WRAP

WORKFORCE RADIOGRAPHY REFORM PROGRAMME

Workstream 4

(DRAD and TRAD)

Retention and Support for

Students

Newly Qualified Workforce

Early Careers

Contents

Background

HEE had two strategic aims of Workstream 4. The first was to support AHP service managers to ensure graduates have access to an NHS Band 5 job offer. The second to promote the optimisation of practice-based learning and Band 5 scope of practice to increase the capability and confidence of new graduates in the workforce.

The main focus of this Workstream was to ensure that students and newly qualified practitioners are supported and as many as possible are retained in the workforce (appendix 1). For the model of engagement for this workstream both DRAD and TRAD please see separate document[1].

For an example of a DRAD case study site agenda see appendix 2 and for TRAD Advisory Group (TRAD AG) see appendix 3.

In 2018 Health Education England published the Reducing Pre-registration and Improving Retention (RePAIR) report and associated toolkit (available here). The RePAIR programme focussed on nursing and midwifery with one notable AHP exception: Therapeutic Radiography. As early as 2015 there were national concerns about the recruitment and retention of this small but vital profession.

Figure 1 Four steps of RePAIR
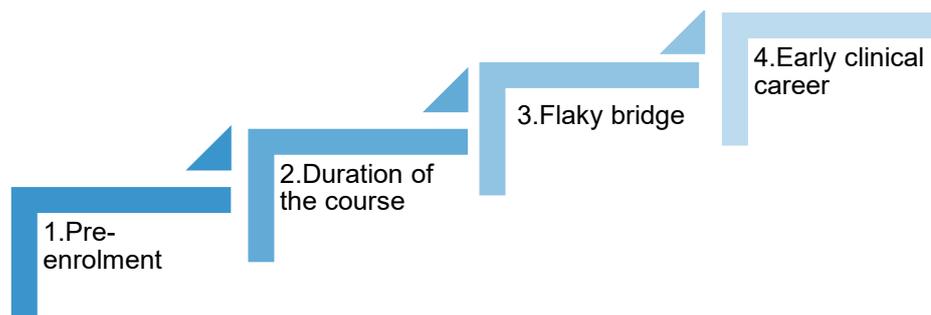
At that time, it was recognised that in order to deliver the National Cancer Plan by 2021 an increase in the therapeutic radiography workforce by eighteen per cent was required and the only way to do this was through a tripartite commitment framework:

- Student commitment
- Healthcare Provider (HCP) Commitment
- Education (HEI) provider Commitment

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[1] WRAP model of engagement for workstreams 3,4,7,8b,9b

Figure 2 Repair tripartite framework
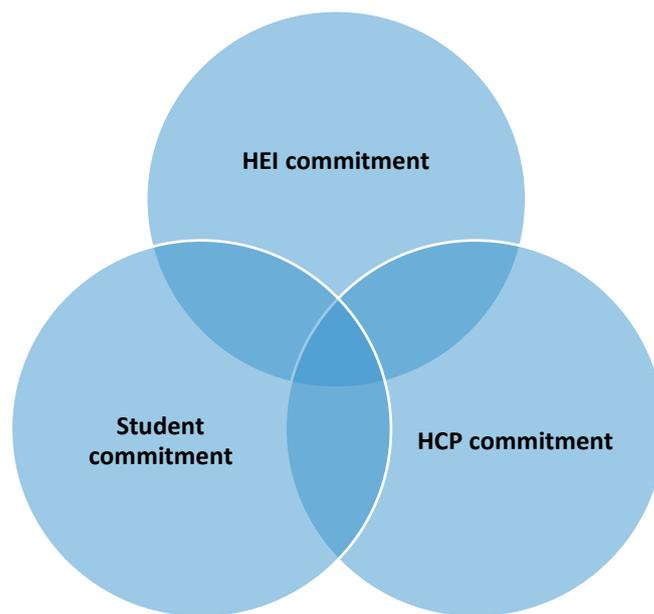
The RePAIR Executive Summary can be accessed here.

There were fifteen recommendations, four of which relate to this workstream:

Recommendation 8: National model for support for students in the clinical department
HEE should work with HCPs and HEIs to ensure that its' national strategy, to support students in clinical practice and their supervisors/mentors, is implemented.

Recommendation 11: Levels of student confidence
HEIs should develop a clearer understanding of factors that affect student confidence levels, particularly at the point of progressing from student to newly qualified practitioner.

Recommendation 12: Preceptorship model as an aid to recruitment and retention
HCPs should review their preceptorship programmes, ideally in partnership with HEIs, to improve recruitment and retention of their newly qualified staff and ensure the preceptors are appropriately trained.

Recommendation 13: Recruitment of newly qualified practitioners
Neighbouring HCPs should work together, and with their local education providers, to agree a shared model of recruiting newly qualified practitioners.

Subsequently the SoR undertook an HEE funded therapeutic radiography specific RePAIR programme and in 2021 published their report which can be accessed here.

This report sets out the activities and associated outputs from Workstream 4 under the following sections:

A. Student Retention and Progression Data
B. Practice Educators
C. Impact of COVID-19 on Radiography Students
D. Levels of Confidence and Anxiety of Students and Newly Qualified Practitioners
E. Recruitment of Newly Qualified Staff
F. Preceptorship
G. Recommendations from Workstream 4
H. Appendices

Section A: Student Retention and Progression Data

HEE regularly collects student progression data for England which is reported three times each year. In March 2023 HEE's Workforce Planning Team kindly shared the latest radiography student attrition data. It should be noted that HEE does not have the data from all HEIs that run radiography (DRAD and TRAD) programmes. This section only includes data that HEE currently holds.

There are 4325 active DRAD students and 1016 TRAD students in England (table 1). The attrition trends for Year 3 DRAD students are worrying and for Year 3 TRAD students extremely worrying (table 2). It is particularly concerning because the overall number of students recruited to these programmes in 2022 was lower than in 2021 and the early indication is that the HEIs may not fill the places for 2023 and may recruit some students through clearing.

Table 1: Active radiography students as of March 23 by discipline and HEI regional base

Profession	NE&Y	NW	EoE	Midlands	London	SE	SW	Total
DRAD (23 HEIs reported data)	781	560	559	722	717	342	644	4325
TRAD (9 HEIs reported data)	158	166	178	77	302	0	135	1016

Table 2: Undergraduate attrition trends, percentage by year and range of attrition

Profession		Year 1 (%)	Year 2 (%)	Year 3 (%)
DRAD	Overall	2.1	14.0	18.3
	Range	0.0-8.9	1.1-29.2	5.4-32.8
TRAD	Overall	2.0	13.0	27.0
	Range	0.0-7.0	3.0-41	8.0-44.0

Section B: Practice Educators

The impact that a high-quality practice learning environment has on the student experience and student retention should not be underestimated. Many HEIs and their partner service providers have introduced Practice Educators to support DRAD and TRAD learners. As one manager explained: '*Our local HEI has appointed a Practice Educator (PE). This is an important new development for the HEI. A large component of the PE's job role is to be in a clinical site and to be visible. With the pressures on the HEIs and the expansion of student numbers, the senior lecturer who is identified to support the students in our department, is struggling to get time in the practice setting. The PE is starting to become more visible and is having a direct beneficial impact on our learners and our staff'.*

The PE role is very important for all the learners in a clinical department. One PE explained that they are very busy and 'also *expected to look after all the learners in the department'.* With the current staffing pressures, it is important that PEs focus their time on the groups of students who will benefit the most e.g., Year 2 undergraduate students (RePAIR recommendation 6[2]). If simulation is to be embedded in the service, then the PE role will become even more critical as a manager queried: *how can clinical sites put simulation into practice if they don't have Practice Educators*?

In 2020 Greater Manchester undertook a project called Enabling Effective Learning Environments (EELEs) (further information available [here](#)). As part of this work the project team developed a *framework of knowledge, skills and behaviours required of practice educators.* The authors pointed out that more targeted support is required for those educating healthcare learners and for those who lead on setting the culture of the practice learning environment. They identified four key areas:

1. Roles and responsibilities of educators.
2. Knowledge, skills and behaviours required of an educator in practice.
3. The journey to becoming a practice educator.
4. Practice educator's personal development needs.

In 2021/22 The College of Radiographers enhanced the CoR's accreditation for Radiography Practice Educator Accreditation Scheme (PEAS) (available [here](#)) and has included this key role in the new Education and Career Framework (available [here](#)).

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[2] HEIs and HCPs should work together to develop specific programmes of support for second year students.

Section C: Impact of COVID-19 on Radiography Students

The second phase of HEE's RePAIR programme included diagnostic radiography students as well as therapeutic radiography students. One activity within phase two of RePAIR was to assess the impact of COVID-19 on the students at the time. A survey, designed by a sub-group of the RePAIR Impact of COVID-19 Advisory Group, was used to capture student experience during wave one (2020) and wave two (2021).

Many of the students who responded to the survey are still studying or have recently qualified. HEE kindly gave permission for the national DRAD and TRAD data sets to be analysed as part of the WRAP programme.

The detailed slide set of the analysis can be accessed [here](#).

The sample size varied by survey (table 3)

Table 3: Number of radiography student respondents to Impact of COVID-19 survey

Survey	Number of respondents		% of student population at the time of the survey	
	DRAD	TRAD	DRAD	TRAD
I	461	134	13	17
II	267	102	8	13

The respondents were asked about the following:

1. experience in the practice placement setting;
2. experience in the academic setting;
3. considered leaving radiography;
4. reasons for considering leaving;
5. reasons for NOT considering leaving;
6. health and wellbeing;
7. concern about the impact of COVID-19 on their career.

Summary of the Impact of COVID-19 on radiography students survey

3.1 Experience in the practice placement setting

The data about the student experience in practice was captured using two different scales. In total there were sixteen statements. The respondents were asked to rank their experience of induction, supervision, learning opportunities and behaviour of staff towards patients and learners.

The first eight statements were ranked against the following rating scale:
- Outstanding
- Good
- Satisfactory
- In need of improvement
- Not satisfactory

The second eight statements against the second rating scale:
- Strongly agree
- Agree
- Disagree
- Strongly disagree

The responses for all the statements and the line graphs illustrating all responses are available in the slide set which can be accessed from link on page 8.

Tables for the positive data (outstanding or good, strongly agree or agree) for each year of study for DRAD and TRAD student respondents for both surveys are in appendix 4 and summarised below.

Year I responses

Overall, the responses were positive. However, the first-year respondents to Survey I did not think the clinical staff were friendly towards them, although this experience had improved by Survey II. The respondents to Survey I were far more anxious about catching up with their academic studies than the students who responded to Survey II. All respondents reported being challenged by the amount and complexity of the clinical work.

Year 2 responses

The responses from the second year TRAD students were not as positive as those from the second year DRAD students. The TRAD students reported being less confident and more anxious about their clinical skills than the second year DRAD students. They also reported a less positive experience about the behaviour of the clinical staff towards them, although they were more positive than the DRAD students about the support from the academic staff while they were in the clinical placement.

Year 3 responses

The responses from the third-year students of the two professional groups, were more closely matched than for the other year samples. It is important to note the high percentage of all respondents who reported the challenge of the amount and complexity of the clinical work. The respondents during the first wave of COVID-19 were less inclined to feel like a student on a clinical programme than those who responded during the second wave.

3.2: Experience in the academic setting

The data about the student experience in the academic setting was captured from ten statements and one rating scale (strongly agree, agree, disagree, and strongly disagree). The respondents were asked to rank their experience of the information provided, their experience of online learning, support from academic staff, confidence in academic knowledge and clinical skills.

As above the responses for all the statements and the line graphs illustrating all responses are available in the slide set which can be accessed from link page 8.

Tables for the positive data (strongly agree or agree) for each year of study for DRAD and TRAD student respondents for both surveys are in appendix 5 and summarised below.

Year I responses

The responses from the first-year students to the experience in the academic setting, were overall not as positive as their responses to the experience in the practice placement setting. Notably their experience of online learning. Other than the TRAD respondents to Survey I, they did not agree that online provision enables effective learning. All groups did **not** agree that online learning fulfils face to face contact, and they reported struggling to complete learning outcomes with online delivery.

They noted that the academic staff were helpful even though they didn't always get regular feedback.

The first-year students who responded to Survey I were anxious about catching up with the clinical skills and felt less like healthcare students than those who responded to Survey II.

Year 2 responses

As with Year 1 respondents, the Year 2 sample were less positive about their academic experience than they were about their clinical experience.

Although, those who responded to Survey I agreed with the statement that online provision enables effective learning. This was not the response from the respondents to Survey II, with only thirty-one percent of the TRAD Survey II respondents and forty-five percent of the DRAD Survey II respondents agreeing that online provision enabled effective learning.

Only thirty percent of the TRAD Survey II respondents and eighteen percent of the DRAD Survey II respondents agreed that online learning fulfils face to face contact. The majority of all respondents reported struggling to complete learning outcomes in the context of online delivery.

The second-year respondents to Survey I were very anxious about catching up with academic studies although those who responded to Survey II were less anxious.

Year 3 responses

The responses from the third-year students were mixed and overall, less positive than the responses of the first-year and second-year samples. Those who responded to Survey I (both DRAD and TRAD) noted that online learning enables effective learning. However, the respondents to Survey II were more negative. The reported views of the Survey II respondents to the statement that online learning fulfilled face to face contact matched those of the other year groups, the respondents to Survey II were particularly negative.

The Year 3 respondents to Survey I were predominantly anxious about catching up with clinical skills.

3.3: Considered leaving radiography

The number of students who consider leaving is an indicator of potential attrition.

The percentage of the diagnostic radiography student respondents to Survey II, who had considered leaving, is higher for all years of study, when compared to Survey I. It is important to note that this **doubled for Year 2** respondents.

Table 4: Percentage of diagnostic radiography respondents who had considered leaving by year of study.

Survey	Yr 1	Yr 2	Yr 3
I	28.2	20.8	17.4
II	34.5	43	29.1

Similarly, the percentage of the therapeutic radiography student respondents to survey II, who had considered leaving, is higher for all years of study, when compared to survey I. It is important to note the high percentage for Year 2.

Table 5: Percentage of therapeutic radiography student respondents who had considered leaving by year of study.

Survey	Yr 1	Yr 2	Yr 3
I	30.6	40.9	14.3
II	36.6	52.5	28.6

3.4: Reasons for considering leaving the course

The main reasons diagnostic radiography students gave for considering leaving were:

- ❖ Sixty percent or more of both groups reported stress of the situation and being overwhelmed
- ❖ Fifty percent or more of both groups reported academic concerns and lack of university support
- ❖ Forty-five percent of the respondents to survey II noted mental health challenges, much higher than the respondents to Survey I (26%).
- ❖ Fifty-four percent of respondents to Survey I cited placement experience as a reason they had considered leaving.

Important to note the higher percentage of therapeutic radiography students' responses from Survey II in particular the following reasons:

- ❖ Seventy-six percent reported being stressed and overwhelmed by the situation
- ❖ Over fifty percent reported having academic concerns (59.5%) and workload (54.8%)

❖ Over forty percent noted lack of university support (45.2%) and reduced confidence in clinical decision making (42.9%).

However, the respondents to Survey I noted financial concerns.

3.5: Reasons for NOT considering leaving the course

Seventy eight percent of the diagnostic radiography sample who responded to Survey I and sixty-four percent who responded to Survey II advised they had NOT considering leaving because of course, professional and personal drivers.

The same reasons were cited by the therapeutic radiography respondents, sixty-nine percent who responded to Survey I and fifty-nine percent who responded to Survey II had NOT considered leaving.

3.6: Health and wellbeing

Only respondents to Survey II were asked questions about health and wellbeing. Their responses were very positive.

Eighty-two percent of the diagnostic radiography student sample and eighty-six percent of the therapeutic radiography student sample reported that there is a **positive culture of care in the clinical departments.**

Seventy-three percent of the diagnostic radiography student sample and seventy-six percent of the therapeutic radiography student sample advised that they were **valued in the clinical setting**.

Eighty-one percent of the diagnostic radiography student sample and seventy-seven percent of the therapeutic radiography student sample noted that **their contribution to patient care is recognised**.

Eighty-two percent of the diagnostic radiography student sample and seventy-six percent of the therapeutic radiography student sample advised that they are **confident in the support that they will get in their first post.**

Seventy-five percent of the diagnostic radiography student sample and seventy-one percent of the therapeutic radiography student sample reported that the **practice environment supports their lifestyle.**

3.7: Concern about the impact of COVID-19 on their career.

Unsurprisingly the respondents to Survey I were more concerned about the impact of COVID-19 on their careers than the respondents to Survey II. Twenty-seven percent of the diagnostic radiography student respondents to Survey I reported being concerned at least once a day and fifty five percent at least once a week. Similarly, twenty-four percent of the therapeutic radiography student respondents to Survey I reported being concerned at least once a day and fifty six percent at least once a week.

Section D: Levels of Confidence and Anxiety of Students and Newly Qualified Practitioners.

The pressures on the clinical services of imaging and radiotherapy are such that newly qualified practitioners are required to fulfil a significant role in delivering these services. HEE kindly gave permission for the well-established self-confidence and anxiety in clinical decision making tool, NASC-CDM©, to be used to assess how ready the final year diagnostic and therapeutic radiography students and the newly qualified practitioners in imaging and radiotherapy are to take on this responsibility.

The information about Dr Krista White's NASC-CDM© tool can be accessed here.

The twenty-seven items in the tool were not modified. However, examples as to how each item related to either diagnostic radiography or therapeutic radiography were added to the relevant item to guide the respondents' and help them recognise the application to their profession. The approach to collecting the data was piloted and suggested amendments to the approach made.

Fifty-one diagnostic radiography final year students, twenty-nine therapeutic radiography final year students, twenty-two newly qualified diagnostic radiographers and twenty-one newly qualified therapeutic radiographers completed the NASC-CDM© tool.

The 27 items for self-confidence and anxiety were analysed and presented according to the three dimensions that Dr Krista White recommends:

❑ Using resources to gather information and listening fully

❑ Using information to see the big picture

❑ Knowing and Acting

A pdf of the analysis of the findings for DRAD students and newly qualified practitioners can be accessed by clicking here.

A pdf of the analysis of the findings for TRAD students and newly qualified practitioners can be accessed by clicking here:

4.1: Summary findings

The findings were grouped by dimension and percentage of respondents into low level of confidence or high level of anxiety.

A **low level of confidence** was determined by ten percent or more of the respondent sample stating they were either **just a little confident** or **not at all confident**.

A **high level of anxiety** was determined by ten percent or more of the respondent sample stating they were either **almost totally anxious** or **totally anxious.**

DRAD levels of confidence and anxiety

For items where ten percent or more of the DRAD respondents reported a low level of confidence, please see table 6 (page 15). The majority (six out of ten) of the items are in Dimension 3: Knowing and Acting. However, all the items where this group reported a high level of anxiety (table 7) were in Dimension 3. It is important to note that the respondents consistently scored the same items from this dimension as either having low confidence and high anxiety as illustrated in the **blue text.**

DRAD Low level of confidence

Table 6: Low levels of confidence identified by DRAD respondents

Dimension	Item	Combined %: not at all confident and just a little confident
Using resources to gather information and listening fully	Ability to recognise the need to review a protocol, a procedure, or professional literature to help me make a clinical decision.	12.4
	Ability to correlate physical assessment findings with the patient's nonverbal cues.	15.1
	Ability to evaluate if the clinical decision I made influenced patient outcome.	10.9
Using information to see the big picture	Ability to evaluate if my clinical decision improved the patient's outcomes	11
Knowing and Acting	Ability to implement the 'best' priority decision option for the patient's problem.	15
	Ability to act on at least one intervention, I considered, based on my gut-feeling or intuition.	24.6
	Ability to implement one accurate intervention if the patient is having an urgent problem.	20.5
	Ability to INDEPENDENTLY make a clinical decision to complete the patient's examination.	12.3
	Ability to use my knowledge of diagnostic tests: ECGs and blood sugar findings, to help create a possible list of decisions I could implement.	37
	Ability to consider a possible intervention for the patient's problem just because it 'seems' right.	16.4

DRAD High level of anxiety

Table 7: High levels of anxiety identified by DRAD respondents

Dimension	Item	Combined %: not at all confident and just a little confident
Knowing and Acting	Anxious in my ability to act on at least one intervention, I considered, based on my gut-feeling or intuition.	10.9
	Ability to implement one accurate intervention if the patient is having an urgent problem.	16.4
	Ability to INDEPENDENTLY make a clinical decision to complete the patient's examination.	10.9
	Ability to use my knowledge of diagnostic tests: ECGs and blood sugar findings, to help create a possible list of decisions I could implement.	21.2
	Ability to consider a possible intervention for the patient's problem just because it 'seems' right.	13.7

TRAD levels of confidence and anxiety

For items where ten percent or more of the TRAD respondents reported a low level of confidence, please see table 8. This group reported a low level of confidence across all three dimensions. However, this group only reported two items with a high level of anxiety (table 9) and both were in Dimension 3, which matched two of the items in the low level of confidence list (**blue text**).

TRAD Low level of confidence

Table 8: Low levels of confidence identified by TRAD respondents

Dimension	Item	Combined %: not at all confident and just a little confident
Using resources to gather information and listening fully	Ability to recognise the need to review a protocol, a procedure, or professional literature to help me make a clinical decision.	10
	Ability to recognise important information about a patient problem from information I received from an examination request.	12

	Ability to correlate physical assessment findings with the patient's nonverbal cues to see if they match or don't match.	18
	Ability to ask the patient's significant other/family member questions to gather information about the current problem.	10
	Ability to evaluate if the clinical decision I made influenced patient outcome.	14
	Ability to incorporate personal things I know about the patient in order to make decisions in their best interest.	14
Using information to see the big picture	Ability to see the full clinical picture of the patient's problem rather than focusing in on one part of it.	22
	Ability to recall knowledge I learned in the past that relates to the patient's current problem.	10
	Ability to interpret the meaning of a specific examination finding related to the patient's problem.	20
	Ability to evaluate if my clinical decision improved the patient's outcomes.	12
	Ability to use my knowledge of anatomy and physiology to interpret information I gathered about the patient's current problem.	16
Knowing and Acting	Ability to implement the 'best' priority decision option for the patient's problem.	14
	Ability to act on at least one intervention, I considered, based on my gut-feeling or intuition.	24
	Ability to analyse the risks of the examinations, I am considering, for the patient's current problem.	22
	Ability to INDEPENDENTLY make a clinical decision to	26

	complete the patient's examination.	
	Ability to implement one accurate intervention if the patient is having an urgent problem.	10
	Ability to use my knowledge of diagnostic tests: ECGs and blood sugar findings, to help create a possible list of decisions I could implement.	48
	Ability to consider a possible intervention for the patient's problem just because it 'seems' right.	32

TRAD High level of anxiety

Table 9: High levels of anxiety identified by DRAD respondents

Dimension	Item	Combined %: not at all confident and just a little confident
Knowing and Acting	**Ability to INDEPENDENTLY make a clinical decision to complete the patient's examination.**	10
	Ability to use my knowledge of diagnostic tests: ECGs and blood sugar findings, to help create a possible list of decisions I could implement.	22

Section E: Recruitment of Newly Qualified Staff

Members of The College of Radiographers' student forum advised that they would like a more coordinated approach to the timing of when service managers release information about job vacancies. They explained that the uncertainty about when vacancies are going to be announced leads to some students accepting posts that are not necessarily in their preferred organisation. If this situation changes and they secure a post in their preferred organisation they are left with no choice but to advise the manager, where they have already accepted a post, that they will no longer be taking that appointment. This scenario results in exasperation and anxiety for all concerned.

Through the WRAP meetings service managers were urged to rethink their recruitment schedule and to discuss with neighbouring trusts the possibility of holding joint recruitment fairs and a shared agreement about the approach to recruitment and the timing. Leeds University has traditionally held a recruitment event which has been well received. As one manager explained: '*these events are really good, and you get some postgraduate students looking for opportunities as well. They help us recruit the right people to match the vacancies. The problem is students apply for multiple jobs across the region. They wait to see what offers come in. We understand why they turn the offer down, but it leaves the departments with a gap to fill, and it may not be possible to repeat the recruitment event'.*

In their paper about career intentions, Kizzett and Snaith advise that '*career guidance is essential and should begin as early as possible.* They also point out that '*clinical and academic radiographers need to appreciate the influence they have on students' future career plans'.* To access their paper click here.

Traditional recruitment models may not work for the new generation of students. A senior member of an imaging team suggested it is important to be remember that the students graduating in 2023 have very different expectations to those who graduated in 2000. This is not a new concern, in 2015 HEE published the 'Mind the Gap' report (available here), which explored the characteristics of different generations. The authors reported these generational concepts require consideration to enable the staff to appropriately support the individuals as they start their professional careers.

An imaging services manager from Scotland noted that '*we need to manage expectations and we should not be luring people into the profession with a false sense of what they will experience on a day to day basis. We do not expect our newly qualified Band 5s to graduate and be able to "do anything". It is like learning to drive a car, you pass your test and then you learn to drive a car'.*

Section F: Preceptorship

There is a paucity of contemporary preceptorship programmes in radiography, diagnostic or therapeutic. Many newly qualified radiographers spend their early career developing more clinical skills, rather than being fully supported through a preceptorship programme by an appropriately trained preceptor. In 2022 the HCPC launched its consultation on the principles for preceptorship modelled on the successful NMC approach to principles for preceptorship in nursing and midwifery which were influenced by the findings from RePAIR. In February 2023 the HCPC approved the principles for launch in the summer of 2023. For an update, please see the pdf here.

Early on in WRAP it became very evident that there is a need for a robust preceptorship programme that specifically supports therapeutic radiography early career practitioners. The Education and Training Team at the Christie NHS Foundation Trust were approached about the possibility of designing and delivering a radiotherapy bespoke preceptorship programme for all newly qualified radiotherapy radiographers. This team has extensive experience in successfully delivering online programmes. They are currently leading the country's digital placement offering, with 1000 placements happening next year.

In December 2022 this development was shared with the TRAD Advisory Group. The Christie team explained that they will be working closely with the SoR even though preceptorships are not currently mandated for AHPs.

The aim is that the preceptorship programme will support:

- new novice workforce,
- staff in transitional roles,
- internationally recruited radiographers.

The programme will enable newly qualified practitioners to translate knowledge into confidence in the clinical setting. Preceptorship programmes are not about 'doing a skill'. They are designed to allow time to build confidence and capability, increase individual autonomy, support individuals to apply different contexts to different scenarios and hopefully be able to self-regulate.

A newly qualified practitioner may appear to be under-performing in a skill, but it may actually be the case that they need to build their self-confidence.

This preceptorship model will be aiming to keep final year students transitioning into their first roles in the profession really excited about becoming a therapeutic radiographer. The team explained: '*We're trying to assure competence, build confidence and support career plans right across the four pillars of practice and focused on the novice practitioner.'* The evidence from RePAIR is that if you have a robust preceptorship programme and the preceptee feels *seen, heard and supported* they are less likely to leave during their early career.

The plan is to also devise, develop and implement a national preceptorship programme, potentially signed off or accredited by CoR, that focuses on the preceptor.

This new national therapeutic radiography preceptorship programme should be in place by the end of 2023. Once it has been piloted and evaluated it is hoped that it will then be offered to diagnostic radiographers.

HEE's South West DRAD Workforce Action Group established a Preceptorship Task and Finish Group. The output of their work is a preceptorship tree animation which can be seen on slide 12. The slide set about this project can be accessed here.

Section G: Recommendations from Workstream 4

1. A deep dive into why some HEIs have a better therapeutic radiography recruitment record than others, should be undertaken.
2. A review of how Practice Educators, who support radiography students, are employed, deployed, developed and supported should be undertaken.
3. The Society of Radiographers should work with HEIs to fully understand the impact of online learning on student radiography retention.
4. The Society of Radiographers should undertake further study into why radiography students and newly qualified radiography practitioners have a low level of confidence and a high level of anxiety about knowing something and acting on it.
5. Healthcare providers should work closely with neighbouring service provides and HEIs to coordinate the timing of and approach to recruiting newly qualified practitioners.
6. The College of Radiographers should lead on the evaluation of the new Christie Therapeutic Radiography Preceptorship model.
7. The College of Radiographers should ensure that a DRAD preceptorship model is developed, based on the new HCPC principles of preceptorship; addresses all four pillars of practice; supports the newly qualified practitioner, and recognises the preceptor role.

Section H: Appendices

Appendix 1: Focus of Workstream 4

Workstream 4

The main focus is to ensure that students and newly qualified practitioners are supported and as many as possible are retained in the workforce.

This work will also be linked to workstream AHP 9:Extend the RePAIR work in partnership with Macmillan

Assess the current approach to ensuring job offers for Band 5 posts and the alignment with other healthcare models

Evaluate confidence and anxiety of final year students and the newly qualified workforce

Appendix 2: Example of DRAD case study site meeting where Workstream was considered

Radiography Workforce Reform Priorities

Nottingham University Hospitals NHS Trust

Meeting 2 agenda

Friday February 10th 11:00-12:30

Time	Item
11:00 – 11:05	Welcome and apologies
11:05 – 11:15	Notes and actions from meeting 1
11:15 – 11:40	Workstream 3 cont
11:40 – 11:55	Workstream 4 Band 5 recruitment Self-Confidence and Anxiety survey
11:55 – 12:05	Workstream 8
11:05-12:15	Workstream 9
12:15-12:25	Other priorities for the Nottingham case study site
12:25	Date of next meeting

Appendix 3: Examples of TRAD Advisory Group meetings where Workstream was considered

WRAP TRAD Advisory Group

Meeting 1 October 26th 13:30-15:30

AGENDA

Time	Item	Presented by	Paper Reference
13:30	Welcome and introduction to the SoR WRAP TRAD team	Mary Lovegrove (CHAIR)	
13:40	Background to the WRAP TRAD programme	Mary Lovegrove	Briefing paper and slides presented
14:00	Workstream 3	Chair + all attendees	Slide presented
14:20	Workstream 4	Chair + all attendees	Slide presented
14:40	Workstream 7	Chair + all attendees	Slide presented
14:50	The Y&H ODN Apprenticeship proposed model	Hazel Rodger	
15:00	Discussion and next steps	All	
15:25	Next Steps	Chair	

WRAP TRAD Advisory Group

Meeting 2 December 6th 13:30-15:00

AGENDA

Time	Item	Presented by
13:30	Welcome	Mary Lovegrove
13:35	Apprenticeships in RT	Jane Hadfield and Fay Lane HEE
14:00	Discussion about apprenticeships in RT	Chair + all attendees
14:30	Preceptorship developments	Alison Sanneh and Wesley Doherty, The Christie
14:45	Priority for next meeting – Support Workforce	Mary Lovegrove
14:50	Discussion and next steps Next meeting January 17th 13:30-15:00	Mary Lovegrove +All

Appendix 4: Student experience in practice placement setting during COVID-19

<u>Year I responses</u>

Survey statement	DRAD Survey I % outstanding or good	DRAD Survey II % outstanding or good	TRAD Survey I % outstanding or good	TRAD Survey II % outstanding or good
Formal induction or introduction at the start of a placement or entered a new clinical environment	77	57	76	73
Overall supervision in the practice environment	88	68	69	79
Discussion at the start of the clinical placement	78	52	61	76
Range of learning opportunities	85	55	62	76
Opportunities to learn from others	70	65	69	61
Level of communication between staff and patients*	89		84	
Staff are friendly	59	65	54	82
Support from academic staff, if needed, while in practice	93	75	100	94
	% strongly agree or agree	% strongly agree or agree	% strongly agree or agree	% strongly agree or agree
Good learning environment	93	91	76	97
Supported in the practice environment	93	84	92	91
Practice environment respected inclusion, equality and diversity	93	88	93	91
Challenged by the amount and complexity of the clinical work	75	57	69	80
Anxious about catching up with their academic studies	70	50	84	47
Still felt like a student on a clinical programme	86	81	77	88
Confident in clinical knowledge and skills**		69		77
Anxious about clinical knowledge and skills*		49		56

NB: * only asked in survey I ** only asked in survey II

Year 2 responses

Survey statement	DRAD Survey I % outstanding or good	DRAD Survey II % outstanding or good	TRAD Survey I % outstanding or good	TRAD Survey II % outstanding or good
Formal induction or introduction at the start of a placement or entered a new clinical environment	65	61	50	49
Overall supervision in the practice environment	70	72	78	56
Discussion at the start of the clinical placement	69	60	57	49
Range of learning opportunities	65	59	64	53
Opportunities to learn from others	72	69	64	49
Level of communication between staff and patients*	78		78	
Staff are friendly	71	66	50	64
Support from academic staff, if needed, while in practice	92	69	100	87
	% strongly agree or agree	% strongly agree or agree	% strongly agree or agree	% strongly agree or agree
Good learning environment	91	91	78	87
Supported in the practice environment	87	82	65	75
Practice environment respected inclusion, equality and diversity	91	88	85	82
Challenged by the amount and complexity of the clinical work	53	71	85	65
Anxious about catching up with their academic studies	62	62	57	72
Still felt like a student on a clinical programme	82	78	64	75
Confident in clinical knowledge and skills**		72		48
Anxious about clinical knowledge and skills**		49		67

NB: * only asked in survey I ** only asked in survey II

Survey statement	DRAD Survey I % outstanding or good	DRAD Survey II % outstanding or good	TRAD Survey I % outstanding or good	TRAD Survey II % outstanding or good
Formal induction or introduction at the start of a placement or entered a new clinical environment	58	72	61	55
Overall supervision in the practice environment	63	68	85	75
Discussion at the start of the clinical placement	78	52	61	76
Range of learning opportunities	60	68	77	70
Opportunities to learn from others	69	63	77	65
Level of communication*	83		92	
Staff are friendly	71	66	93	66
Support from academic staff, if needed, while in practice	83	63	69	95
	% strongly agree or agree	% strongly agree or agree	% strongly agree or agree	% strongly agree or agree
Good learning environment	87	93	100	80
Supported in the practice environment	80	86	92	80
Practice environment respected inclusion, equality and diversity	87	89	92	80
Challenged by the amount and complexity of the clinical work	83	82	84	95
Anxious about catching up with their academic studies	28	54	38	50
Still felt like a student on a clinical programme	58	74	61	85
Confident in clinical knowledge and skills**		81		85
Anxious about clinical knowledge and skills**		48		40

NB: * only asked in survey I ** only asked in survey II

Appendix 5: Student experience in academic setting during COVID-19

Year I responses

Survey statement	DRAD Survey I % strongly agree or agree	DRAD Survey II % strongly agree or agree	TRAD Survey I % strongly agree or agree	TRAD Survey II % strongly agree or agree
Provided with the information needed at the start of the pandemic	53	84	63	93
Online provision enables effective learning	54	50	71	61
Online learning fulfils face to face contact	35	39	45	54
Academic staff really helpful during the pandemic	83	75	95	82
Regular feedback from the academic staff	54	42	82	50
Struggled to complete learning outcomes with online delivery	69	67	64	53
Confident in academic knowledge		57		60
Anxious about academic knowledge**		55		47
Anxious about catching up with clinical skills**	93	50	87	54
Felt like a healthcare student during COVID.	44	82	58	86

NB: ** only asked in survey II

Year 2 responses

Survey statement	DRAD Survey I % strongly agree or agree	DRAD Survey II % strongly agree or agree	TRAD Survey I % strongly agree or agree	TRAD Survey II % strongly agree or agree
Provided with the information needed at the start of the pandemic	54	66	68	80
Online provision enables effective learning	64	45	90	31
Online learning fulfils face to face contact	39	18	50	30
Academic staff really helpful during the pandemic	79	63	82	76
Regular feedback from the academic staff	56	40	72	50
Struggled to complete learning outcomes with online delivery	69	66	82	65
Confident in academic knowledge**		53		53
Anxious about academic knowledge**		67		56
Anxious about catching up with clinical skills	93	56	89	50
Felt like a healthcare student during COVID.	57	82	47	73

NB: ** only asked in survey II

Year 3 responses

Survey statement	DRAD Survey I % strongly agree or agree	DRAD Survey II % strongly agree or agree	TRAD Survey I % strongly agree or agree	TRAD Survey II % strongly agree or agree
Provided with the information needed at the start of the pandemic	60	48	64	31
Online provision enables effective learning	69	29	78	53
Online learning fulfils face to face contact	48	16	54	39
Academic staff really helpful during the pandemic	73	68	86	69
Regular feedback from the academic staff	49	39	78	54
Struggled to complete learning outcomes with online delivery	59	57	50	61
Confident in academic knowledge**		55		69
Anxious about academic knowledge**		55		31
Anxious about catching up with clinical skills	82	48	86	53
Felt like a healthcare student during COVID.	55	61	54	84

NB: ** only asked in survey II