeter	Approval of new campus location
University of Derby	Approval of new placement sites
Queen Margaret University, Edinburgh	Approval of new placement site

Table 3 Table showing education institutions that had additional placement or new campus facilities approved during the academic year 2015-2016.

6.2 Duration of pre-registration radiography programmes

In the academic year 2015-2016 there were 24 education providers offering College of Radiographers approved pre-registration programmes in diagnostic radiography. There were 14 offering approved therapeutic radiography pre-registration programmes. Table 4 shows the number of pre-registration education programmes of 2, 3 and 4 years' duration that are currently approved. Some education providers offer both undergraduate and postgraduate programmes.

Programme duration	Number of pre-registration programmes in diagnostic radiography	Number of pre-registration programmes in therapeutic radiography
2 years (postgraduate)	2	5
3 years (undergraduate)	22	12
4 years (undergraduate – Scotland)	3	2

Table 4 Table showing the number of full time and part time diagnostic and therapeutic radiography pre-registration programmes available during the academic year 2015-2016.

6.3 College of Radiographers approved places

The CoR approves education providers and their placement partners 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, though the *Quality Standards for Practice Placements* (College of Radiographers, 2012) must be adhered to.

Practice educators and service managers report via College of Radiographers' advisory meetings and forums that the number of students placed is frequently more than they can effectively support. The College of Radiographers mandates in the Standards that there must be robust placement agreements in place between the education provider(s) and the placement. The College of Radiographers also mandates that the quality of the placement and the support provided must be audited at least annually.

6.4 Commissioned, funded or allocated students

The commissioning, funding or allocation mechanisms are different within each of the countries of the UK (Table 5). In England, commissioning of students, but not placements, will cease on the 1st August 2017.

Country	Commissioning/funding/allocation model
England	Local Education and Training Boards (LETBs) commission students. Each LETB decides on the number of students its area requires. Health Education England (HEE) then aggregates, finalises and confirms this number and publishes in the autumn as an overall figure for each profession.
Wales	Students are commissioned by the NHS Wales Shared Services Partnership: Workforce and Education Development Service. Individual professions are considered, including those considered shortage occupations.
Scotland	Students are 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.
Northern Ireland	Students are commissioned by the Department of Health, Social Services and Public Safety based on workforce policy and advice from professional bodies and other key stakeholders.

Table 5 Table showing the commissioners, funders and allocators for student education in the UK.

6.4.1 Diagnostic radiography commissioned, funded or allocated students

Commissioned, funded or allocated student numbers across the UK for diagnostic radiography were once again very variable. Anomalous data was submitted from one education provider in England last year, which may mean that the increase in commissions in England was in fact lower than the first figure seen in Table 6. One education provider in Scotland reported no allocated students last year, which was anomalous, and therefore it is likely that there was actually a decrease in allocated students in Scotland for this period.

Country	Increase/decrease of students
England	+112 including anomalous data +55 excluding anomalous data Total 2015-2016 = 1120
Wales	+21 Total 2015-2016 = 94
Scotland	+19 including anomalous data -9 excluding anomalous data Total 2015-2016 = 115
Northern Ireland	0, no change Total 2015-2016 = 48

Table 6 Table showing the increase or decrease of diagnostic radiography commissioned, funded or allocated students across the four countries of the UK. Total number of commissions per country has been calculated from data provided and includes anomalous or missing data.

6.4.2 Therapeutic radiography commissioned, funded or allocated students

Therapeutic radiography commissioned, allocated and funded places were far less variable in Wales, Scotland and Northern Ireland. Commissioned places in England increased from the previous year on average. However, this was not universal for all education providers. Three programmes had their commissioned numbers reduced, by 7 % and 14 % for BSc (Hons) programmes, and 33 % for a postgraduate pre-registration programme.

Country	Increase/decrease of students
England	+12 Total 2015-2016 = 385
Wales	+1 Total 2015-2016 = 22
Scotland	+16 including anomalous data 0, no change excluding anomalous data Total 2015-2016 = 55
Northern Ireland	0, no change Total 2015-2016 = 16

Table 7 Table showing the increase or decrease of therapeutic radiography commissioned, funded or allocation students across the four countries of the UK. Total number of commissions per country has been calculated from data provided and includes anomalous or missing data.

6.5   Applications received

Last year, 2014-2015, was the first time application data had been gathered and a comparison can be made between these years. These data provide a useful benchmark to ascertain the effect of proposed changes to student funding in England. A summary of UK data has been provided below, followed by country-specific data. The full dataset can be found in Appendix A and Appendix B.

Data has been presented as reported by education providers. Where anomalous data has been provided, this has been noted. Due to these anomalous data, it was decided not to include the percentage change in applications as the figure could not be guaranteed with any degree of accuracy. It may be possible to include this in future years as all education providers submitted a full data set this year.

6.5.1 Diagnostic radiography applications - UK

Data	2014-2015	2015-2016
Applications	12,060 (likely to be higher)	13,228
Commissions/funding/ allocations	1,225 (likely to be higher)	1,377
Application/commission ratio	9.84 students for each funded place (likely to be higher)	9.61 students for each funded place

Table 8 Table showing a summary of the diagnostic radiography applications to commissions ratio for the UK.

The UK data (Table 8) show that although there were increases in both applications and funded places, the two increases are not of the same magnitude. There was a small drop in the ratio of applications to funded places, however, it is not possible to be certain due to the data submitted.

6.5.2 Diagnostic radiography applications - England

Data	2014-2015	2015-2016
Applications	10,193 (likely to be higher)	11,365
Commissions/funding/ allocations	1,008 (likely to be higher)	1,120
Application/commission ratio	10.11 students for each funded place (likely to be higher)	10.15 students for each funded place

Table 9 Table showing a summary of the diagnostic radiography applications to commissions ratio for England.

The England only figures(Table 9) show increases in both the number of applications and commissioned places and the application to commissioned places ratio is slightly higher than in previous years.

6.5.3 Diagnostic radiography applications – Wales

Data	2014-2015	2015-2016
Applications	751	745
Commissions/funding/ allocations	73	94
Application/commission ratio	10.29 students for each funded place	7.93 students for each funded place

Table 10 Table showing a summary of the diagnostic radiography applications to commissions ratio for Wales.

There was a slight decrease in applications in Wales (Table 10). The number of commissioned places increased at all Welsh education providers. Thus, there were fewer students applying for each commissioned place. It should be noted that the number of commissioned places in Wales is not as

large as some areas of England, and the lower numbers do make percentage increases or decreases appear larger than the number of actual students and places.

6.5.4   Diagnostic radiography applications – Scotland

Data	2014-2015	2015-2016
Applications	918	918
Commissions/funding/ allocations	96 (likely to be higher)	115
Application/commission ratio	9.56 students for each funded place (likely to be higher)	7.98 students for each funded place

Table 11 Table showing a summary of the diagnostic radiography applications to commissions ratio for Scotland.

The number of students applying to study diagnostic radiography in Scotland (Table 11) was the same in 2015-2016 as it was the previous year. The large increase in allocated students between the periods is due to anomalous data submitted by one education provider. Thus, the change in applications for each allocated place is likely to be lower.

6.5.5   Diagnostic radiography applications – Northern Ireland

Data	2014-2015	2015-2016
Applications	198	200
Commissions/funding/ allocations	48	48
Application/commission ratio	4.13 students for each funded place	4.17 students for each funded place

Table 12 Table showing a summary of the diagnostic radiography applications to commissions ratio for Northern Ireland.

The number of applications in each period is very similar for Northern Ireland (Table 12) and the funded places has not changed. Thus, the change in the number of students applying for each place has changed only minimally.

6.5.6   Therapeutic radiography applications - UK

Data	2014-2015	2015-2016
Applications	2760	2,761
Commissions/funding/ allocations	449 (likely to be higher)	478
Application/commission ratio	6.15 students for each funded place (likely to be lower)	5.78 students for each funded place

Table 13 Table showing a summary of the therapeutic radiography applications to commissions ratio for the UK.

Throughout the UK, there was a very minimal increase in the number of applications to therapeutic radiography programmes (Table 13). The range in applications varied from a decrease of 37.38 % to an increase of 33.33 % for BSc (Hons) programmes.

There was an increase in commissioned/funded/allocated places but a decrease in the number of applicants for each place.

6.5.7   Therapeutic radiography applications – England

Data	2014-2015	2015-2016
Applications	2125	2145
Commissions/funding/ allocations	373	385
Application/commission ratio	5.89	5.41

Table 14 Table showing a summary of the therapeutic radiography applications to commissions ratio for England.

There was a slight increase in the number of applications received in England (Table 14). The number of commissioned places also increased. However, the increase was not synonymous which has led to a decrease in the number of applicants per commissioned place.

There were already fewer applicants to therapeutic radiography programmes per place than for diagnostic radiography and there have been concerns expressed that the changes to student funding in England will exacerbate this problem.

6.5.8   Therapeutic radiography applications – Wales

Data	2014-2015	2015-2016
Applications	206	129
Commissions/funding/ allocations	21	22
Application/commission ratio	9.81	5.86

Table 15 Table showing a summary of the therapeutic radiography applications to commissions ratio for Wales.

There was a drop in the number of applications to therapeutic radiography programmes in Wales (Table 15).

Although the table shows an increase in the number of commissioned places, this equates to only one student.

6.5.9 Therapeutic radiography applications – Scotland

Data	2014-2015	2015-2016
Applications	324	347
Commissions/funding/ allocations	39 (likely to be higher)	55
Application/commission ratio	8.31 (likely to be lower)	6.31

Table 16 Table showing a summary of the therapeutic radiography applications to commissions ratio for Scotland.

The percentage changes reported for Scotland (Table 16) are likely to be more equitable with the rest of the UK. Anomalous data submitted for the previous survey has skewed the results presented.

6.5.10 Therapeutic radiography applications – Northern Ireland

Data	2014-2015	2015-2016
Applications	105	140
Commissions/funding/ allocations	16	16
Application/commission ratio	6.56	8.75

Table 17 Table showing a summary of the therapeutic radiography applications to commissions ratio for Northern Ireland.

There has been an increase in applications in Northern Ireland which has had a positive impact on the ratio (Table 17).

6.6 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.

Unlike previous years, only two programme providers gave reasons for the under or over recruitment of students and these were both diagnostic radiography programmes.

- Insufficient applications
- Increased applications

As both education providers reported more applications than they had places, both points should be taken as insufficient/increased applications of the required standard.

6.6.1 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. In 2014 – 2015 there were noticeable increases in the number of international students but

2015 – 2016 saw this figure decrease, perhaps due to the increased number of students being commissioned/funded/allocated.

The number of international students recruited in 2015-2016 is shown for diagnostic radiography in Table 18 and for therapeutic radiography in Table 19.

6.6.1.1 Diagnostic radiography international students

Country	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
England	12	11	18 including anomalous data 7 excluding anomalous data	5
Wales	3	3	1	0
Scotland	0	2	0	2
Northern Ireland	0	0	1	0

Table 18 Table showing the number of international students admitted to diagnostic radiography programmes during the academic years 2012-2016.

The seven international diagnostic radiography students were admitted between five education institutions.

6.6.1.2 Therapeutic radiography international students

The number of international students admitted to therapeutic radiography programmes remained the same as last year.

Country	2012 - 2013	2013 - 2014	2015 - 2015	2015 - 2016
England	2	1	1	1
Wales	0	0	0	0
Scotland	0	0	0	1
Northern Ireland	0	0	0	0

Table 19 Table showing the number of international students admitted to therapeutic radiography programmes during the academic years 2012-2016.

Two therapeutic radiography programmes accepted an international student. The university in England has accepted international students for the last five years.

6.7   Comparison of commissioned/funded/allocated and admitted students

Comparisons can be made with data provided via the annual survey in previous years, remembering that there have been anomalous data submitted.
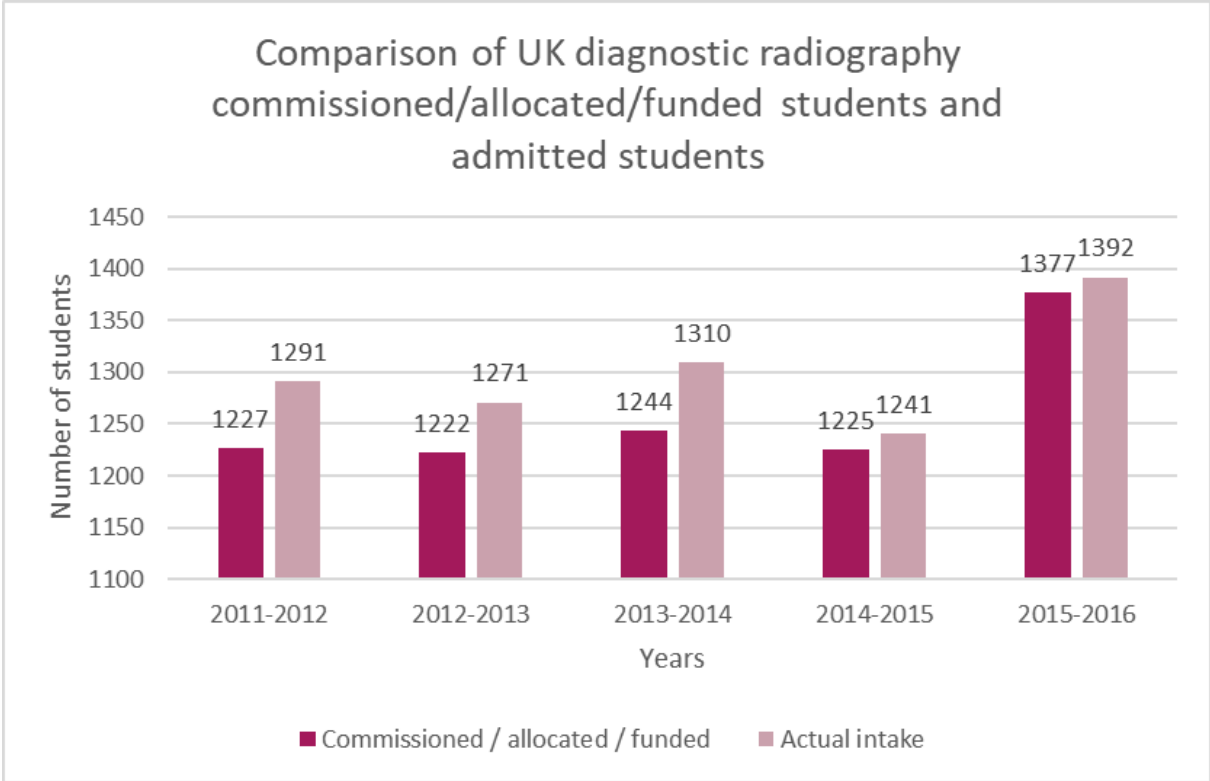
6.7.1 Diagnostic radiography

Figure 1 Chart showing the number of commissioned/funded/allocated diagnostic radiography students compared to admitted students in the UK during the academic years 2011-2016.

In 2015-2016, as with previous years, more students were admitted than were funded. This 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.

One Scottish university reported that for 2015-2016 all of their diagnostic radiography undergraduate and postgraduate students funded themselves. For the previous year, the same institution indicated that their undergraduates only received funding. As there have been no funding changes in Scotland during this period, and the therapeutic radiography undergraduate students at this provider reported as being funded, it is likely that anomalous data has been submitted for at least one of the four pre-registration programmes at this university.
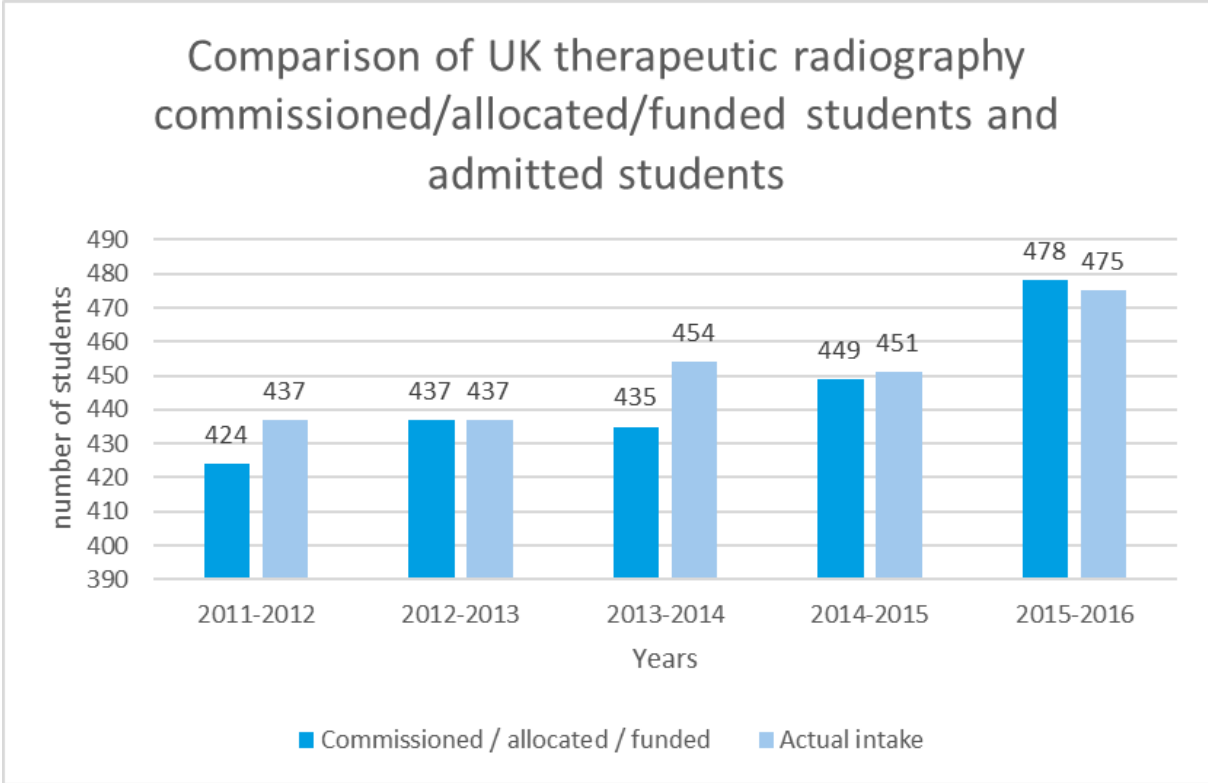
6.7.2 Therapeutic radiography

Figure 2 Chart showing the number of commissioned/funded/allocated therapeutic radiography students compared to admitted students in the UK during the academic years 2011-2016.

Therapeutic radiography programmes admitted fewer students than were commissioned/funded/allocated. However, the UK difference represents just three students and although some programmes accepted as many as seven students fewer than they were funded for, others reported similar over recruitment.

6.8 Student attrition from pre-registration programmes

Confident comparisons can be drawn between this year's data and the data from 2013-2014 and 2014-2015 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.

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 data gathering was the same as last year in order 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 6.9.4.

It has been possible to include postgraduate pre-registration qualifications within the attrition calculation. It is also possible to break attrition down into separate countries, and to separate undergraduate programmes from postgraduate.

Data were collected using the annual survey to determine pre-registration attrition from the following cohorts of students:

- 4 year BSc (Hons) starting in the academic year 2012 - 2013 in Scotland
- 3 year BSc(Hons) starting in the academic year 2013 - 2014 in the rest of the UK
- 2 year PgD/MSc starting in the academic year 2014 - 2015

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

6.8.1 Diagnostic radiography attrition

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	1,300	1,091	50	12.23 %

Table 20 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.

6.8.2 Therapeutic radiography attrition

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	455	349	17	19.56 %

Table 21 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.

6.8.3 Comparison of attrition data – diagnostic and therapeutic radiography

Attrition data can be compared directly with previous Approval and Accreditation Board reports and is shown in Figure 3. It is possible to compare directly the previous five years' attrition data.
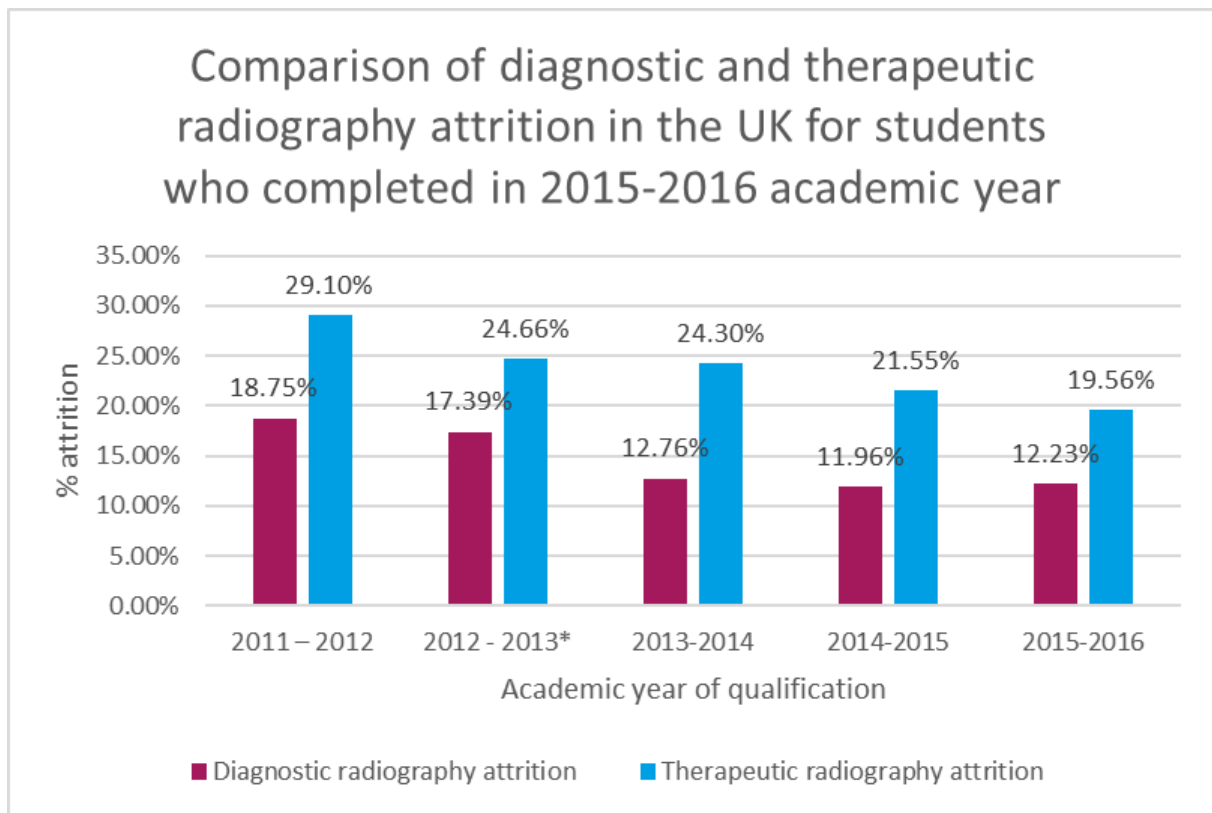

*Figure 3 Chart showing comparison of radiography attrition. *BSc (Hons) data only*

Both diagnostic and therapeutic radiography attrition continues to decrease.

6.8.4 Reasons students did not complete pre-registration programmes

All data presented in this section comes from the AAB survey. The Society and College of Radiographers also surveys students and recent graduates to ask 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 AAB online survey data will be considered and presented in Figure 4 and Figure 5.

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 survey is the best alternative.
- The annual survey does not ask specifically about bullying and it was not mentioned in any of the "other" responses. However, published evidence suggests that real or perceived bullying and placement experience is *still* a problem (Society of Radiographers, 2016b).
- 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.

Consequently, Figure 4 and Figure 5 do not show the number of students who left due to each reason.

- "Other" responses indicate that students may have temporarily left the programme for health or academic reasons but will return to complete at a later date.

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

Figure 4 Chart showing the number and reasons students did not complete diagnostic radiography programmes in the UK for qualifying years 2013-2016

Once again, the most prevalent reason for students to leave diagnostic radiography programmes is that they did not meet the academic standards, followed by personal circumstances. This year, wrong career choice was the third most common reason for students leaving the programme.
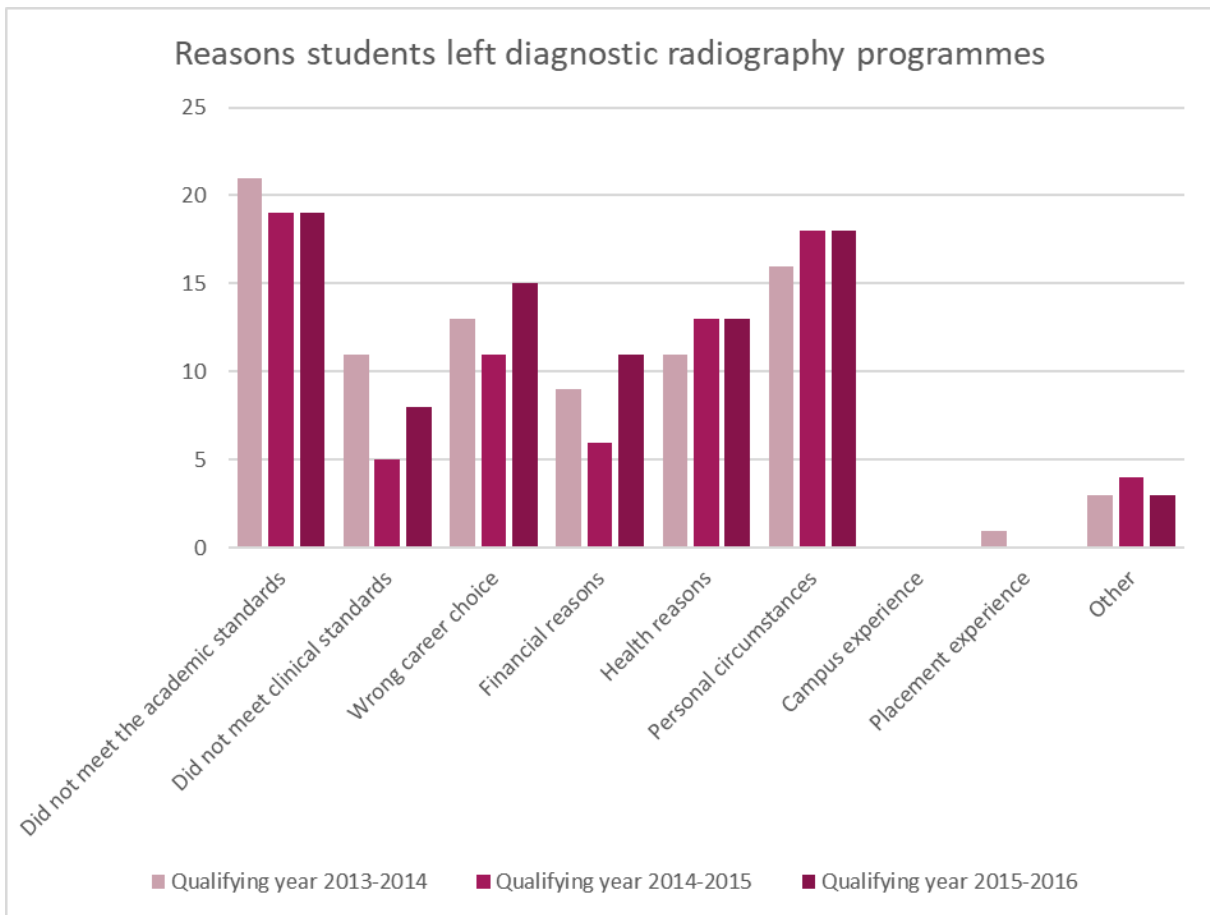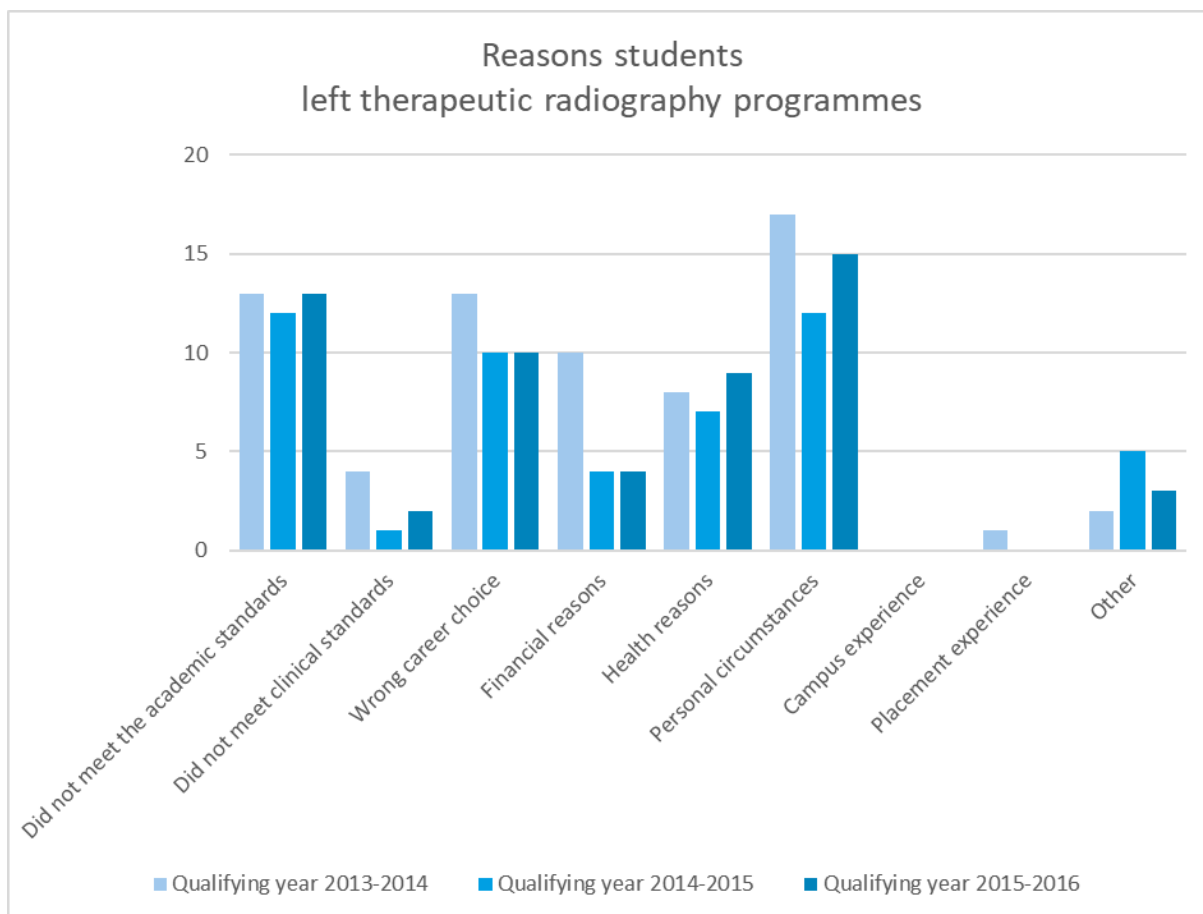
Figure 5 Chart showing the number and reasons students did not complete therapeutic radiography programmes in the UK for qualifying years 2013-2016

The therapeutic data show similarities to the diagnostic data. Personal circumstances and not meeting the academic standards are the most prevalent reasons, followed by wrong career choice.

6.8.5   Successful strategies for reducing attrition

Many successful student retention strategies have been implemented during or prior to the 2015-2016 academic year. The annual survey has captured these data for several years. Once again, respondents provided information about both campus and placement strategies.

6.8.5.1 Campus retention strategies

Ten themes emerged from the responses for campus strategies. Some are the same as previous years, such as selection and student support. This year there was a clear distinction between course team support and the wider university support on offer to students. Teaching and learning is an expected theme, however, technology enhanced teaching and learning was more evident that it has been previously. Several programme teams are using Twitter®, online communities of practice and webfolios in their teaching and learning strategy.

Common themes along with examples are shown in Table 22 and the frequency of the themes for 2015-2016 is shown in Figure 6.

1) Course team support • Provision of personal tutors and formal pastoral support programme • Peer support programme • Open door access to course team and personal tutors • Studies and academic advisors	2) Assessment and feedback • Flexible assessment timetable • Formative assessment • Negotiated extra study or holiday weeks • Exam and assessment preparation workshops
3) Teaching and learning • Technology enhanced learning • Simulation • Social media • Online revision groups • Personal development webfolio • Distance learning	4) Student support teams • Financial advice and support • Student support teams actively involved in curriculum • Signposting to student support team
5) Selection • More in depth interviews • Values based recruitment • Multi-mini-interviews • Current students involved in recruitment events	6) Placement preparation • Stronger focus on placement experience • Early placement acclimatisation • Early information about placements • Delaying start of placement to later in the academic year
7) Monitoring actions • Attendance • Student engagement • Signposting to module leader • Early warning and traffic light systems	8) Feedback from students • Monthly programme meetings with students • Module evaluations
9) Social events and nights out	10) Induction • Longitudinal induction • Further development of induction week

Table 22 Themes related to successful campus-based retention strategies.
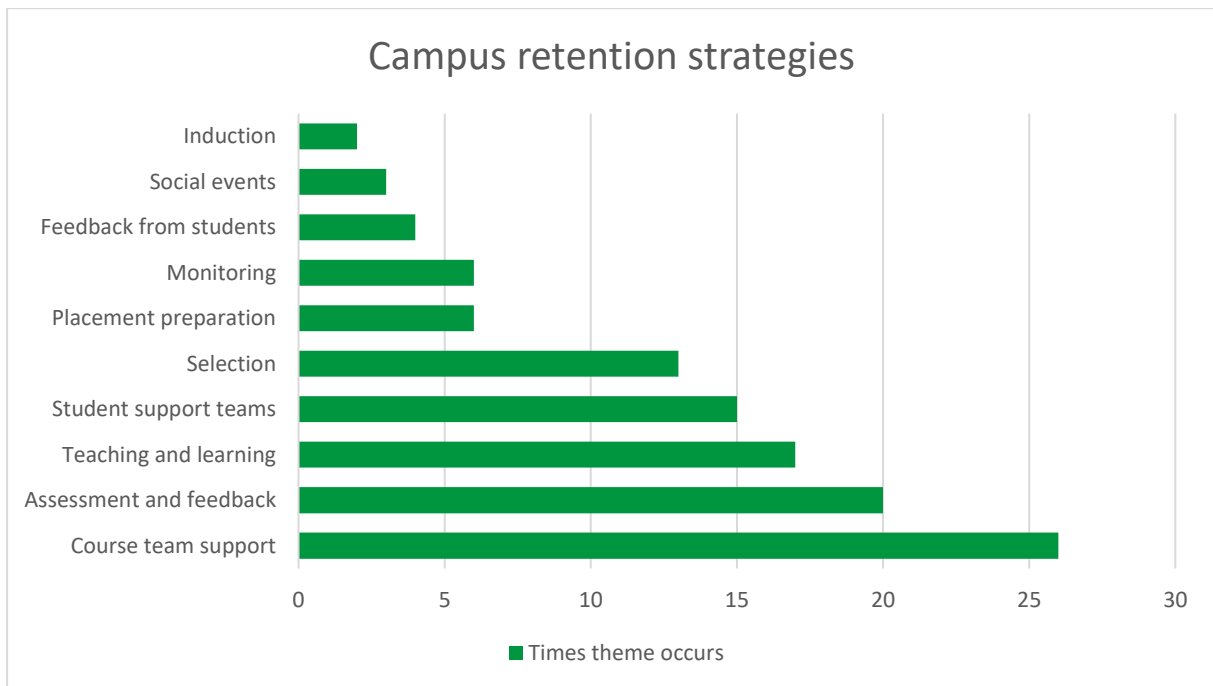
Figure 6 Campus retention strategy themes and frequency of occurrence in annual survey data 2015-2016.

6.8.5.2 Placement retention strategies

Placement strategies are also similar to previous years. The most common intervention is the provision of practice educators. Placement quality is assured by support for practice educators and supervisors and also by good reporting procedures related to concerns. Audit and review, as mandated by the College of Radiographers in the *Quality Standards for Practice Placements* (College of Radiographers, 2012), also feature prominently in the data provided.

In common with previous years, there is no mention of service managers in the placement retention strategies. Managers have ultimate responsibility for students while they are on placement in their department but apart from one programme provider mentioning "senior clinical staff" there is no mention of them being actively engaged in retention strategies.

It was also noted that there were very few comments related to practice teaching and learning pedagogies. Simulation was reported once, as was reflecting on experience. Unsurprisingly, teaching and learning was the third most commonly reported theme in the campus responses. Students spend in the region of 50 % of their time on practice placements and so the development, evaluation and evolution of practice teaching and learning by practitioners would be an area worthy of further research.

There are six broad themes of support that emerged from the responses for placement strategies which are shown in Table 23 and the frequency of the themes for 2015-2016 is shown in Figure 7.

1) Practice educators and link lecturers • Named practice educators • Regular visits by link lecturers	2) Reporting, audit and review • Monthly review meetings • Clinical audits • Concerns reporting procedures
3) Student support • Peer support • Formative feedback • Tutorials • Support for students with specific learning needs while on placement	4) Supervisor support • Mentor and assessor training • Practice educator updated days
5) Practice assessment • Regular review of practice assessment • Robust assessment procedures and documents	6) Induction to placement • Early introduction to uniform policy, including images of uniforms • Placement induction package • Flexible placement choice policy
7) Selection • Involvement in selection process • Facilitation of department visits and observational weeks	8) Attendance • Move to hours-based placement attendance • Publishing shift patterns in advance
9) Teaching and learning • Simulation on placement • Reflecting on experience	

Table 23 Themes related to successful placement-based retention strategies.

These themes are similar to those reported in previous years in the main, however, teaching methods both on campus and placement were mentioned more frequently this year, despite only being mentioned twice for placements Figure 7.
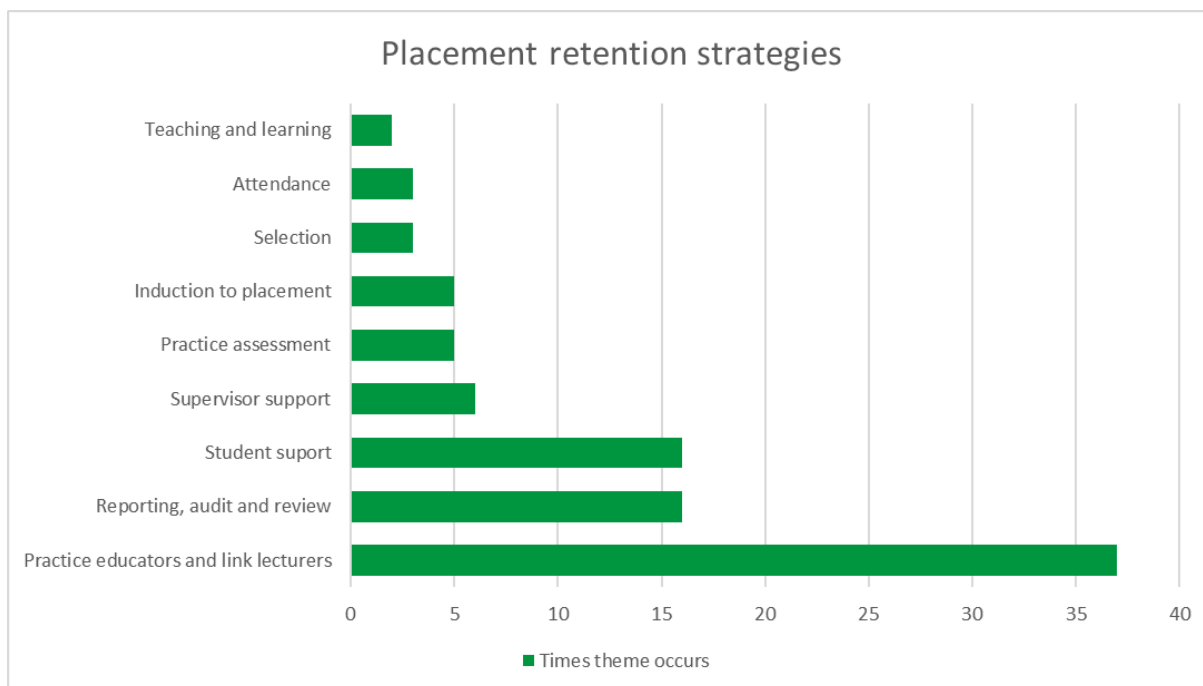
Figure 7 Placement retention strategy themes and frequency of occurrence in annual survey data 2015-2016.

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

The College of Radiographers provides an accreditation system for practice educators, the Practice Educator Accreditation Scheme (PEAS). All the allied health professions (AHP) professional bodies have worked together to create joint guidance for practice placements and these were published in spring 2016 (Health and Care Professions Education Leads Group, 2016).

6.9   Completion from pre-registration programmes

According to the data submitted by the education providers, 1093 diagnostic radiographers and 349 therapeutic radiographers had qualified at the point they submitted the survey. This is an increase for both professions on last year (Table 24).

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 does not equal the number of students that completed. The figures as reported have been included in this section, but readers should note the discrepancies.

	Completion of a qualification	Awards leading to eligibility to register	Not eligible to apply for registration
Diagnostic radiography	1103	1093	10
Therapeutic radiography	349	346	3

Table 24 Number of completions and awards at the time of data submission.

6.9.1 Diagnostic radiography degree classification
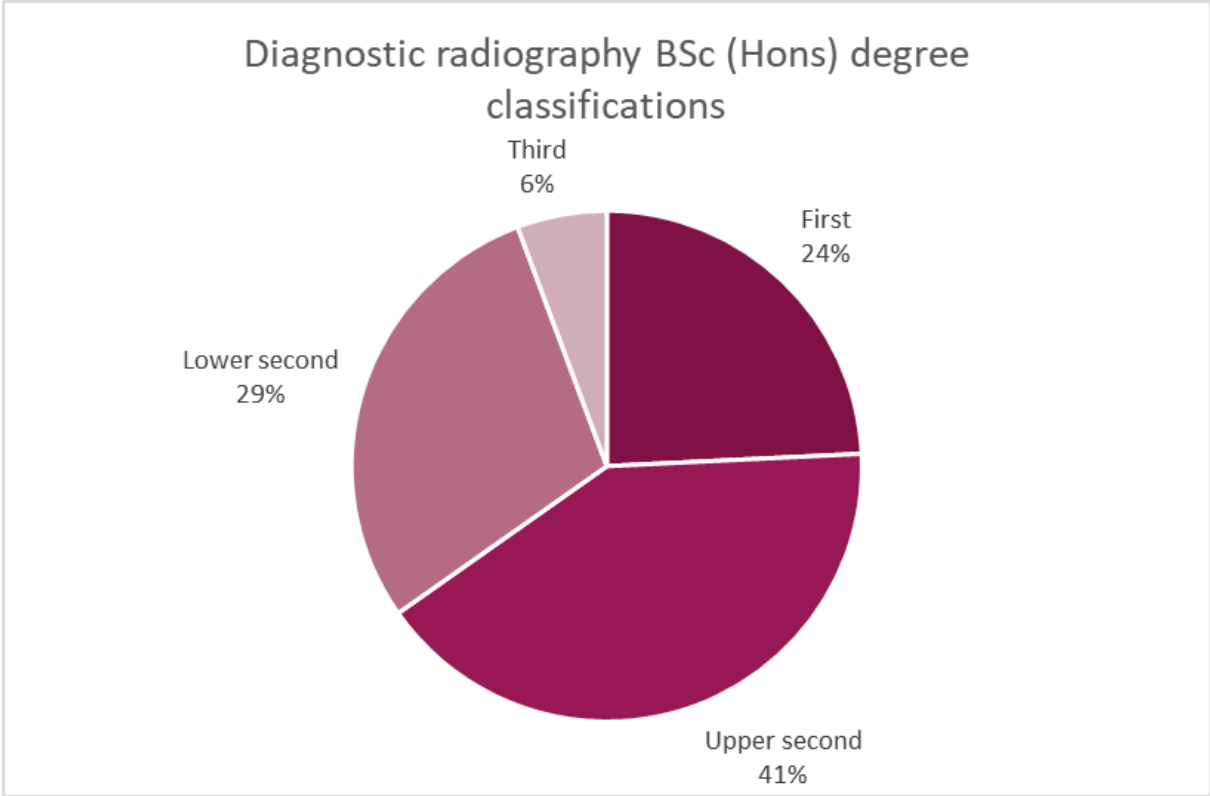
Figure 8 Chart showing distribution of degree classifications for diagnostic radiography BSc (Hons) degrees in the UK for completion year 2015-2016
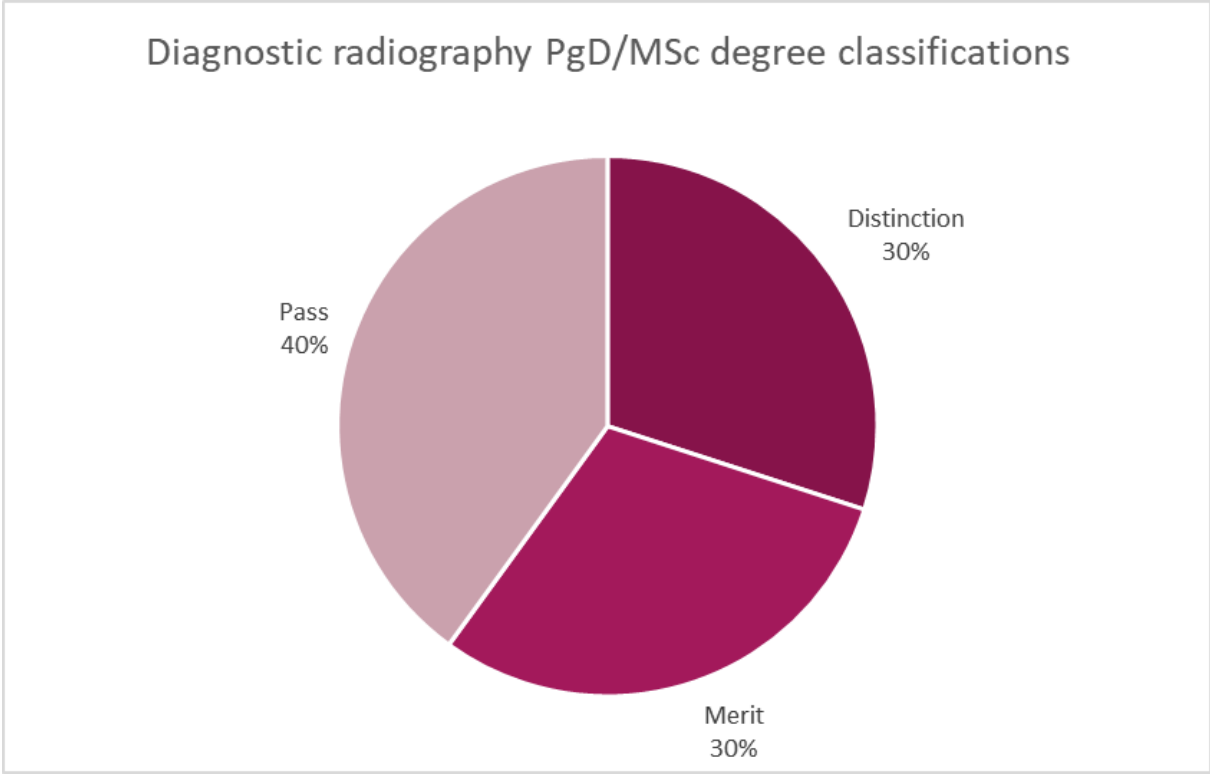
Figure 9 Chart showing distribution of degree classifications for diagnostic radiography PgD/MSc degrees in the UK for completion year 2015-2016

6.9.2 Therapeutic radiography degree classification
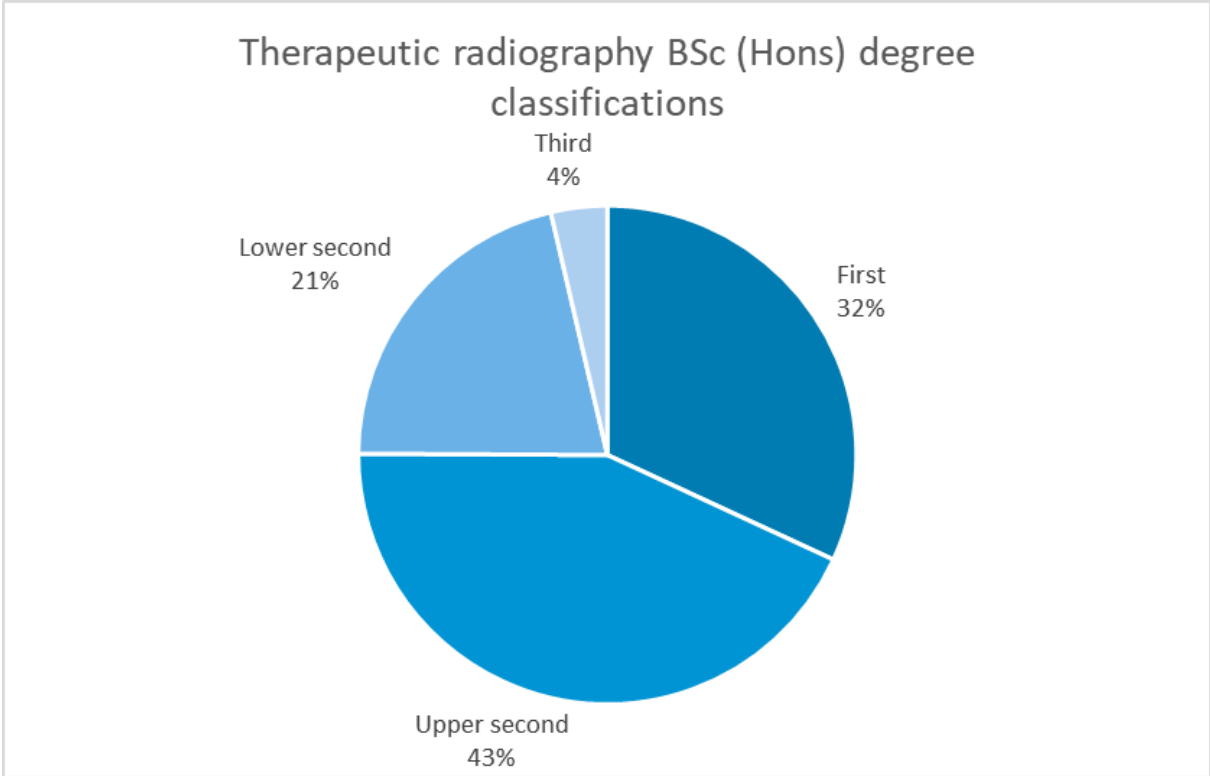
Figure 10 Chart showing distribution of degree classifications for therapeutic radiography BSc (Hons) degrees in the UK for completion year 2015-2016
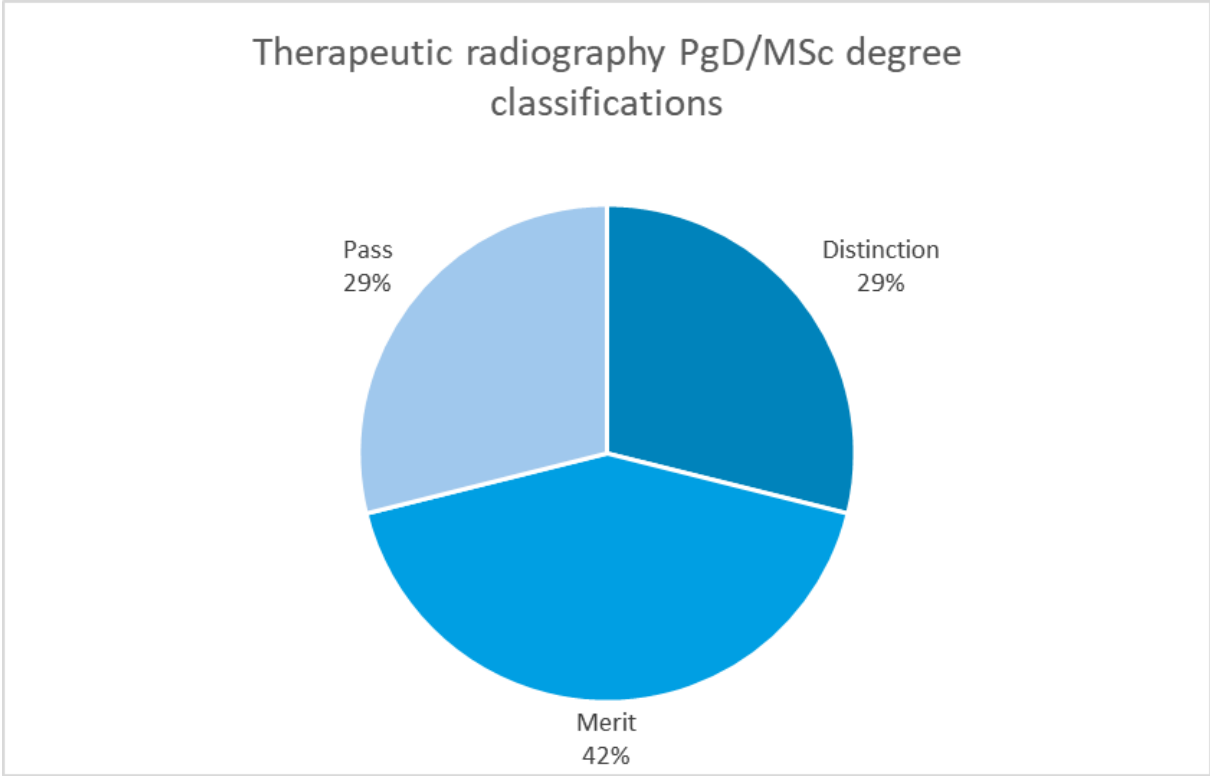
Figure 11 Chart showing distribution of degree classifications for therapeutic radiography PgD/MSc degrees in the UK for completion year 2015-2016

6.9.3   Comparison of degree classifications with previous years

Undergraduate degree classifications are presented in Figure 12 and Figure 13. Postgraduate classifications are presented in Figure 14 and Figure 15.
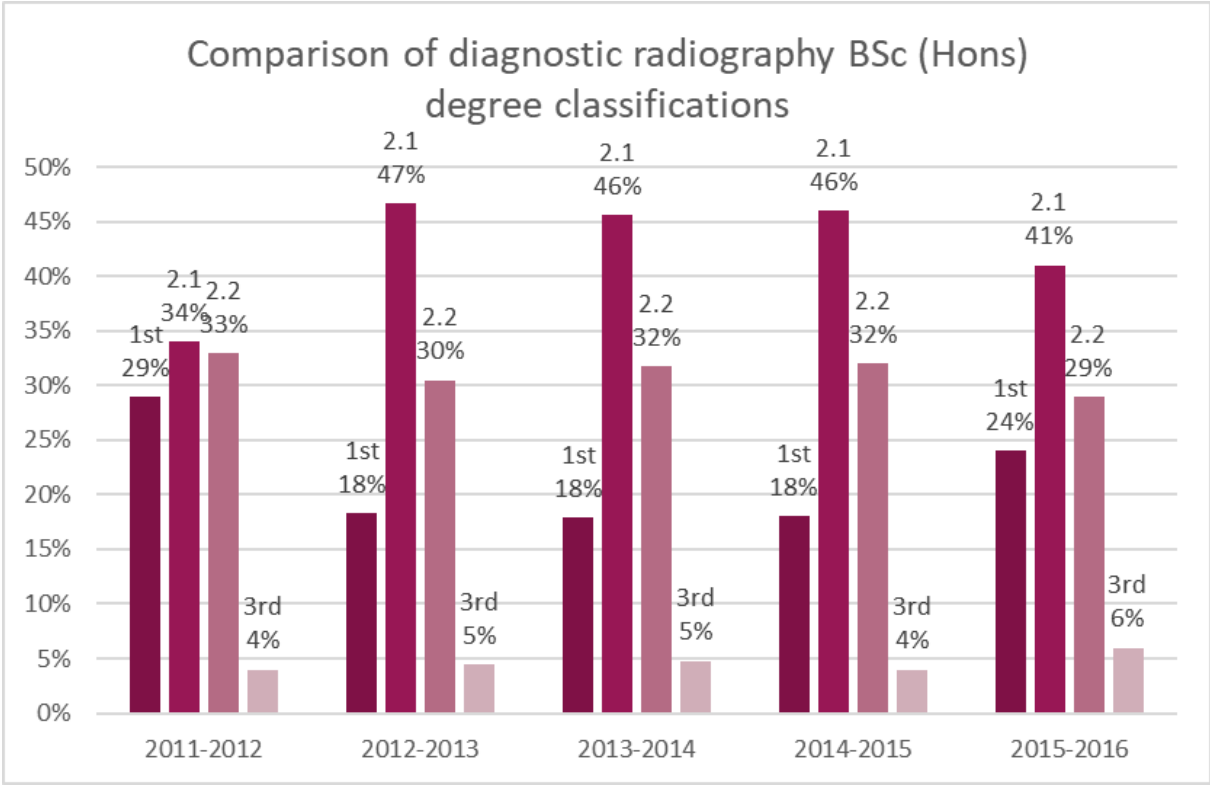
Figure 12 Chart showing five-year comparison of degree classifications for BSc (Hons) diagnostic radiography programmes in the UK
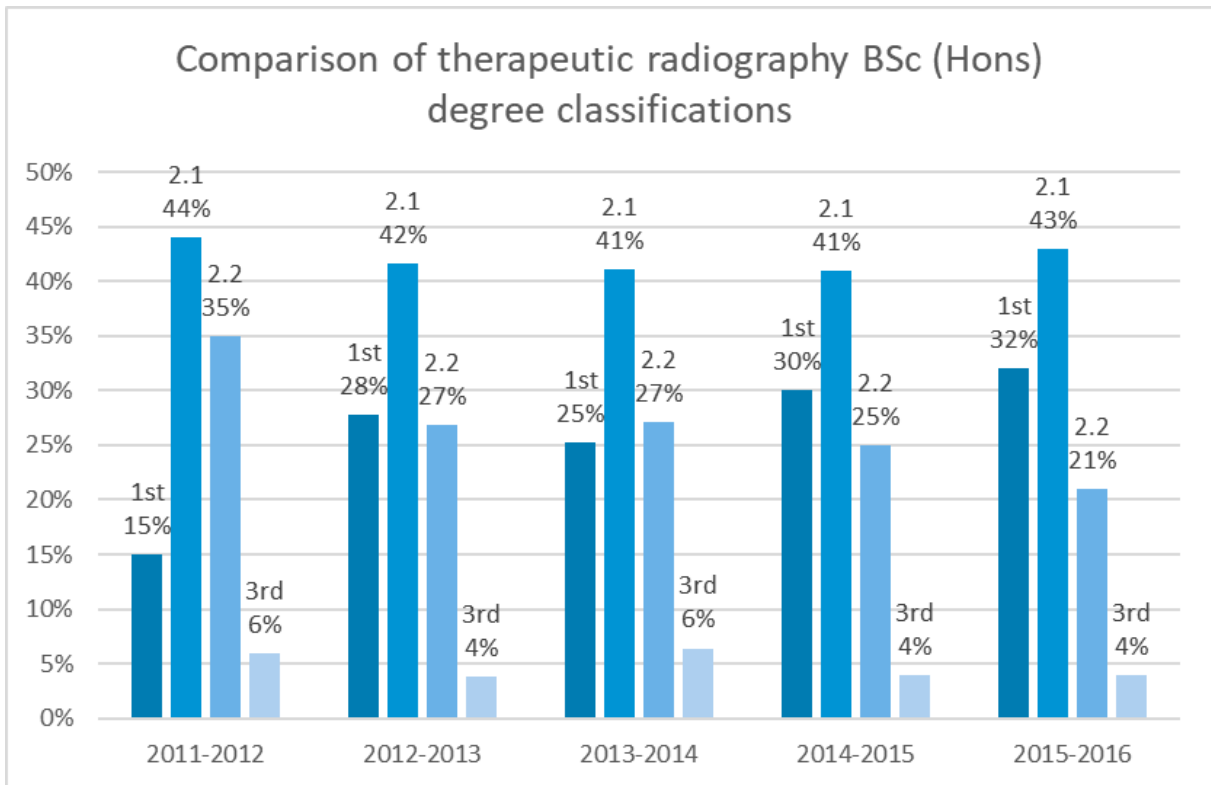
Figure 13 Chart showing five-year comparison of degree classifications for BSc (Hons) therapeutic radiography programmes in the UK
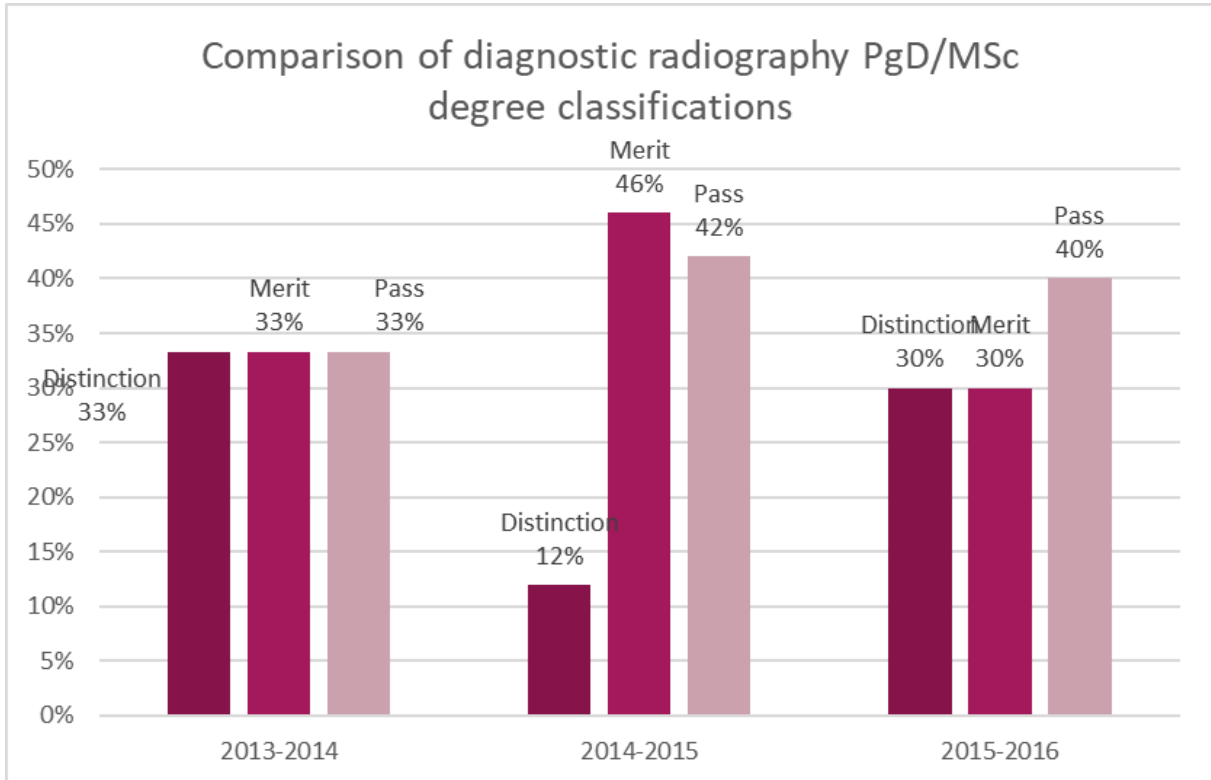
Figure 14 Chart showing two-year comparison of postgraduate degree classifications for diagnostic radiography programmes in the UK
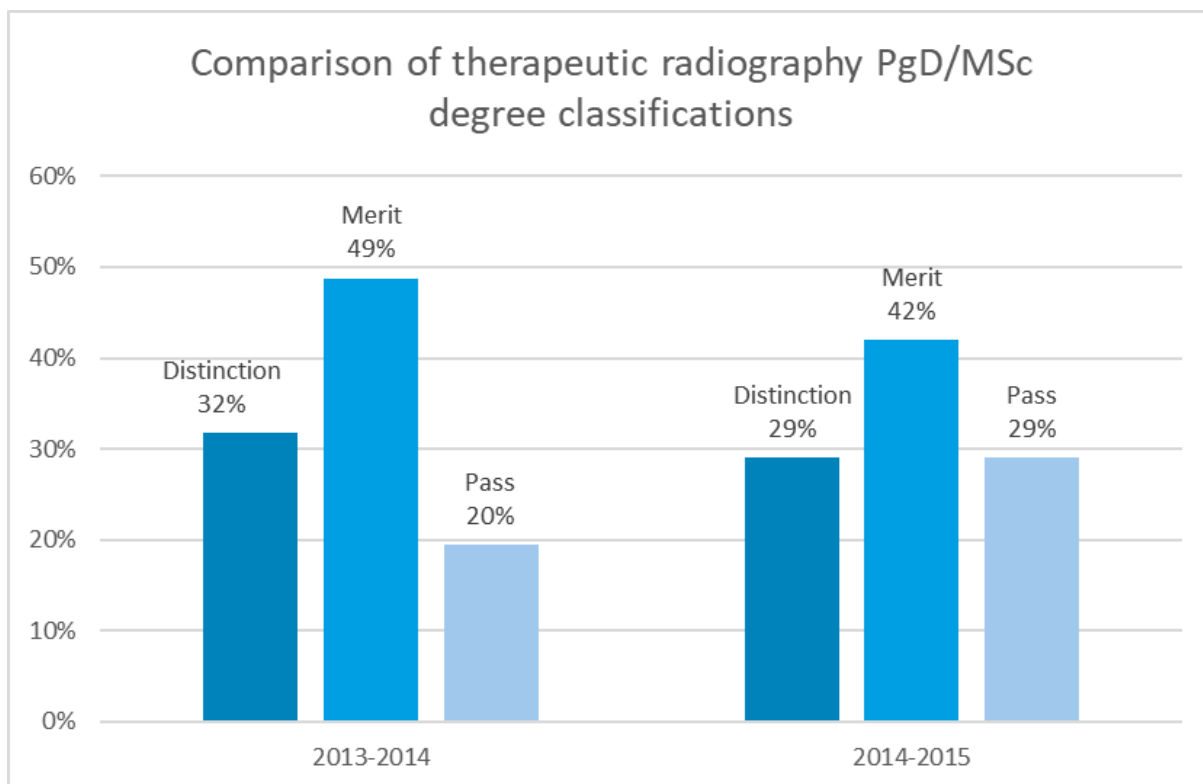
Figure 15 Chart showing two-year comparison of postgraduate degree classifications for therapeutic radiography programmes in the UK

6.9.4 Students still to complete

Despite the deadline for data submission being mid-December, there were still students who had not completed their degree at the point of submission. Reasons for late completion were not collected.

Programme	Number of students still to complete
Diagnostic radiography	50
Therapeutic radiography	17

Table 25 Table showing the number of students still to complete at the point the annual survey was completed. Data include undergraduate and postgraduate students.

6.10 Staff establishments

The staff establishment data provided will be used to provide information to commissioners, funders and allocators, and also to raise awareness of radiography education and the need for suitable and sufficient educators both on campus and in placements.

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.

6.10.1 Campus staff

Campus lecturing staff have responsibility for administration and delivery of pre-registration radiography programmes. One of the annual survey questions asked, "How many full time equivalent (FTE) members of staff are primarily employed in delivering this course on campus?" The aim of this question 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 to identify areas where there may be links; for example, between the staff/student ratio and attrition and retention.

These data have only been collected for the last three years which is insufficient to draw firm conclusions or links to attrition.

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

6.10.1.1   Diagnostic radiography staff/student ratios
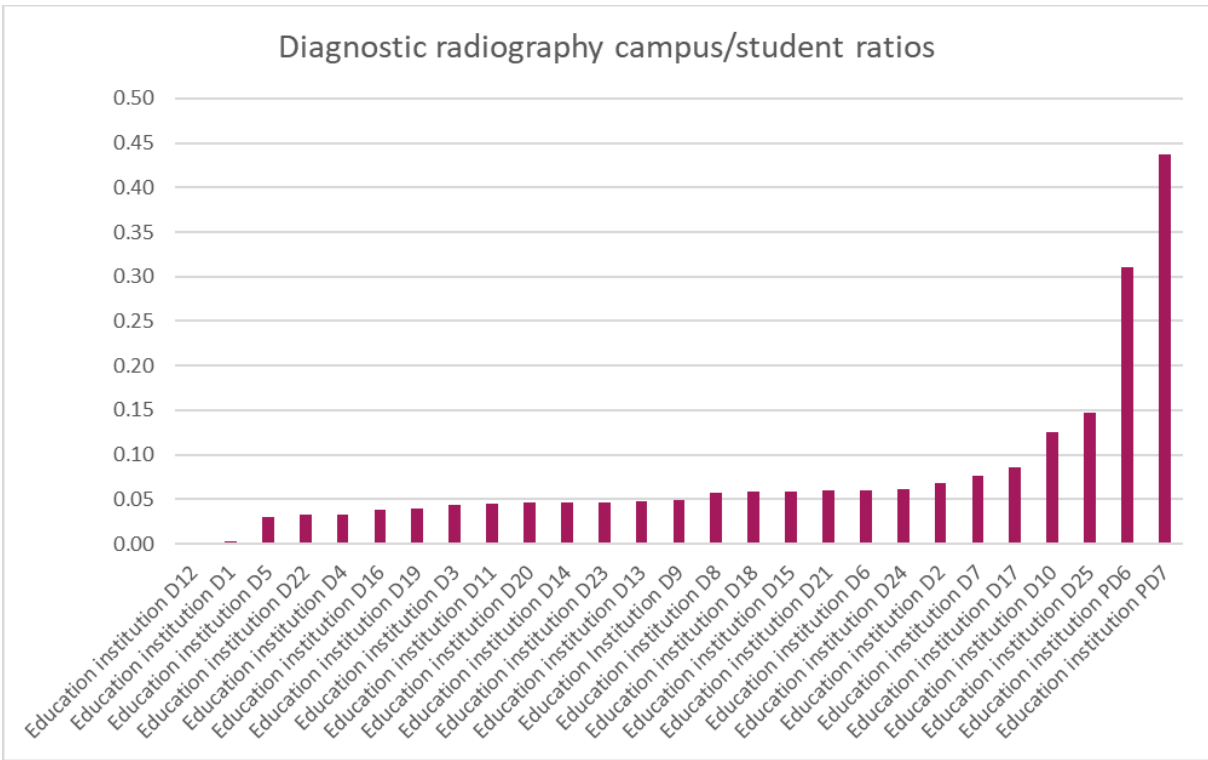
Figure 16 Chart showing the campus staff/student ratios for pre-registration diagnostic radiography programmes in the UK.

The data presented include anomalous data from this, and previous years. It is unlikely that education providers have no campus based staff, or even fewer than one member of staff.

Not counting the education institution reporting 0 staff, diagnostic radiography staff/student ratios vary from 0.03 (3 members of staff for every 100 students) to 0.44 (44 members of staff for every 100 students). However, the two programmes with the highest ratios are postgraduate pre-

registration programmes with fewer students. The highest ratio for an undergraduate pre-registration programme is 0.15 (15 members of staff for every 100 students).

Only one of the universities with among the lowest staff/student ratios also has some of the poorest student retention. This is consistent with the previous year's data though the education provider is not the same. To date, no link can be inferred between the staff to student ratio and attrition.

6.10.1.2 Therapeutic radiography staff/student ratios

Figure 17 Chart showing the campus staff/student ratios for pre-registration therapeutic radiography programmes in the UK.

Therapeutic radiography staff/student ratios have a larger range, from 0.05 (5 members of staff for every 100 students) to 0.33 (33 members of staff for every 100 students). One of the programmes with the largest staff/student ratio is a postgraduate programme with a small number of students and another is an undergraduate programme with one of the larger intakes of students.

Only two of the institutions with the lowest staff/student ratio also have some of the poorest student retention. Again, these are different institutions compared to the previous academic year and no conclusions can be drawn without further research.

6.10.3 Practice educators

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

> A practice educator is usually a registered professional who supports learners in the workplace. They facilitate practice education alongside clinical and academic colleagues. In addition, the practice educator is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body; although it is recognised that local models of delivery and assessment will apply.

> Generally, it is the practice educator who holds responsibility for ensuring that the contributing elements of practice education cover all relevant learning outcomes. (Health and Care Professions Education Leads Group, 2016)

The College of Radiographers acknowledges that many different titles are used for this role, though "practice educator" is the most common term and is used throughout College documentation.

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

At Annual Delegates' Conference (ADC) 2016, a motion was passed calling for all universities applying for CoR approval to demonstrate that each clinical department/placement has at least one member of staff that has undergone or is working towards practice educator training and accreditation (Society of Radiographers, 2016a). This recommendation will be implemented during the refresh of CoR approval documentation.

6.10.3.1   Diagnostic radiography practice educator/student ratios
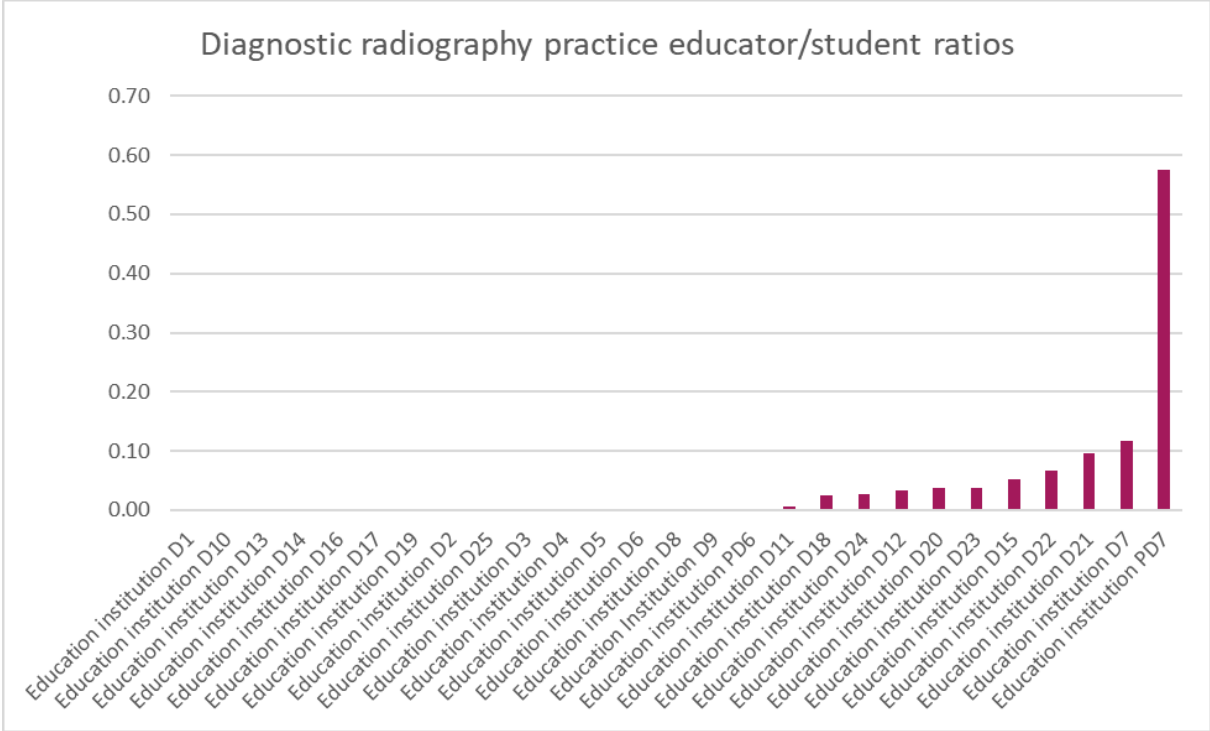
Figure 18 Chart showing the practice educator/student ratios for pre-registration diagnostic radiography programmes in the UK.

Worryingly, 16 out of 27 programmes report that they have no practice educators supporting students while they are on placement. This is the same as last year. The programme with the highest ratio (0.58) is a postgraduate programme with a small cohort. The second highest education provider has a ratio of only 0.08, indicating only 2 practice educators for every 25 students. Even the programme with the highest ratio reports that it is just 8 practice educators per 100 students. This is significantly less than with therapeutic radiography programmes.

Last year, education providers PD7 and D7 reported no practice educators supporting their students.

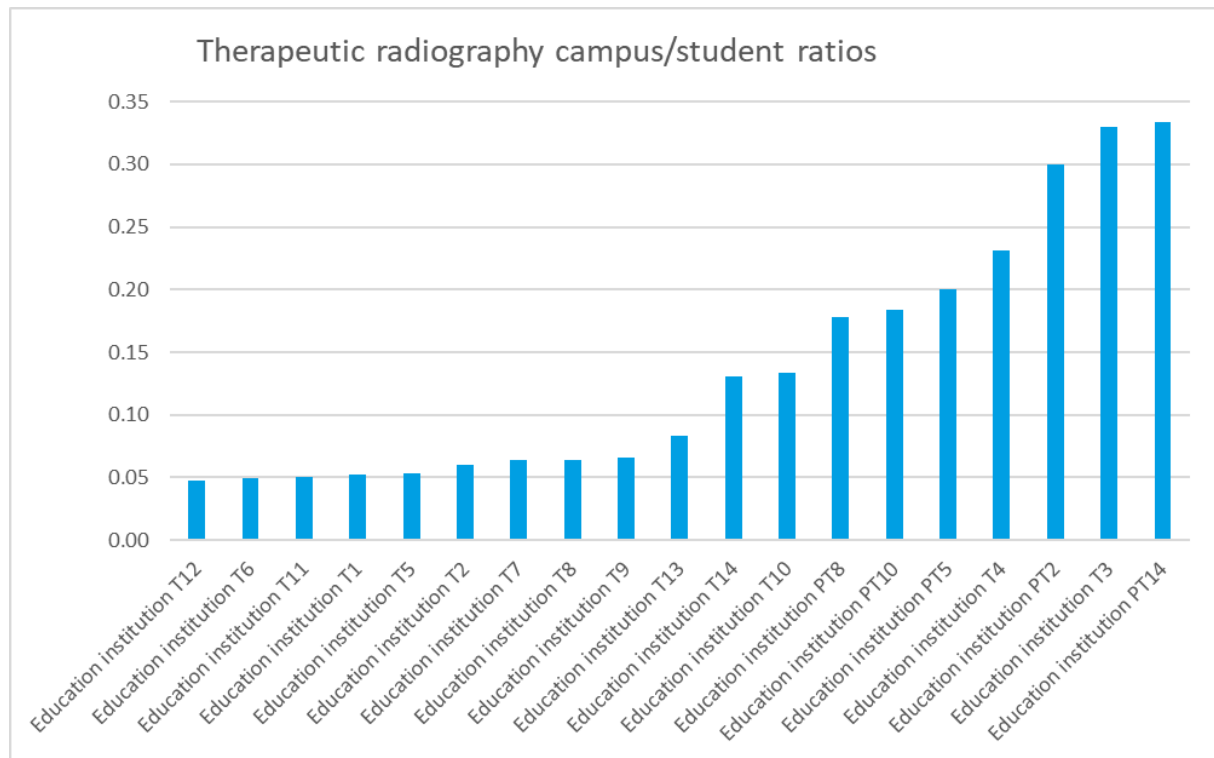## 6.10.3.2   Therapeutic radiography practice educator/student ratios
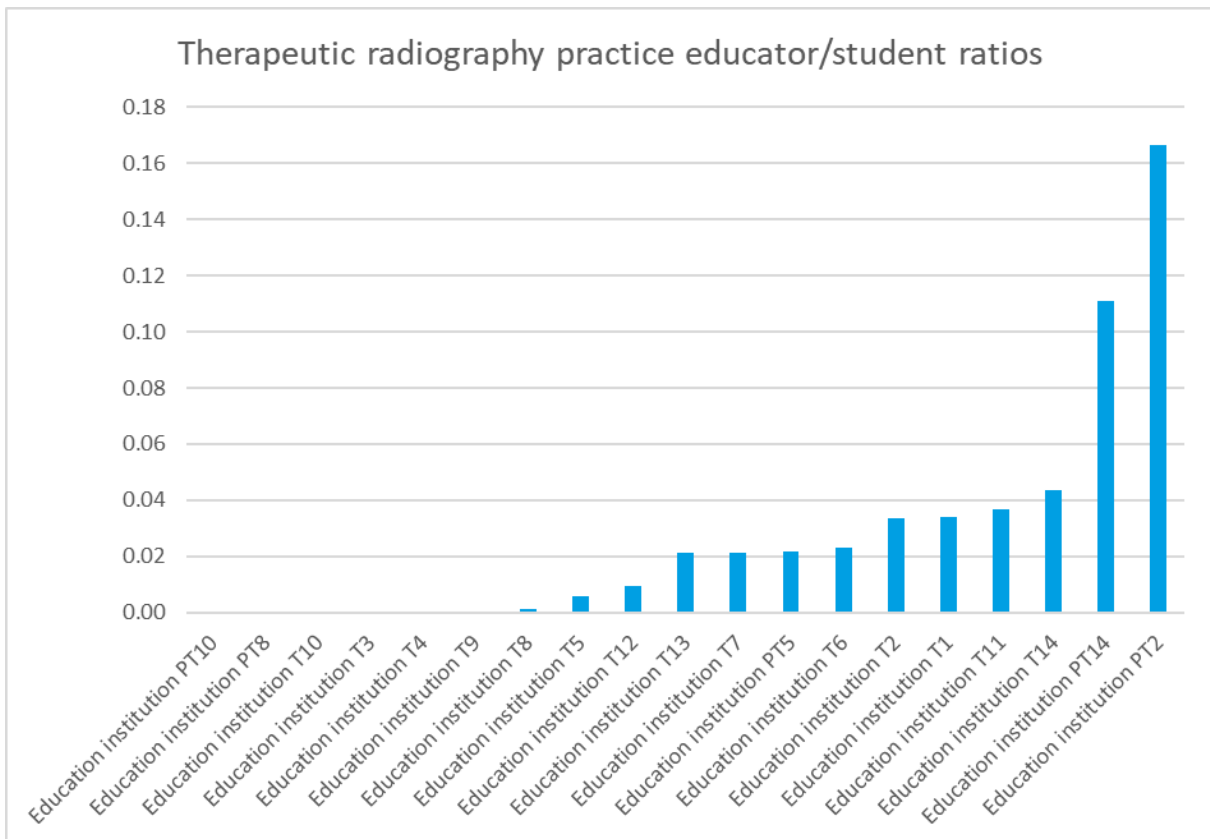
Figure 19 Chart showing the practice educator/student ratios for pre-registration therapeutic radiography programmes in the UK.

Therapeutic radiography programmes report 13 out of 19 having practice educators in place, an increase since last year. The ratio of educators/students modal value is 0.02 (2 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 26 are programmes which lead to qualifications at Framework for Higher Education Qualifications (FHEQ) level 7 or Scottish Credit and Qualifications Framework (SCQF) level 11 and above, i.e., Postgraduate Certificate/Diploma and MSc/MA.

Programmes which required Approval and Accreditation Board Chair's action following the June 2016 Board meeting will be reported next year.

Speciality	Number of approvals/re-approvals
Clinical imaging including CT, MRI etc.	2
Breast imaging	0
Nuclear medicine/DEXA	1
Radiotherapy	0
Practice Educator Accreditation Scheme	0
Others including professional and interprofessional provision	0

Table 26 Table showing number of post-registration, post graduate programmes approved in this period.

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.

Programmes which required Approval and Accreditation Board Chair's action following the June 2016 Board meeting will be reported next year.

The number and variety of short courses approved in 2015 - 2016 is shown in Table 27.

Speciality	Number of approvals/re-approvals
Breast screening	0
Clinical imaging	2
Dental imaging	1
IV administration	1
MRI	1
Nuclear medicine/DEXA	1
Radiotherapy	0
Ultrasound (not eligible for Consortium for the Accreditation of Sonographic Education accreditation)	1
Others including interprofessional provision	1

Table 27 Table showing number of short courses approved this period.

9 Accreditation schemes

The College of Radiographers runs five accreditation schemes:

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

9.1 Assistant practitioner accreditation

From 1st January 2014 all assistant practitioners who were members of SCoR have had to apply for accreditation through CPD Now. From this date, the number of accredited assistant practitioners has been presented to the Approval and Accreditation Board, but not named, owing to the volume of successful applications.

Approval and Accreditation Board	Number of assistant practitioners presented
November 2015	38
February 2016	13
June 2015	15
Total	**66**

Table 28 Number of assistant practitioners accredited and presented to the Approval and Accreditation Board between 1st September 2015 and 31st August 2016.

Clinical imaging and mammography assistant practitioners made up the majority of the applications as with previous years.

There were a mixture of initial and re-accreditation applications during this period, with the majority being re-accreditations. 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 continuing professional development (CPD). All re-accreditation applicants must evidence twelve pieces of relevant CPD.

Assistant practitioner applications have been sent to Assessors for review since 15th August 2016.

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 number of logins to CPD Now has increased by 14.72 % this year. The number of users has decreased from 15,110 to 14,812 (-1.97 %) since the previous year. This figure includes retired members, student members and those on membership payment breaks. However, the user figures are based on unique internet protocol (IP) addresses. If a member logs in from home and work this would be recorded as two users. It is hard to draw firm conclusions about this decrease as it could indicate users are using fewer devices to log in. The number of logins gives a better indication of CPD Now use.

The majority of users login to CPD Now using desktop computers or laptops (90.27 %). However, the number of users using mobile phones, though still small, has doubled in the last year.

The chart below shows the number of logins (sessions) over the last two years.

Sep 1, 2015 - Aug 31, 2016: ● Sessions
Sep 1, 2014 - Aug 31, 2015: ● Sessions

5,000

2,500

October 2015   January 2016   April 2016   July 2016
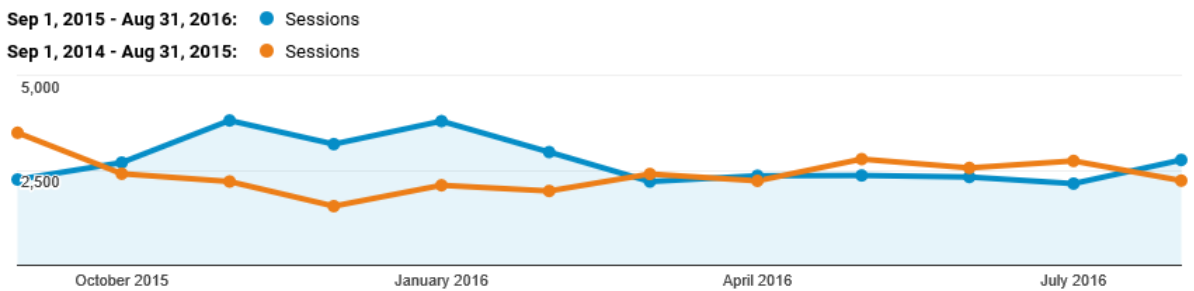
Figure 20 Chart showing the number of logins (sessions) to CPD Now between 1st September 2015 and 30th August 2016 (blue) compared to the same period in the previous year (orange).

The number of pages reviewed in total and per session has increased and the average session duration has increased also. The bounce rate (number of sessions in which the user only visits the home page before leaving the site) has increased to 15.99 % from 20.53 %. A lower bounce rate is better.

2014 – 2015 data showed that the number of new and returning users was equally split, this year there are more returning users (Figure 21).
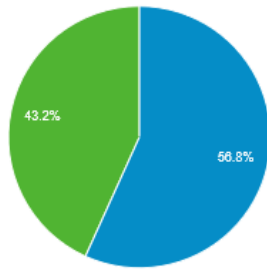
Figure 21 Comparison of new and returning users for years 2014 – 2015 and 2015 - 2016. Figures based on unique IP addresses.

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 publicly available at present.

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
November 2015	8
February 2016	0
June 2016	5
Total	**13**

Table 29 Number of advanced practitioners accredited and presented to the Approval and Accreditation Board between 1st September 2015 and 31st August 2016.

9.6   Consultant practitioner accreditation

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

Approval and Accreditation Board	Number of advanced practitioners presented
November 2014	1
February 2015	0
June 2015	3

Table 30 Number of consultant practitioners accredited and presented to the Approval and Accreditation Board between 1st September 2015 and 31st August 2016.

10 Continuing professional development event/resource endorsement

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 can 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. One hundred and ten applications were received and endorsed for events held within this reporting period. This is an increase of one over the previous period. However, 2014-2015 saw an increase of more than 21 % on the previous year.

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 and is expected to be completed within the year 2016-2017.

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 of Radiographers also took seat on the National Association for Educators in Practice (NAEP) executive committee. The committee consists of educators and professional bodies and the Association seeks to:

- Value and promote the importance of practice-based learning.
- Support and promote the importance of all health and social care professionals who have an educational role in practice.
- Support the development of educators in practice.

It is recommended that practice educators and those with an interest in practice education join NAEP and take advantage of free membership and their annual conference (National Association of Educators in Practice, n.d.).

The College is part of the Allied Health Professions Education Leads Sub-group which formulated practice education guidance which was published this year (Health and Care Professions Education Leads Group, 2016).

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Appendices

Appendix A Application/commissioned, funded or allocated places – diagnostic radiography

Education institution	Application/commissioned, funded or allocated places
Education institution D5	130
Education institution D13	122
Education institution D12	68
Education institution D15	67
Education institution D4	66
Education institution D11	63
Education institution D21	63
Education institution D1	62
Education institution D3	58
Education institution D17	57
Education institution D23	55
Education institution D8	50
Education institution D20	49
Education institution D14	49
Education institution D19	48
Education institution D16	48
Education institution D22	48
Education institution D2	40
Education institution D24	40
Education institution D7	34
Education Institution D9	30
Education institution D6	28
Education institution D18	27
Education institution D10	25
Education institution D25	25
Education institution PD7	16
Education institution PD6	9

D = Diagnostic 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 B Application/commissioned, funded or allocated places – therapeutic radiography

Education institution	Application/commissioned, funded or allocated places
Education institution T2	52
Education institution T5	42
Education institution T6	41
Education institution T12	37
Education institution T9	32
Education institution T3	30
Education institution T14	30
Education institution T8	25
Education institution T1	24
Education institution PT14	24
Education institution T13	22
Education institution T11	20
Education institution T4	19
Education institution T10	16
Education institution T7	16
Education institution PT2	15
Education institution PT5	12
Education institution PT8	12
Education institution PT10	9

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 attrition data figures

Data based on responses to annual survey 2014 - 2015. 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	2015 - 2106 attrition	Position change from last year
1=	Education institution D16	0.00%	↑27
1=	Education institution D17	0.00%	↑13
1=	Education institution D2	0.00%	↑16
1=	Education institution D8	0.00%	↑8
1=	Education institution T8	0.00%	↑30
6	Education institution D13	2.46%	↑9
7	Education institution D21	3.64%	↑4
8=	Education institution PT2	5.56%	↓-5
8=	Education institution T4	5.56%	↑38
8=	Education institution T5	5.56%	↑33
11	Education institution D12	5.88%	↓-9
12	Education institution T12	6.98%	↑25
13=	Education institution D24	7.50%	↑11
13=	Education Institution D9	7.50%	↑17
15	Education institution D6	7.69%	↓-4
16	Education institution PT10	8.33%	↓-13
17	Education institution D11	9.26%	↑12
18	Education institution D20	11.63%	↓-2
19	Education institution D19	11.90%	↓-12
20	Education institution D10	12.00%	↑5
21=	Education institution PT8	12.50%	↑2
21=	Education institution T2	12.50%	↓-13
23	Education institution T14	16.13%	↑4
24	Education institution D14	16.33%	↓-2
25=	Education institution D5	16.67%	↑10
25=	Education institution D7	16.67%	↓-12
27	Education institution D4	17.19%	↓-9
28=	Education institution D15	18.75%	↑4
28=	Education institution PD7	18.75%	↑5
30	Education institution D22	21.57%	↓-9
31=	Education institution D25	21.74%	↑8
31=	Education institution T13	21.74%	↓-5
33	Education institution PD6	22.22%	↓-14
34=	Education institution D18	25.00%	↓-33
34=	Education institution T6	25.00%	↑10
34=	Education institution T7	25.00%	↔0
37	Education institution D23	25.45%	↓-1
38	Education institution D3	26.42%	↓-35
39	Education institution T11	28.57%	↓-1
40	Education institution T3	30.00%	↑5
41	Education institution D1	30.36%	↓-31
42=	Education institution T1	33.33%	↓-39
42=	Education institution T9	33.33%	↓-2
44	Education institution PT14	36.36%	↓-25
45	Education institution PT5	41.67%	↓-4
46	Education institution T10	57.14%	↓-5

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 D Randomised and anonymised campus staff/student ratios

Data based on responses to annual survey 2015 - 2016. Education institutions have been allocated the same codes as in other appendices. Data are presented for BSc (Hons) programmes only due to the overlap of staff between these programmes.

Education institution	Campus staff/ student ratio	Education institution	Campus staff/ student ratio
Education institution D12	0.00	Education institution T2	0.06
Education institution D1	0.00	Education institution D6	0.06
Education institution D5	0.03	Education institution D24	0.06
Education institution D22	0.03	Education institution T7	0.06
Education institution D4	0.03	Education institution T8	0.06
Education institution D16	0.04	Education institution T9	0.07
Education institution D19	0.04	Education institution D2	0.07
Education institution D3	0.04	Education institution D7	0.08
Education institution D11	0.05	Education institution T13	0.08
Education institution D20	0.05	Education institution D17	0.09
Education institution D14	0.05	Education institution D10	0.13
Education institution D23	0.05	Education institution T14	0.13
Education institution T12	0.05	Education institution T10	0.13
Education institution D13	0.05	Education institution D25	0.15
Education Institution D9	0.05	Education institution PT8	0.18
Education institution T6	0.05	Education institution PT10	0.18
Education institution T11	0.05	Education institution PT5	0.20
Education institution T1	0.05	Education institution T4	0.23
Education institution T5	0.05	Education institution PT2	0.30
Education institution D8	0.06	Education institution PD6	0.31
Education institution D18	0.06	Education institution T3	0.33
Education institution D15	0.06	Education institution PT14	0.33
Education institution D21	0.06	Education institution PD7	0.44

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.

Larger numbers represent fewer students per member of staff.

Appendix E Successful strategies for improving retention

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

Campus

Enhanced personal tutoring. Close liaison with practice educators and mentors. Enhanced use of technology to support learning
Effective selection process making sure that the right students are on the right course. Monthly student review meetings as a team. Excellent pastoral support from a dedicated student support officer. Named academic advisors and visiting lecturers for each student.
None significant, though specific elements of student support at XXXXX campus have been advertised more pointedly to staff and students.
No significant changes this year
Run open nights for prospective students to help inform their career choice prior to application. Work closely with student support department to try and identify those students who appear to be struggling at earliest opportunity to ensure appropriate mechanisms are in place to support them.
Engagement with Student Experience team and continuing engagement with University, School and Departmental initiatives. Focus on assessment and feedback, organisation and management and placement experience. We have introduced interviews for prospective students to gauge suitability for the programme and profession. The programme leader attended the recent Achieving Excellence in radiography Education Conference and has identified a number of issues that can be explored to enhance programme delivery.
Personal tutor. Early acclimatisation placement. Longitudinal professional assessment to identify and remediate inappropriate/incompatible behaviour. Counselling. Mitigating circumstances procedure. As risk process to identify students who may be having problems.
Referral to student support services.
PAT system, regular feedback from students via Programme committee and student staff meetings. Longitudinal induction to the programme to support student transition from UG to PG study
We now monitor student attendance to flag non-attending students and support them as required. We have a successful personal academic tutor system, staff are fully engaged.
We now monitor student attendance to flag non-attending students and support them as required. We have a successful personal academic tutor system, the staff are fully engaged.
Detailed information at interview about the course structure and workload. It is necessary to have a clinical visit prior to interview. Even though these are post graduate students, each student has a academic personal tutor and 4 sessions will now be introduced from 2017, for year 1 students to help support their academic and personal development and transition back into study.
Same as therapy, all done jointly.
Delaying clinical entry, sounds weird but worked. Buddying. More formative assessments
Admissions test for applicants
Year 3 students mentoring year 1 students. Students remain with personal tutor group and personal tutor throughout the programme. Open-door policy - students have access to tutor / course team members whenever required.
Retention strategy we have introduced additional induction days prior to placement   Admissions test. Value based recruitment.
Formative assessment opportunities. promotion of support services and their involvement in the programme. open access to personal and academic tutors. Variety of assessment styles and learning & teaching styles. Verified assessments.
Formative assessment opportunities. Promotion of student support services and their involvement in the programme. open access to personal and academic tutors. Variety of assessment and learning & teaching styles (increasing accessibility of information). Verified assessments.

A revision to our recruitment process three years ago to include a more in-depth interview using a multi-mini interviews process anecdotally appears to be improving the calibre of the students selected. Over the last 3 years attrition rates have been low and the level of achievement by the students has been high. Whilst this can't all be attributed directly to any one individual factor student selection is a significant factor. Whilst student completion rates are high we do have a number of students who are required to repeat academic years due to failing to meet progression and award criteria. In an attempt to address this, we are monitoring student engagement through stringent electronic attendance monitoring and taking action if a student's attendance falls below 80% during any semester. In addition, we are applying greater emphasis on student personal academic tutor (PAT) meetings to ensure all students have a minimum of 4 meetings in the year. Similarly, with the final stage literature review a more formalised structure for ensuring student/supervisor meeting occur and are recorded in an attempt to ensure the meetings occur in a more structured and timely manner. As part of transition between academic years student feedback sessions are timetabled to ensure students are aware of their academic strength and areas in which they can improve.

Increased support from personal tutors, increased provision of academic support within the school

Students are signposted to student advisors and wellbeing and other support networks (personal tutor) at the earliest opportunity. Student interview processes have been reviewed.

Students are signposted to student advisors, wellbeing and other support networks. Students interview processes have been reviewed.

Personal tutor support, academic mentor support, student welfare officer for the faculty, counselling, interruption for personal reasons with renegotiated submission deadlines

Student support services. Academic study skills support. Student led tutorial and revision sessions. Active personal tutor engagement. End of block review / focus groups to help highlight and address any particular issues that are affecting the cohort. Peer supported learning activities

STUDENT SUPPORT   The course strategy is to provide comprehensive academic, pastoral and professional support and guidance to all students. All members of the course team continue to be committed to providing a high level of support and guidance in academic and clinical blocks. Academic Support   1. Course Team Support   Students are supported academically by a range of mechanisms specifically within the module structure this includes Module Leader revision tutorials, exam preparation, feedback on draft assignments, online discussion and various formative assessment activities. Lecturers contributing to subject specific knowledge to a module that are concerned about a student will approach the relevant Module Leader who will then be able to provide appropriate support. The Radiotherapy and Oncology team have extensive experience in distance learning and this is used by Module leaders to support students via the use of Blackboard this includes guidance on managing their time, providing revision resources and electronic activities that support the final summative assessments. Discussion boards are used to allow module groups to discuss queries and offer peer support, this is complemented by the use of Twitter in some of the modules. Group announcements and email are used extensively by the course team to highlight deadlines and pass vital information to students in a timely fashion. Tutorial support is widely available to students, this can be compulsory and timetabled for the students or additional optional drop in sessions to support the consolidation of learning in smaller groups discussions or specialist training/ support sessions in ECLIPSE or on computer terminals. Students are also able to access the VERT facility with training offered allowing students to use the equipment at a time of their choosing. Wide use of the VLE will continue to be made in providing academic support. Blackboard and email enable swift support and provide a vital resource – particularly for those on clinical placements.   2. Academic Advisor   Every student is also allocated an Academic Advisor who will support their academic development at University, where possible this will remain as the same member of staff for the duration of the programme. This role is usually coincident with that of the Professional Development Facilitator (see below), who also supports students throughout clinical placements.   One to one sessions allow discussion around academic progress and development whilst encouraging students to be pro-active in their learning. Learning strategies are discussed and

students are encouraged to use target setting to manage their expectations and time. Students can also be directed to additional forms of support that are available within the University structure for example: • Student Advice and Information Services • Student Finance Support Centre • IT Help • Learning Centres • Hallam Union Support • Disabled Student Support • Student Wellbeing Service • Student Medical Centres   Students are encouraged to prepare for all meetings by reflecting on their progress and identifying areas for discussion, this is reflected in the approach to academic progression in the Personal and Professional Development webfolio.   3. Student Support Officer   A dedicated member of staff is employed as a Student Support Officer (SSO) and they provide a contact service for students requiring advice, guidance and information on any issue. The student support officer can provide assistance with extenuating circumstances applications and extensions to assessment deadlines when necessary. SSO's additionally offer pastoral support making referrals to specialist support services where appropriate.   Students make good use of this individual's skills and expert advice in turn freeing up some time for Course Leaders, Module Leaders and subject tutors to be able to concentrate on follow up academic support.

Retention on the programme is supported through a variety of approaches from recruitment to completion on the course. Some examples include the role of the professional development facilitator (regular clinical visits for students out on placement), regular course leader sessions and drop in sessions, an approachable team approach, student support officers and third year student mentoring. In addition, there are lots of mechanisms for support within Radiotherapy and particularly in terms of peer support.   Some of the activities which have helped create a Radiotherapy community: • Social media pages (academics aren't included on Facebook, but are heavily engaged on Twitter) • Revision groups (http://roncrg-blog.tumblr.com/) • Student Conference (http://www.sor.org/news/rad-conference-opens-hearts-and-minds) • BB discussion boards on module sites and on the course organisation site • Social events e.g. graduation ball, induction night out, departmental nights out. • Recruitment events, where students promote the profession and their time at XXXX • Charity events e.g. bake off in the 1st year • Students assisting in IPE conferences to promote the profession and their role as a Therapy Radiographer Although we have no specific actions related to BME.   Academic Advisor/Tutor role: Taken from def doc: STUDENT SUPPORT   The course strategy is to provide comprehensive academic, pastoral and professional support and guidance to all students. All members of the course team continue to be committed to providing a high level of support and guidance in academic and clinical blocks. Academic Support   1. Course Team Support   Students are supported academically by a range of mechanisms specifically within the module structure this includes Module Leader revision tutorials, exam preparation, feedback on draft assignments, online discussion and various formative assessment activities.   Lecturers contributing to subject specific knowledge to a module that are concerned about a student will approach the relevant Module Leader who will then be able to provide appropriate support. The Radiotherapy and Oncology team have extensive experience in distance learning and this is used by Module leaders to support students via the use of Blackboard this includes guidance on managing their time, providing revision resources and electronic activities that support the final summative assessments. Discussion boards are used to allow module groups to discuss queries and offer peer support, this is complemented by the use of Twitter in some of the modules.   Group announcements and email are used extensively by the course team to highlight deadlines and pass vital information to students in a timely fashion.   Tutorial support is widely available to students, this can be compulsory and timetabled for the students or additional optional drop in sessions to support the consolidation of learning in smaller groups discussions or specialist training/ support sessions in ECLIPSE or on computer terminals.   Students are also able to access the VERT facility with training offered allowing students to use the equipment at a time of their choosing. Wide use of the VLE will continue to be made in providing academic support. Blackboard and email enable swift support and provide a vital resource – particularly for those on clinical placements.   2. Academic Advisor   Every student is also allocated an Academic Advisor who will support their academic development at University, where possible this will remain as the same member of staff for the duration of the programme. This role is usually coincident with that of the

Professional Development Facilitator (see below), who also supports students throughout clinical placements.   One to one sessions allow discussion around academic progress and development whilst encouraging students to be pro-active in their learning. Learning strategies are discussed and students are encouraged to use target setting to manage their expectations and time. Students can also be directed to additional forms of support that are available within the University structure for example: • Student Advice and Information Services • Student Finance Support Centre • IT Help • Learning Centres • Hallam Union Support • Disabled Student Support • Student Wellbeing Service • Student Medical Centres   Students are encouraged to prepare for all meetings by reflecting on their progress and identifying areas for discussion, this is reflected in the approach to academic progression in the Personal and Professional Development webfolio.   3. Student Support Officer   A dedicated member of staff is employed as a Student Support Officer (SSO) and they provide a contact service for students requiring advice, guidance and information on any issue. The student support officer can provide assistance with extenuating circumstances applications and extensions to assessment deadlines when necessary. SSO's additionally offer pastoral support making referrals to specialist support services where appropriate.   Students make good use of this individual's skills and expert advice in turn freeing up some time for Course Leaders, Module Leaders and subject tutors to be able to concentrate on follow up academic support.

personal tutor system to identify issues early on and build up a relationship between student and tutor. adaption of the timetable to meet students' needs including adding in extra holiday/study week

Monthly programme management meetings with student representation. 6 weekly student/staff panel meetings Student module evaluation including 1st, 2nd and 3rd year national surveys Regular personal tutor meetings and reminders during programme management meetings Student record of meetings available to personal tutors and students regularly monitored Improved use of practical room due to investment in new equipment

Personal Tutor support, Module tutorials, Drop In sessions, Student Wellbeing, Student Rep meetings, Social activities, Fit to Submit checklist

We maintain a robust studies adviser process in order to identify early those students who are struggling and offer help and support. Attendance is monitored and non-attendance followed up promptly. Staff support careers conventions and encourage all potential applicants to explore the profession in depth and undertake a visit to a Radiotherapy department as part of their fact finding and decision making process. A dedicated "In sight" event is held on campus each year for potential applicants and their families.

Personal tutor system with regular meetings, adoption of a flexible timetable to meet students needs.

Personal tutoring system with regular meetings. Flexible timetabling to try and meet students' needs

Developing the induction week and personal tutor systems.

Traffic Light Early warning system.

How to Survive Clinical Placement' workshops to prepare new 1st years for their 1st clinical placement 'How to Survive Year 1/2/3' study days during induction week: these outline expectations at level 1/2/3; include activities to aid student understanding of the associated study skills for level 1/2/3; appointments with personal tutors for level 2/3 students to review their previous year & discuss aims/aspirations/identified support needs for their next level of study.

Personal tutoring system allows early identification of struggling students; personal tutors can signpost to financial, personal/wellbeing and academic support to hopefully reduce the number of students leaving for personal or financial reasons. Additional non-compulsory academic classes are arranged to support some of the more challenging modules. Introduction of peer-assisted learning to aid preparation for clinical placements. Implementing formative assessment to allow students to address areas of weakness early that may otherwise lead to academic failure.

Good links with student support services, open door policy and regular PT meetings.

Normal things like student support from Personal tutors.
recruitment of only students who meet the entry requirements – we do not drop the requirement to fill places via clearing.
Although our attrition rates are low, we find that the students who do leave normally do so in the early stages of the course, either due to financial difficulties or a need to be closer to home. In terms of geography, the students are aware themselves how far away from home XXXX is, but we do make a point of telling them in the selection visit course talk about the range of placement sites, some of which are remote. We do this to help them understand how costly this can be, and that they may be e.g. a solitary student in an R&R placement site.

Placement

Close liaison between practice educators and academics regular updates / reviews of practice assessment documentation   careful induction to support transition.
Effective selection process making sure that the right students are on the right course. Monthly student review meetings as a team Excellent pastoral support from a dedicated student support officer Named academic advisors and visiting lecturers for each student.
Move to hours-based placement attendance monitoring should provide greater flexibility for students to deal with pressures of finance and time.
Moved placement experience to hours-based rather than week-based. not sure that this will impact on attrition, but it is in part in order to create a more flexible working environment in which students are more able to manage their own priorities (within reason obviously).
Encourage departments to facilitate access for work experience, though securing indemnity for school kids has been reported to be problematic.   We facilitate 3rd years access to 1st years prior to their first placement period to answer questions and try as far as possible to relieve their anxieties.
More linkage with disability services for students with specific learning needs with more focus on practice education in addition to academic studies. A practice educators group has been established in our main placement site to work in partnership with the academic team more closely on assessment and student experience.
Coverage of uniform policy, with images, during interview day. Liaison tutors visit every 3 weeks. Allocated clinical placement lead. Regular feedback to allow early intervention Placement audit and evaluation Action planning for issues Cause for concern process to support and remediate problems.
Clinical liaison groups throughout all clinical departments, regular feedback session regarding student placement. Observational week prior to clinical placement, half day consolidation sessions in clinical department in between long clinical placements.
There is close collaboration with clinical colleagues. We respond to and pre-empt the needs of individual departments to ensure student numbers are manageable and the students undergo a positive clinical learning experience.
There is close collaboration with clinical colleagues. We respond to and pre-empt the needs of individual departments to ensure student numbers are manageable and the students undergo a positive clinical learning experience.
Each student will have a named practice educator. They will be visited 3 times during the 14 week placements by a clinical link lecturer. Regular review of the clinical portfolio (twice yearly with practice educators) has lead to reduced amount of assessment during placement.
Ditto.
Weekly link lecturer visits offering tutorial support.
Visiting lecturer visits. Support for clinicians supporting students through training updates
Supporting learners in practice mentorship training. Students assigned to a named mentor for each placement.

Additional induction day.

Robust clinical assessment scheme mentor and assessor training supportive personal tutor system, where students are visited regularly whilst on placement clear concern reporting and feedback process.

Robust clinical assessment scheme. Mentor and assessor training. Personal tutor support system, where students are visited regularly whilst on clinical placement. Clear concern reporting and feedback processes.

Clinical placement evaluations are always positive and indicate that students are highly satisfied with this element of the course. There is an excellent working relationship that exists between placement providers and the University to ensure that students are well supported whilst on placement. No student exit interviews have identified a negative placement experience as a reason for leaving the programme. Members of academic staff are engaging with senior clinical staff within the imaging modalities to ensure that students are effectively supported in these areas. Some academic tutorials are devised around specific equipment used on placement in the imaging modalities and this is particular valuable for clinical assessments in these areas.

Increased mentor training for clinical staff, increased link tutor visits.

Each student has a nominated practice educator and an induction package is implemented for each placement. Students who fail placement tens to do so for personal or ill health reasons and not for professional issues.

PE update days. Few of the above number actually failed placement. Their attrition was due to academic failure and personal circumstances.

Practice educator support, liaison tutor visits, student/peer support as mentors, VERT to support confidence and competence, resilience training.

Students are encouraged to write up a reflection on their personal experience of clinical practice. Any issues are identified by clinical lecturers and followed up. All departments have at least 0.4FTE staff employed by the HEI for the purpose of supporting all elements of the students' clinical education whilst on placement.

 Support on Clinical Placement   1. Professional Development Facilitators. These are academic members of the course team that have responsibility for a specific placement site. The scope of the role is responsive to the needs of the students in the specific department and covers several themed areas including: Providing a link between the University and the Clinical Department   • Aid in local recruitment events • Practice Educator and Student Assessor training / updates • Advise and support clinically based Radiotherapy staff in the assessment of achievement of clinical learning outcomes and levels of competency   • Facilitate the completion of Clinical Audits   • Feedback the course team any comments about individual students or aspects of the programme • Feedback to the course team any issues within the department that may impact on student training   Supporting Student Progression and Clinical Skill Acquisition   • On site visits to the Radiotherapy departments including one to one and group tutorial support for students that integrates theory and practice exploiting local resources to enhance the acquisition of clinical skills • Provide pastoral support on personal and professional matters making appropriate referrals and informing the Course Leader as appropriate   • Monitor and support students' progress for the Personal and Professional Development webfolio, including input into formative feedback and summative marking   • Facilitate reflective learning encouraging students to explain and analyse their performance   • Design, implement and monitor students placement rota's taking into account individual student needs and overall numbers of students   • Undertake with clinical staff performance reviews at the end of each block, meetings to discuss with individual students their progression and target setting • Act in the University Academic Advisor role (see above) allowing for a holistic approach to students' academic and clinical progression   2. Practice Educators   As part of the revalidation process the course team intend to adopt The College of Radiographers definition of a Practice Educator 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, page 7).   A clinical

colleague from the Radiotherapy Department acts as the Practice Educator for individual student's co-ordinating, advising, and assisting in the clinical learning for that placement. They also facilitate the completion of the students' clinical report book and input into student performance reviews. The role is supported by Professional Development Facilitators with formal training and on-going support. Staff can also be supported in applying for access to the College of Radiographers Practice Educator register as part of their CPD activity.   3. Student Assessors   These are clinical colleagues that have specifically applied for the role as a Student Assessor and facilitate the case discussions undertaken within the clinical modules.   Initial training is delivered by the Professional Development Facilitator; they then sit in on an assessment facilitated by an experienced member of staff and have an opportunity to discuss processes and outcomes. Finally, they then conduct a case discussion supervised by their Professional Development Facilitator or experienced Student Assessor. Student Assessors are required to update their knowledge and skills once per annum, this can include update training or moderation of a clinical assessment by the Professional Development Facilitator. Co-Ordination of Academic and Clinical Support Structures   Students are encouraged to approach any member of the course team for support and guidance. Indeed, students are invited to discuss any academic or personal matters with a staff member of their choice or who may be immediately available and approachable. It is however important that student support is a co-ordinated approach to ensure that the student has access to the appropriate resources and overall progression is monitored. To complement the support outlined in the previous sections there are some management approaches that the team have successfully adopted.

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A link tutor system where academic staff visit students on clinical placement. a clinical tutor system whereby a radiotherapy radiographer in placement manages and co-ordinates the students' placement experiences.

Recruitment of additional clinical lecturers. Clinical management meetings Student feedback on clinical placements Attendance of clinical staff on supervisors and assessors course increasing the support given to students

Clinical Links for placements, Practice Learning Facilitators in Departments, Programme Newsletter, Student Rep meetings, Programme Committee meetings.

Summer placements are organised in order to enable level 4 and level 6 students to be in the clinical department at the same time. This facilitates peer mentoring which has been well received and report by students at Student/Staff consultative committee meetings as very supportive and helpful. A radiotherapy Educational Group meeting is convened on a monthly basis by the regional radiotherapy centres and enables academic staff to be kept fully appraised of issues and offer support and guidance as necessary.

Clinical tutor system at each placement, academic staff visit students on placement

flexible clinical placement selection policy with student input to try and provide them with their choice of placement.

Clinical Tutors reporting incidents /concerns.

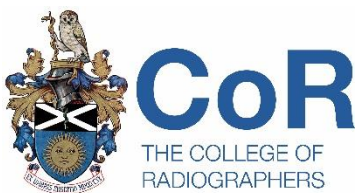Traffic Light Early warning system.

Very few students leave because of issues relating to clinical factors.   Clinical tutors - every placement site has a named clinical tutor who visits students fortnightly for both pastoral and educational reasons. Each student is provided a one-to-one session every fortnight to allow them to discuss any difficulties. Having named link-radiographers in every placement hospital whose primary role is to support students. they are the first point of contact for any student-related problem and are responsible for setting rotas. Publishing shift patterns/working hours in advance of placements to allow students to plan child-care requirements etc.

Nobody has left because of placement. We have strong links with our placement partners.

Normal things like student support from clinical tutors.

ensuring there is clear relationship between theory and practice.

We rarely find that students leave due to a bad placement experience, and that is most likely due to the close working relationship we have with our clinical colleagues, and the fact that we go out to all of the sites to visit the students for every placement.