

**APPROVAL AND ACCREDITATION  
BOARD**

**ANNUAL REPORT**

**The College of Radiographers**

**September 2006 – August 2007**

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## 1. Foreword

This annual report for the 2006-7 academic year provides a comprehensive review of the approval and accreditation activity undertaken over the past year and incorporates the annual statistical analysis of programmes conferring eligibility for registration with the Health Professions Council.

The pace of change over this period has been intensive, particularly with the introduction in England of the standard benchmark contract price which took effect in September 2007 and has had a profound effect on the interface between the College of Radiographers and education providers. A significant amount of work has been undertaken to ensure new systems have been developed and embedded to respond to these changes and enhance engagement with the education sector. Early indications of the success of these initiatives are encouraging. Despite the scale of change, the Approval and Accreditation Board (AAB) and its work continue apace and further work related to the College's accreditation strategy will emerge in the forthcoming year.

The College remains keenly aware that our achievements in respect of educational approvals and support, and partnership with education providers, depends not only on the concerted efforts of the Board, but also our many stakeholders and voluntary assessors from both the clinical and education sectors. We would like to congratulate all education and training providers on their achievements in 2006/07 and we look forward, with them, to further achievement in the coming year. We also thank all the assessors and AAB members for their sterling work on behalf of the College over the year.

A handwritten signature in black ink, appearing to read 'I. Henderson', written in a cursive style.

**Ian Henderson**  
**Chair**  
**Approval and Accreditation Board**

## **2. Executive summary**

### **Background**

This annual report draws into a single report a comprehensive review of approval and accreditation activity over the past year and the annual statistical analysis of programmes conferring eligibility for registration as a radiographer with the Health Professions Council. The latter is recognised as the most authoritative record of student recruitment, retention and completion.

A major change has been the introduction in England of the Standard Benchmark Price and Contract, where the interface between professional bodies and higher education providers came under close scrutiny. Change was required for the 2007-8 academic year, particularly with the arrangements for student membership registration. This required a great deal of work to develop a new membership process and further work will ensue in the coming year. Critically, the College must work with education providers to overcome problems associated with data exchange if the national record is to be maintained.

### **Approval and accreditation policy and guidance development**

The Learning and Development Framework for Clinical Imaging and Oncology has been a major piece of work undertaken, which updates and replaces the Curriculum Framework published in 2003. This provides authoritative guidance to inform those working in the provision of clinical imaging or oncology services. It has been produced in digital format only. The AAB also developed Guidance on the Approval and Accreditation of Programmes delivered outside the United Kingdom, now sited on the SoR website ([www.sor.org](http://www.sor.org)).

### **Approval of programmes**

The AAB has been involved with the review and re-approval of 8 pre-registration programmes; validation and approval of a new 3-year programme, and a 2-year part-time distance-learning programme to enable assistant practitioners to complete a BSc(Hons) programme. The AAB also reviewed and re-approved two PgD programmes in therapeutic radiography and a PgD/MSc in diagnostic radiography. An MSc was also approved as an alternative route to registration in therapeutic radiography.

The first course delivered outside the UK in collaboration with a UK university was approved as a collaboration between the University of Bradford and Shaukat Khanum Memorial Cancer Hospital and Research Centre.

Three higher education institutions failed to return monitoring schedules, which has had an adverse effect on the accuracy of data recorded within this report. This highlights the vital importance of accurate and timely completion of the monitoring schedules by all HEIs. However, first year student registration forms have been received from all HEIs.

The figures suggest first year student retention on the census date of November 1<sup>st</sup> 2006 approximates 98% for diagnostic intakes, but 82% for therapeutic intakes giving much cause for concern.

Taking into account historical data from those HEIs with missing monitoring schedules, the statistics suggest there is likely to have been some negative impact, particularly in the diagnostic discipline, by the reduction in education commissions/funding that occurred in the 2006-7 year.

The recognition of a new postgraduate radiography provider in Scotland has resulted in increased access to postgraduate and post-registration education in diagnostic imaging in the country.

The numbers of submissions for approval of assistant practitioner programmes have reduced significantly reflecting that the period of initial introduction of this role is completed. However, five submissions were approved.

The Practice Educators Accreditation Scheme was launched and during its first year of operation 9 programmes were approved by the College.

The Consortium for the Accreditation of Clinical Magnetic Resonance Education was formally dissolved during the year with the activity subsumed into the work of the AAB.

### **Staff and staff development**

Doctorates are held by 23 members of radiography education staff. A further 216 members of staff hold higher degrees. Data collated showed a strong commitment to staff development.

The important roles played by practice educators and clinical staff in student education is acknowledged by the College which considers appropriate training and development is required to ensure maintenance of quality student practice education.

### **Accreditation process**

The number of accreditations of assistant practitioners increased during the past year and the voluntary register, hosted on the SoR website, became live.

The Practice Educator Accreditation Scheme was launched and the College set up a register of accredited practice educators.

Much work has been undertaken to develop a system for the accreditation of advanced practitioners including a formal consultation. It is anticipated that, with the further development being undertaken, the scheme will be piloted in 2007-8 academic year.

## **Sonographer Registration**

An application to seek protection of the title 'Sonographer' from the Health Professions Council has been drafted. Although a long way off, this will likely lead to undergraduate 'direct entry' programmes in ultrasound practice should the application be approved and implemented.

## **Continuing professional CPD**

CPD Now has been supported by a series of regional training events, the second part of which consisted of an interactive session. Approximately 200 members received this training. Significant improvements to CPD Now have been introduced. A user survey undertaken demonstrated generally favourable results. However, 48% of respondents felt the system was not sufficiently user-friendly. This is now being addressed. At the end of August 2007, 2100 users were actively engaging in CPD Now.

Thirty-six programmes gained CPD endorsement this year compared to 62 in the previous year. Commercial provision showed a slight decrease in absolute terms.

## **Training and development and other workshops**

A planned assessor training day was held in November 2007. The AAB continues to look to recruit new assessors.

The first annual meeting between the College and the Heads of Radiography Education in HEIs was held in January 2007 and was deemed to be a useful and constructive event and a follow-up meeting for January 2008 has been planned.

## **Student Attrition**

Student attrition rates remain on an upward trend and at a level that is very worrying. Without an adequate workforce supply, healthcare targets for cancer and waiting times will not be met and certainly not sustained.

## **Other activities**

The AAB welcomed the £5million investment by the Department of Health England in radiotherapy education for immersive virtual learning technology.

### **3. Introduction**

The Approval and Accreditation Board (AAB) of the College of Radiographers was established three years ago, with the intention of bringing all of the College's education approval work and its accreditation activities into a single framework. It was always the intention to take an evolutionary approach to its work, given the degree of change affecting or impacting on the education of radiographers and the wider radiography workforce. This report recognises another phase in that evolution and, in particular, it draws into a single report a comprehensive review of approval and accreditation activity over the past year and the annual statistical analysis of programmes conferring eligibility for registration with the Health Professions Council. This latter has been produced by the College of Radiographers annually for many years and is recognised as the most authoritative record of student recruitment, retention and completion.

The pace of change over the period of this report has been intensive. A major change has been the introduction in England of the Standard Benchmark Price and Contract which took effect from September 2007. As a result, the long-standing interface between professional bodies and higher education providers came under intense scrutiny, with the need to change in preparation for the 2007/2008 academic year imperative. Previously, and as was the case for the 2006/2007 academic year, student radiographers were registered with the College of Radiographers for an annual fee per student that was paid by the higher education providers. In return, students accrued the benefit of membership of the Society of Radiographers and education providers were provided with a diverse range of services from the Society and College of Radiographers. From September 2007, this arrangement no longer applied, necessitating a great deal of work to develop a new system that would ensure continuity of engagement with both student radiographers and education providers.

While the changes introduced have yet to bed down fully, the early signs are encouraging and it appears that both students and education providers value the work of the Society and College of Radiographers. Further work related to the changed environment will ensue, notably the development in the coming year of more detailed guidance on the role of the College of Radiographers in the approval of education programmes for radiographers and the wider radiography workforce. Critically, too, the College must work with each education provider to overcome problems associated with data exchange. This is vital if the national record on student recruitment, retention and attrition is to be maintained.

Despite the scale of the change referred to above, the Approval and Accreditation Board and its work has continued apace. This report details that work and provides a summary of the state of radiography education and accreditation for the academic year 2006/2007.

#### **4. Approval and Accreditation Policy and Guidance Development**

A major piece of work undertaken by a project group with representation from the Approval and Accreditation Board has been the development of the Learning and Development Framework for Clinical Imaging and Oncology. This updates and replaces the Curriculum Framework published in 2003.

Wide-scale consultation took place on the draft document, between 1<sup>st</sup> December 2006 and 28<sup>th</sup> February 2007, prior to a final draft being submitted to the Council of the Society of Radiographers and the Board of Trustees of the College of Radiographers for approval.

The Learning and Development Framework provides authoritative guidance to inform all those working in the provision of clinical imaging or oncology services at all levels of practice and/or supporting education, research and development, and management, both in the public and private sectors. It is also intended as a major source of reference for all stakeholders concerned in the delivery of high quality healthcare services and supporting education and development across the United Kingdom.

It is designed to assist learners in achieving goals, such as targets in their career pathway, and in the development and enhancement of practice based skills that will help them deliver a better service to patients and clients. The framework also supports a continuing process of lifelong learning.

It has been produced in digital format only and can be found on the Society of Radiographers web site:

[http://www.sor.org/members/pdf/sor\\_learning\\_and\\_development\\_framework.pdf](http://www.sor.org/members/pdf/sor_learning_and_development_framework.pdf)

The AAB developed Guidance on the Approval and Accreditation of Programmes delivered outside the UK which can be accessed on the Approval and Accreditation section of the website: <http://www.sor.org/public/app.htm>

#### **5. Approval of Programmes**

##### **5.1 Pre-registration Programmes**

During the 2006/7 academic year the AAB has been involved in the review and re-approval of 8 pre-registration BSc (Hons) programmes at 4 universities (Anglia Ruskin University, Cardiff University, London South Bank University, University of Hertfordshire); validation and approval of new 3 year programmes in Diagnostic and Therapeutic Radiography at the University of Ulster to replace the existing 4-year programmes, and a 2-year part-time distance-learning programme to enable assistant practitioners to complete a BSc (Hons) in Therapeutic Radiography at Anglia Ruskin University. This latter leads to accreditation as practitioners and eligibility for registration with the Health Professions Council (HPC). The AAB also reviewed and re-approved two PgD - programmes in Therapeutic Radiography (Sheffield Hallam and London South Bank University) and a PgD/MSc in Diagnostic Radiography (University of Teesside). At London South Bank, an MSc was also approved as an alternative route and award leading to accreditation as practitioners and eligibility for registration with the Health Professions Council (HPC).



For the first time, the Approval and Accreditation Board approved a course being delivered outside the UK in collaboration with a UK University. The AAB approved a BSc (Hons) Medical Imaging to be delivered in Lahore as a result of the collaboration between the University of Bradford and Shaukat Khanum Memorial Cancer Hospital and Research Centre, on condition of a site visit being undertaken by AAB representatives.

Currently, 25 Higher Education Institutions (HEIs) are accredited to offer Diagnostic and Therapeutic Radiography programmes, successful completion of which leads to accreditation as a practitioner and eligibility to apply for registration with the HPC.

25 HEIs are accredited to offer Diagnostic Radiography programmes

- 20 HEIs are accredited to offer programmes of three years duration
- 4 HEIs are accredited to offer programmes of four years duration
- London South Bank University is accredited to offer a 4-year part-time in service BSc (Hons) Diagnostic Radiography programme.
- Anglia Ruskin University is accredited to offer a 2-year part time distance learning BSc (Hons) Diagnostic Radiography as a top-up programme for Assistant Practitioners.
- 6 HEIs are accredited to offer part-time BSc (Hons) Diagnostic Radiography programmes.
- University of Teesside is accredited to offer a PgD/MSc Diagnostic Radiography.

NB. From autumn 2007 the University of Ulster's programme will reduce from four to three years in length.

13 HEIs are accredited to offer Therapeutic Radiography programmes:

- 10 HEIs are accredited to offer programmes of three years duration
- 3 HEIs are accredited to offer programmes of four years duration
- London South Bank University is accredited to offer a 4-year part time BSc (Hons) Therapeutic Radiography programme.
- Anglia Ruskin University is accredited to offer a 2-year part time distance learning BSc (Hons) Therapeutic Radiography as a top-up programme for Assistant Practitioners
- 5 HEIs are accredited to offer part-time BSc (Hons) Therapeutic Radiography programmes
- Sheffield Hallam University and Queen Margaret University are accredited to offer PgD Therapeutic Radiography programmes.
- London South Bank University is accredited to offer a PgD/MSc Therapeutic Radiography.

NB. From autumn 2007 the University of Ulster's programme will reduce from four to three years in length.

## 5.2 Entry/Registration Numbers for Pre-registration Programmes

### 5.2.1 Entry Numbers (first years) to Pre-Registration Programmes

Higher Education Institutions completed the annual monitoring schedule of the College of Radiographers with a census date of November 1<sup>st</sup> 2006.

This showed the following.

Number of first year students registered with the HEIs	
Diagnostic Students	Therapeutic Students
1023	361

*Table 1*

Three institutions failed to return monitoring schedules:

- For diagnostic students – Birmingham City University (formerly the University of Central England), University of Derby and Glasgow Caledonian University
- For therapeutic students - Birmingham City University and Glasgow Caledonian University

The data was compared to student registration information held on the Society and College of Radiographers membership database. This showed that individual first year student registrations from the autumn in-take had been received for all HEIs, during the 2006-7 academic year.

	All first year individual registrations	Individual first year registration from those HEIs who completed data monitoring schedules
Diagnostic students	1194	1006
Therapeutic students	336	297

*Table 2*

It is difficult to identify the levels of student retention, from the data, highlighting the vital importance of accurate completion of the monitoring schedules by all HEIs.

Nevertheless, the figures suggest retention at the census date approximates 98% for diagnostic intakes and 82% for therapeutic intakes (comparing census data from HEIs with individual student registration from those same HEIs only). The picture is heartening for diagnostic intakes, but gives much cause for concern for radiotherapy.

### 5.2.2 Total Student Radiography Population for 2006-7

New and continuing students were reported in the monitoring schedules returned to the College of Radiographers. As noted before, for 2006-7, three HEIs did not submit a return, hence the overalls for 2006-7 appear lower.

The following table shows the total student population reported over the past four years.

**Total Radiography Student Populations from 2003/4-2006/7**

Academic Year	Diagnostic	Therapeutic
2006/07	2892	712
2005/06	3694	862
2004/05	3415	845
2003/04	3023	758

**Table 3**

The failure of the three HEIs to return their monitoring schedules means that the College is unable to report accurately the impact of the financial constraints on education and training in the NHS with consequent reductions in education commissions/funding that occurred in the 2006-7 year. However, taking into account the historical data from all institutions, there is likely to have been some adverse impact, particularly in the diagnostic discipline.

### 5.3 Completion Numbers for Pre-Registration Programmes

Table 4 below shows the number of students that graduated during 2007, and so became available to the radiography workforce in the United Kingdom.

**Number of students graduating from radiography programmes in 2007**

	Diagnostic	Therapeutic
	884 BSc (Hons)	161 BSc (Hons)
	13 BSc Ordinary*(Birmingham City University)	4 BSc Ordinary*(Birmingham City University)
<b>TOTAL</b>		16 PgD
	<b>897</b>	<b>181</b>

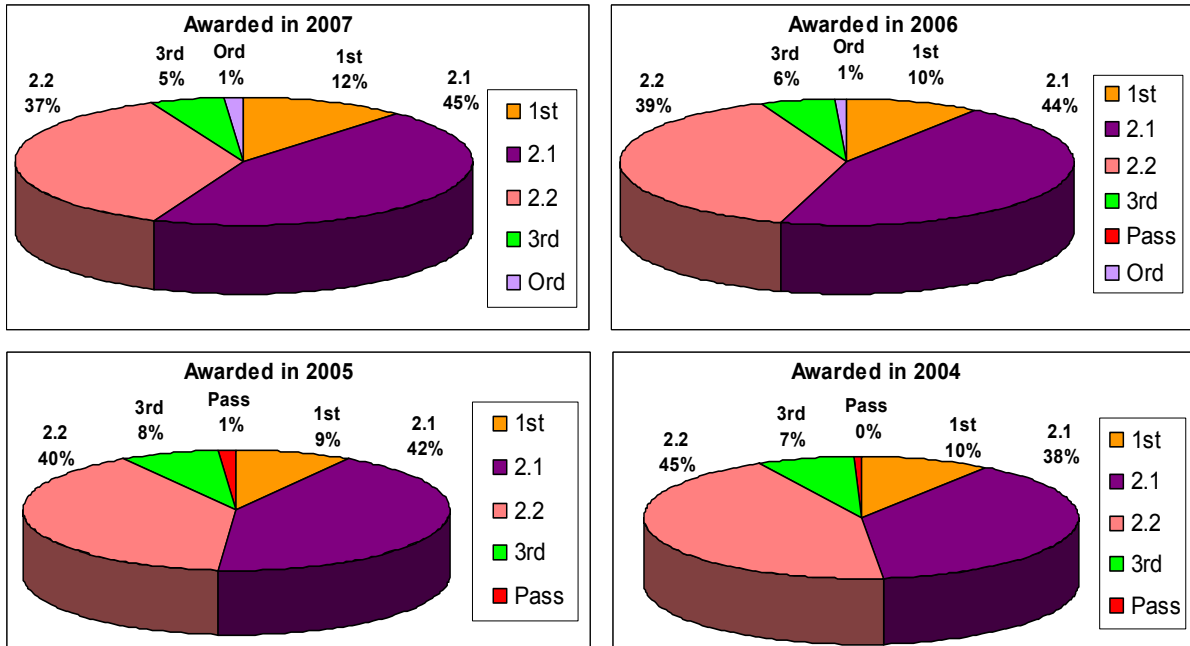
**Table 4**

\* Eligible to apply for registration with the HPC. This is the final year that the ordinary BSc Degree is included as, for all students graduating after 2007 the minimum award for College of Radiographers' accreditation at practitioner level and the threshold for entry to the HPC Register will be the Bachelor Degree with Honours.

## 5.4 Degree Classifications

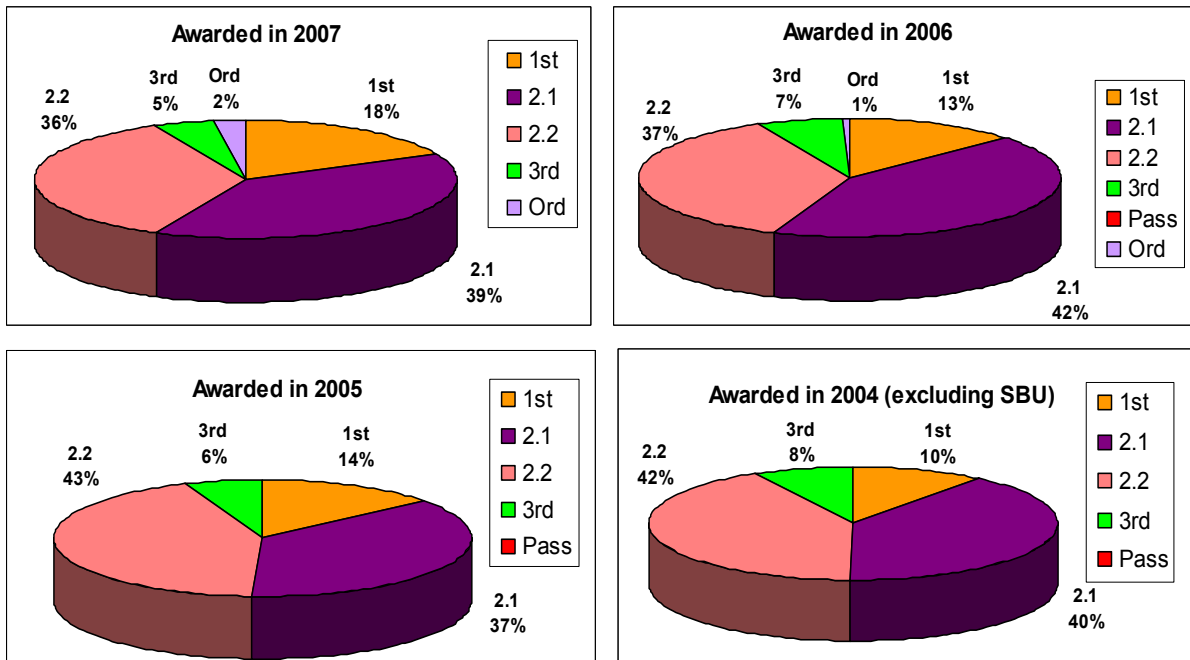
Diagrams 1 and 2 demonstrate the percentages of degree classifications gained between 2004-7, in both diagnostic and therapy programmes. No noteworthy changes are observed. The slight fluctuations from year to year are deemed insignificant.

**Diagnostic degree classifications by percentage in 2004 - 2007**



**Diagram 1**

**Therapy degree classifications by percentage in 2004 - 2007**



**Diagram 2**

## **5.5 Pre-Registration Student Intake Details**

The College monitor pre-registration student intakes in detail. Further summary information on intakes is given in Appendices 1-6 as follows.

- Student intakes for all UK pre-registration radiography courses (i.e. all BSc(Hons) and postgraduate programme): Actual intakes compared to CoR approved intakes
- Range and average intake figures for HEIs for the academic years 2003-2006
- Entry qualifications for students entering programmes for 2003-2006
- Entry qualifications both by number and percentage of students commencing in the years 1996 to 2006
- Comparative data for age and gender on entry to programmes between 2003-2006
- Graphical representation of entry trends for the past 10 years by age and gender
- Attrition rates

## **5.6 Good Practice in Pre-registration Programme**

Aspects of programmes that have been commended as good practice by representatives include:

- 5.6.1 The support provided for mature students in enabling them to negotiate their 28 hours per week of clinical placement, contributing to a reduction in attrition rates.
- 5.6.2 The level of support provided by the team both for students and practice educators.
- 5.6.3 Commitment of the course team to supporting students.
- 5.6.4 Excellent student support mechanisms in both academic and clinical modules.
- 5.6.5 The open communication between staff and students.
- 5.6.6 The reflection of a clear student voice within the department.
- 5.6.7 The clinical liaison systems in place and the strong partnerships between academic and clinical colleagues.
- 5.6.8 Good level of engagement with the University quality processes.
- 5.6.9 The engagement of team members in discussions throughout the review and the obviously high level of team working within the department.
- 5.6.10 The clarity of processes for dealing with professional behaviour.
- 5.6.11 The team's growing research profile and the positive impact this is having on curriculum development.
- 5.6.12 The development of the personal development planning (PDP) system.

- 5.6.13 Proposed capital investment in diagnostic and therapeutic physical resource.
- 5.6.14 The use of the “in practice” software which it is felt is an exemplar of innovative practice.
- 5.6.15 Diversity and innovative nature of assessment methods supports student development.
- 5.6.16 The strong research theme throughout all three years promotes research aware graduates.
- 5.6.17 Excellent application of inter-professional learning throughout multiple areas of the programme.
- 5.6.18 High levels of integration of subject areas.
- 5.6.19 Inclusion of image interpretation skills within the programme reflects the professional policy of the Society and College of Radiographers and the requirements of practice.
- 5.6.20 The quality of documentation submitted.
- 5.6.21 Good practice specific to distance learning programmes:
- 5.6.21.1 Quality of the flexible and distributed learning methods used. The team had clearly responded innovatively to market needs and through developing an excellent student experience which was evidenced by the enthusiasm of the students at their meeting and through the presentation made by the team.
- 5.6.21.2 Quality of the student handbook which was particularly supportive for students learning at a distance.

## **5.7 *Clinical Placements for Pre-Registration and Assistant Practitioner Programmes***

Data was collected on placements providing clinical experience for pre-registration students and trainee assistant practitioners. The 22 returned monitoring schedules shared a total of 238 major clinical placements providing clinical education for diagnostic radiography students, with 63 of these also training assistant practitioners.

This shows an increase in the number of major clinical placements, as follows:

- 2005/6 – 226
- 2004/5 – 229
- 2003/4 – 215
- 2002/3 – 223

A total of 114 subsidiary placements were used by 18 HEIs, mainly to provide experience in specialist areas of practice and the independent sector.

The clinical education of therapeutic students was provided by 55 major clinical placements (at least 16 of these also train assistant practitioners) compared with

- 2005/6 – 66
- 2004/5 – 59
- 2003/4 – 56
- 2002/3 – 56

These figures demonstrate no increase in placement availability in 2006-7, although as noted before, not all monitoring schedules were received.

A total of 13 subsidiary placements were used by 5 HEIs mainly to provide experience in specialist areas of practice and the independent sector.

### **5.8 Postgraduate Post Registration Programmes**

The Board continues to approve courses at postgraduate level across the scope of practice of radiography. The addition of new modules in existing awards leads to a process of continuing review although major re-validations also occur. The recognition of a new postgraduate radiography provider in Scotland, the University of Dundee, has resulted in increased access to postgraduate and post-registration education through their Masters' programme in diagnostic imaging.

During the period covered by this report, reapproval has been granted to the MSc programme in Radiotherapy and Oncology at Sheffield Hallam University, Practice Educator schemes at Anglia Ruskin University and the University of Kingston. Currently, there are a total of 20 approved postgraduate education providers, offering 27 programmes.

### **5.9 Short Courses**

A number of submissions for short course approval were received:

- 5.9.1 Submissions from the University of Wales (Bangor) and Suffolk Dental Trainers for dental radiography for dental nurses were received and approved.
- 5.9.2 A submission from Buckinghamshire NHS Hospitals Trust for the Certificate of Competence in Intravenous Administration was approved.

The courses proposed are generally non-credit bearing and only one submission for approval at "M" level was considered during the year. A proposal for approval of short courses in ultrasound related to early pregnancy was submitted by Glasgow Caledonian University and approved. Normally, courses in ultrasound are submitted to CASE for approval, but in the absence of a mechanism to consider short courses, the AAB agreed to review the proposal.

## **5.10 Assistant Practitioner Programmes**

The numbers of submissions for approval at this level have reduced significantly reflecting that the period of initial introduction of this role is completed. However, five submissions were considered and approved.

New education providers have emerged for delivery of Assistant Practitioner courses:

- 5.10.1 Norfolk and Norwich University Hospitals NHS Trust in conjunction with Norwich College of FE were approved to deliver the BTEC in Health Studies.
- 5.10.2 University Hospitals NHS Trust Birmingham (Birmingham Breast Screening Unit) has developed a programme based on the NVQ in Health Level 3 incorporating the Occupational Standards for mammography.
- 5.10.3 The past year saw the introduction of an NHS Education for Scotland sponsored programme for Assistant Practitioners based on an HNC award. This is being delivered by Stow College, Glasgow and Dundee College of FE.
- 5.10.4 Existing radiography education providers have also submitted proposals for Assistant Practitioner courses. The following were approved:
  - 5.10.4.1 Robert Gordon University, Aberdeen for Certificate of HE Radiographic Studies
  - 5.10.4.2 University of Leeds for Certificate of HE Mammography
  - 5.10.4.3 City University, London for FDS Sc Radiotherapy

## **5.11 Practice Educator Accreditation Scheme**

The College of Radiographers launched the Practice Educators Accreditation Scheme at the beginning of the 2006/7 academic year and during this, its first year of operation, the AAB approved 9 programmes. There has been close co-ordination with the Chartered Society of Physiotherapy, which runs the Accreditation of Clinical Educators (ACE) Scheme, and the College of Occupational Therapists, Accreditation of Practice Placement Educators (APPLE) Scheme.

At its June 2007 meeting the AAB, recognising that many programmes being delivered were multi-professional, approved a joint arrangement with the other 2 professional bodies, whereby if one grants approval of a programme the others can automatically grant approval. Further work is underway by the three professional bodies to develop a single, joint scheme to replace their three separate schemes in due course.



## **5.12 Accreditation Consortia (CANME & CACMRE)**

The accreditation consortia CANME and CACMRE have operated for more than the past decade. During this time many developments in education and practice have occurred. Originally, the consortia were developed to accredit and monitor postgraduate education for radiographers and clinical technologists in the fields of Nuclear Medicine and Magnetic Resonance Imaging. A number of developments and changes to practice stimulated a review of the remit and function of the accreditation consortia:

- 5.12.1 Skill mix has introduced other roles into service delivery such as Assistant Practitioners and it was deemed timely to discuss whether the consortia should extend their activity to other levels of practice such as the approval of courses for Assistant Practitioners.
- 5.12.2 Course organisers reported that uptake to modality specific Masters programmes was variable thus questioning the viability of these programmes in the longer term. This is exacerbated by the needs of hybrid imaging which requires education programmes to draw on a wider spectrum of expertise.
- 5.12.3 Proposals to regulate clinical technologists question the future role and involvement of the consortia in developing standards of education and training for technologists.

The Consortium for the Accreditation of Clinical Magnetic Resonance Education was formally dissolved during the year with the activity being subsumed within the work of the AAB. In the subsequent period there have been no submissions for approval of programmes specifically related to Magnetic Resonance Imaging.

For future validations related to Magnetic Resonance Imaging, the College will draw its advisors and assessors from a multi-professional pool.

A review of the remit of the Consortium for the Accreditation of Nuclear Medicine Education has recommended to parent bodies that it too, is dissolved. In the interim period, one course, at City University was submitted for re- approval and this was agreed.

For Nuclear Medicine, the Society and College of Radiographers established a multi-disciplinary Advisory Board (NMAG) to provide advice and guidance on professional practice, workforce and skill mix issues that could be conveyed to the Department of Health and its counterparts in other countries of the UK. This Advisory Board will assist the AAB in relation to its work on nuclear medicine education and training programmes, should there be agreement to dissolve CANME.

The accreditation activities, and indeed, much of the work of the two consortia have already been subsumed into the Professional and Education department of the College of Radiographers for some time and, since 2004, no separate charge has been levied on CANME and CACMRE accredited courses as these are to be of particular benefit to radiographers and other subscribing members.

### **5.13 The Consortium for the Accreditation of Sonographic Education (CASE)**

The Consortium for the Accreditation of Sonographic Education (CASE) met three times during the year and re-approved the postgraduate ultrasound programme at the following institutions: St Martin's College, Lancaster (now University of Cumbria); University of Ulster.

It also published two newsletters and held an open forum, as well as a session at the annual British Medical Ultrasound Society Meeting in December 2006.

### **5.14 Approval & Accreditation of Overseas Programmes**

The Approval and Accreditation Board developed and clarified its policy on its approval for programmes offered overseas, and for radiography education providers outside of the United Kingdom. Specifically, the policy enables overseas institutions to seek advice and guidance on education programmes for the radiography workforce and, where practice standards are similar to those in the UK, approval and accreditation by the College of Radiographers. Additionally, it clarifies policy on approval of overseas placements linked to a UK programme, and to UK provision franchised overseas. The policy document is now on the website at <http://www.sor.org/public/app.htm>.

During the period of this report, as was noted earlier, a BSc(Hons) Medical Imaging programme was approved to be delivered in Lahore, Pakistan as a collaboration between the University of Bradford and the Shaukat Khanum Memorial Hospital Cancer Hospital.

## **6. Staffing and Staff Development**

### **6.1 Staff Establishments**

The AAB seeks to ensure that education providers are staffed appropriately in relation to provision and overall student populations.

The following tables show the overall numbers of radiographers employed in education. For comparison, staffing numbers for the preceding three years are shown. Minimal changes only are evident.

**Numbers of radiography qualified staff employed by HEIs**

<b>Date</b>	<b>Diagnostic Qualified FTE</b>	<b>Therapy Qualified FTE</b>	<b>Dual Qualified FTE</b>	<b>Total</b>
1 Nov 2006	207.4	69.93	Recorded under current discipline	277.33
1 Nov 2005	233.75	77.10	Recorded under current discipline	310.55
1 Nov 2004	234.85	76.88	4.80	316.53
1 Nov 2003	216.25	71.78	5.30	293.60

**Table 6**

## 6.2 Staff Student Ratios

It is recognised that the largest group of students engaged in education are those on programmes leading to eligibility to apply for registration with the Health Professions Council. Applying the staffing numbers to these students provides the following estimations of staff: student ratios.

### Staff student ratios (SSR) based on staff & student complement at 1st November 2006

Date	Average SSR	Lowest SSR	Highest SSR
1 Nov 2006	1:12.6	1:20.1	1:7.4
1 Nov 2005	1:12.9	1:37.3	1:7.0
1 Nov 2004	1:14.4	1: 25	1:1.14
1 Nov 2003	1:13.9	1:36.2	1:6.7

*Table 7*

## 6.3 Doctorates

Doctorates are held by 23 staff from 11 centres compared to 25 staff from 15 centres in 2005-6, 22 staff from 12 centres in 2004-5 and 18 staff from 10 centres in 2003-4.

## 6.4 Staff holding or studying for Higher Degrees

For 2006-7 radiographic staff in HEIs were reported to hold 216 other higher degrees and were studying for a further 53, including 4 at doctorate level. At 6 HEIs the number of higher degrees held exceeded the number of staff indicating that some radiography educators hold more than one higher degree.

Nineteen of the 22 HEIs who returned their monitoring schedules currently have staff registered for higher degrees, indicative of strong commitment to staff development.

## 6.5 Other Staff Development

Details of other staff development activities were included on the data schedule for the first time in 2006-7.

Several HEIs run comprehensive programmes of staff development including seminars, master classes, study days workshops and courses on a wide range of aspects of learning and teaching, including developments in e-learning at university or faculty level. One HEI additionally gives each member of the academic staff 10 professional development days for updating as appropriate and another holds 2 staff development weeks each year for all AHP staff. Staff are also encouraged to attend and present papers at both national and international conferences.

Additionally, some institutions made reference to arrangements for staff to practice clinically.

## **6.6 Development of clinical staff**

Wide variation in the training and development of clinical staff was reported. This ranged from a one day induction for new clinical assessors and a single annual update day to a rolling programme of assessor training days for all clinical staff and dedicated modules with credit rating at M level to support this.

The College of Radiographers acknowledges the important role played by practice educators and clinical staff in the education of students. It considers that both groups should have appropriate training and development to ensure the maintenance of a consistent quality of practice education for all students.

## **7. Accreditation Process**

### **7.1 Assistant Practitioners**

The number of individual accreditations of assistant practitioners increased during the past year and the voluntary register, hosted on the SoR website, became live. With the implementation of approved programmes of study the number of individuals submitting portfolios of evidence is in decline while those seeking accreditation by virtue of their qualification from approved programmes is increasing. However, it is evident from membership data that many individuals are claiming to practise as Assistant Practitioners without having their status confirmed by the Society and College of Radiographers. At 31<sup>st</sup> August 2007, there were 48 accredited assistant practitioners with a number awaiting accreditation.

The College believes that, in the interests of public safety and the safety of those who are providing clinical supervision, each practising assistant practitioner should seek to become accredited, and that service managers should support them in this. Accreditation with or without Society membership, enables the individual to access CPDNow and other on-line material to support their career development and continuing professional development.

### **7.2 Practice Educators**

With the launch of the Practice Educator Accreditation Scheme at the beginning of the 2006/7 academic year the College of Radiographers has set up a register of accredited practice educators. At the end of August 2007 there were 17 practice educators registered: 1 having followed the experiential route, 5 the fast track route and 11 from a single approved programme. There have been a large number of enquiries and, with the pass lists expected from the other approved programmes, numbers are expected to increase rapidly.

### **7.3 Advanced Practitioners**

Much work was undertaken during the year to develop a system for the robust accreditation of advanced practitioners in radiography. This included a significant, formal consultation with the profession and demonstrated considerable support for such an accreditation scheme. Further development work based on the outcomes of the consultation is taking place and it is anticipated that the scheme will be piloted during the early part of the 2007/2008 academic year prior to launch and roll out of the scheme towards the end of the year.

#### **7.4 Sonographer Registration**

For some years, it has been the policy of the Society and College of Radiographers to seek protection of the title 'Sonographer' from the Health Professions Council (HPC). Following discussion with the HPC, it became apparent that such an application would now be timely and, hence, the application has been drafted. This will be laid before the HPC during the coming academic year. Although a long way off, it is likely to open the door to undergraduate 'direct entry' programmes in ultrasound practice should the application be approved and implemented in due course.

#### **7.5 Post Registration Skills Accreditation**

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

The tables below provide data on the up-take and output associated with these accreditation processes for the period 1<sup>st</sup> September 2006 – 31<sup>st</sup> August 2007.

##### **Mammography**

93 registered students of which 69 were Society of Radiographers members;  
16 students from 7 breast screening centres received accreditation certificates

##### **Intravenous Injections**

364 registered students of which 274 were Society of Radiographers members;  
130 students from 8 education centres received accreditation certificates

#### **8. Continuing Professional Development**

Members' use of CPD Now was supported by a series of regional training events. Each of these consisted of a half day session to brief on regulatory and professional CPD requirements, as well as providing information on the theory of outcomes-based CPD and guidance on supporting and encouraging colleagues. The second part of the training event consisted of a two-hour interactive session with CPD Now in a computer laboratory. During the year 2006-2007 approximately 200 members received this training.

CPD Now was improved significantly with the introduction of the new sections to enable users to log their CPD activities against the NHS Knowledge and Skills Framework and the CPD standards set by the Health Professions Council. A user survey was conducted in August 2007 to identify areas for improvement and to assess overall user satisfaction. 220 users participated and the results were generally favourable; the main area of concern was that 48% of respondents felt that the system was not sufficiently user-friendly.

This is now being addressed by the software company and a series of introductory video tutorials is being developed to support new users. These will be hosted on a new homepage which will be designed to encourage engagement and to simplify access to the essential parts of the system.

The total number of users actively engaging with CPD Now – defined as having selected a CPD framework and recorded at least some learning activities against this – was 2,100 at the end of August 2007.

The endorsement of CPD programmes has provided a steady stream of work, although numbers were disappointing - for 2006-2007 a total of 36 programmes were endorsed, compared with 62 programmes during the previous year. The 2006-2007 figures break down as follows:

- Commercial provision – 9 programmes
- University provision – 4 programmes
- Clinical departments – 5 programmes
- SoR regional committees and national councils – 3 programmes
- Others – 6 programmes

Interestingly, commercial provision showed a slight decrease in absolute terms – from 14 to 10 programmes – but accounted for proportionally more of the overall programmes endorsed, up to 27% from 17% the previous year. This may reflect the organisation’s wider engagement with the commercial sector through the partnership with industry initiative. There was a marked decline in the number of programmes run by clinical departments requiring endorsement – this may reflect financial pressures on NHS employing organisations during the year. Absolute and relative values were as follows:

	<b>2005-2006</b>	<b>2006-2007</b>
Commercial provision	14 (17%)	10 (27%)
University provision	6 (10%)	5 (14%)
Clinical departments	17 (27%)	6 (17%)
CoR events / SoR regional committees & national councils	13 (21%)	9 (25%)
Other (e.g. joint provision, SoR representative training)	12 (19%)	6 (17%)

## **9. Training Development and other Workshops**

Although AAB did not hold a training day for assessors during 2006/7, it has planned one to be held in November 2007 and is developing a rolling programme of training workshops. The timing of the forthcoming training workshop is to coincide with the recruitment of new assessors. AAB is looking for experienced clinical radiographers, especially in emerging specialist areas of practice as it is important to ensure programmes meet the needs of evolving clinical practice.

The first annual meeting between the College and the Heads of Radiography Education in HEIs was held in January 2007. Although much hampered by appalling weather, those attending agreed it was a useful and constructive event. A report of the meeting was sent to all Heads of Radiography Education (This is attached to Appendix 7). The next such meeting is scheduled for January 2008.

## **10. Annual Monitoring Data**

The AAB has an important role in the collection, collation and analysis of data related to education and accreditation. As the sole professional body for the radiography workforce, the Society and College of Radiographers is the only organisation able to provide a comprehensive UK-wide overview of radiography education and the workforce.

Up to now the AAB has published annually a report on the information it has collected via its data monitoring schedule, and the student registration and retention data and pass lists. This has evolved from the information collected by the Joint Validation Committee until its dissolution in 2004, to encompass the totality of provision. For 2005/6 additional data on the range of programmes offered and those following programmes for assistant practitioners was included. The report can be found at the following location: <http://www.sor.org/public/app.htm>

For the first time for the 2006-7 academic year, data encompassing the totality of education provision for the clinical imaging and oncology workforce was gathered. This report therefore contains that data.

For the future, the intention is to make data collection as coincident with normal HEI procedures as is possible. Where the data can be derived from existing data sets, it can be submitted in the same formats that education providers use to collect the data for other purposes.

The purpose of collecting this data is to provide a complete picture of education provision for the clinical imaging and radiotherapy and oncology workforce across the UK. This will enable individual HEIs to compare its institution specific data with the national data set, and it will inform discussion with external bodies on issues such as workforce development and planning, education commissioning and professional development.

Comparative data from 2003 – 2006 can be found in the appendices 1-6.

## **11. Other Activities**

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

### ***11.1 Interprofessional Collaboration***

The Board receives reports of meetings of the Allied Health Professions Federation (AHPF) Education Leads, which are attended by the Director of Professional Policy.

The AAB was kept informed of College of Radiographers involvement in the Creating an Interprofessional Workforce (CIPW) Project. The work culminated in the publication of the CIPW framework, in September 2007, which can be downloaded from:

[http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Learningandpersonaldevelopment/Preregistration/DH\\_4126481](http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Learningandpersonaldevelopment/Preregistration/DH_4126481) or [www.caipe.org.uk](http://www.caipe.org.uk)

The Board received a report on the Assessment of Learning in Practice Settings (ALPS) Project which involves 5 HEIs in the Yorkshire area and sixteen professions. The Education officer attended a seminar for professional and statutory regulatory bodies in September 2006. Further information can be found on the ALPS website: <http://www.alps-cetl.ac.uk>

### **11.2 Practice Related Issues**

On completion of National Radiography Recruitment Retention and Return Project run by the South West London Health Authority, it was felt that information and resources collected could usefully be shared amongst the radiography profession. This has led to the development of the Sharing Practice section of the SOR website, which aims to help those involved in education, training and development of the radiography workforce share practice in supporting students, newly qualified radiographers and qualified radiographers in clinical education.

### **11.3 Consultations**

The AAB contributed to the Society and College of Radiographers response to a number of consultations including:

11.3.1 Council of Heads of Medical Schools/ General Medical Council: draft Guidance on Medical Students Fitness to Practice

11.3.2 Health Professions Council: Standards of Proficiency

11.3.3 Standards of Education and Training - SET 6.7

### **11.4 Virtual Learning Environment**

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

### **11.5 Collaboration with the Irish Institute of Radiography**

The Republic of Ireland is establishing a regulatory framework for radiographers and, as a result, is conducting a review of its education programmes for radiographers. The AAB was pleased to assist by providing assessors for this process, which is being conducted by the Irish Institute



# **APPENDICES**

## APPENDIX 1

### Student intakes for the 2006/2007 academic year

Tables 1a-e provide information on actual intake figures compared with approved intake figures for the years 2003-2006 for all courses returning completed schedules.

**Table 1a Student Intakes for all UK Pre-registration Radiography Courses (I.e. all BSc(Hons) and Postgraduate programmes): Actual intakes compared to CoR approved intakes**

Intake Year	Diagnostic				Therapeutic			
	Actual	1 <sup>st</sup> Nov	CoR Approved	Actual/CoR Approved	Actual	1 <sup>st</sup> Nov	CoR Approved	Actual/CoR Approved
2006	1067	1052	1065	100.1%	361	353	310	116.5%
2005	1335	1314	1341	99.6%	343	334	371	92.5%
2004	1284	1270	1314	97.7%	359	335	385	93.2%
2003	1228	1201	1270	96.7%	336	329	353	95.2%

For Table 1a, the only significant point to note is the 16.5% increase in actual student intake numbers of therapeutic students compared to the approved numbers. The reason for this difference could not be determined.

**Table 1b Student Intakes for all UK Pre-registration Radiography Courses compared with commissioned/funded numbers**

Intake Year	Diagnostic			Therapeutic		
	Actual	Commissioned /Funded	Actual / Commissioned or Funded	Actual	Commissioned /Funded	Actual / Commissioned or Funded
2006	1023	955	107.1%	312	259	120.5%
2005	1335	1257	106.2%	343.	361	95.1%
2004	1284	1264	101.6%	359*	375*	95.7%*
2003	1228	1184	103.7%	336*	350*	96%*

\* This figure includes the PgD at South Bank and for 2003 & 2004 the PgD students at Queen Margaret University and Sheffield Hallam University (2 year programmes).

For both disciplines, over-recruitment against commissioned/ funded numbers is noted. A possible reason for this is late advice on reduced commissioned/ funded numbers from commissioners/ funders due to the financial constraints that affected the NHS in 2006.

**Table 1c Student Intakes for England and Wales Pre-registration Radiography Courses (3 year programmes)**

Intake Year	Diagnostic			Therapeutic		
	Actual	CoR Approved	Actual / CoR Approved	Actual	CoR Approved	Actual / CoR Approved
2006	924	924	100.0%	267	302	88.4%
2005	1165	1187	98.1%	275	301	91.4%
2004	1133	1172	96.7%%	266	309	86.1%
2003	1075	1138	94.5%	258	282	91.5%

**Table 1d Student Intakes for Scotland and Northern Ireland Pre-registration Radiography Courses (4 year programmes)**

Intake Year	Diagnostic			Therapeutic		
	Actual	CoR Approved	Actual / CoR Approved	Actual	CoR Approved	Actual / CoR Approved
2006	155	174	89.0%	12	12	100.0%
2005	162	142	114.1%	43	40	107.5%
2004	151	142	106.3%	39	41	95.1%
2003	153	132	116.9%	43	36	119.4%

**Table 1e Student Intakes for England and Scotland Pre-registration Postgraduate Courses (2 year programmes)**

Intake Year	Therapeutic PgD England and Scotland				
	Actual	CoR Approved	Commissioned /Funded	Actual / CoR Approved	Actual / Commissioned or Funded
2006	31	31	24	100.0%	129.1%
2005	25	30	33	83.3%	75.8%
2004	43	47	47	91.5%	91.5%
2003	35	43	39	81.4%	89.7%

## APPENDIX 2

### Range and average intake figures for HEIs for the academic years 2003 –2006

**Table 2a Diagnostic Intake**

Intake Year	Lowest Intake	Highest Intake	Average Intake
2006	13	131	48.5
2005	28	132	56.2
2004	26	137	54.5
2003	25	133	51.1

**Table 2b Therapeutic Intake**

Intake Year	Lowest Intake	Highest Intake	Average Intake
2006	8	135	25.5
2005	10	64	24.6
2004	9	64	25.6
2003	11	56	23.2

The small size of the lowest intakes is a concern of the College in that they raise questions about viability and adequacy of resourcing.

## APPENDIX 3

### Entry qualifications for students entering programmes for 2003 - 2006

Please find below entry qualifications for those students entering programmes between 2003–2006. These figures include entrants to both PgD and BSc (Hons) programmes. This data has been compiled directly from the College of Radiographers Student Registration forms. Small fluctuations across the years are noted.

**Table 3a          2006 Intake**

	Diagnostic			Therapeutic		
	Male	Female	Total	Male	Female	Total
<b>Standard secondary and post 16 tertiary education entry qualifications including Scottish Highers and Irish leaving certificate</b>	166 13.3%	457 36.7%	623 50.0%	36 10.7%	151 44.9%	187 55.6%
<b>BTEC</b>	18 1.4%	42 3.4%	60 4.8%	6 1.8%	10 3%	16 4.8%
<b>Access to Higher Education Qualifications</b>	121 9.7%	262 21.0%	383 %	13 3.8%	41 12.2%	54 16.0%
<b>Graduate Entry</b>	63 5.1%	94 7.6%	157 12.7%	16 4.7%	53 15.7%	69 20.4%
<b>Non standard (life work and other experience in lieu of qualifications) including overseas qualifications</b>	9 0.08%	13 1.0%	22 1.8%	1 1.00%	9 2.2%	10 3.2%
<b>TOTAL</b>	<b>377</b> <b>30%</b>	<b>868</b> <b>70%</b>		<b>72</b> <b>21%</b>	<b>264</b> <b>79%</b>	

**Table 3b          2005 Intake**

	Diagnostic			Therapeutic		
	Male	Female	Total	Male	Female	Total
<b>Standard secondary and post 16 tertiary education entry qualifications including Scottish Highers and Irish leaving certificate</b>	146 11%	493 37.2%	639 48.2%	38 11%	158 45.8%	196 56.8%
<b>BTEC</b>	24 1.8%	49 3.6%	73 5.5%	4 1.2%	10 2.9%	14 4.1%
<b>Access to Higher Education Qualifications</b>	106 8%	257 19.4%	363 27.4%	12 3.5%	55 15.9%	67 19.4%
<b>Graduate Entry</b>	89 6.7%	132 9.9%	221 16.7%	21 6.1%	36 10.4%	57 16.5%
<b>Non standard (life work and other experience in lieu of qualifications) including overseas qualifications</b>	10 0.8%	19 1.4%	29 2.2%	6 1.7%	5 1.4%	11 3.2%
<b>TOTAL</b>	<b>376</b> <b>28.3%</b>	<b>951</b> <b>71.7%</b>	<b>1327</b>	<b>81</b> <b>23.5%</b>	<b>264</b> <b>76.5%</b>	<b>345</b>

Table 3c 2004 Intake

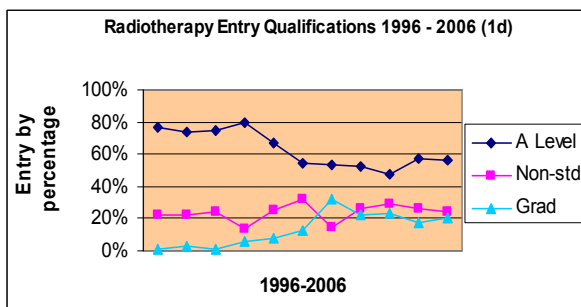
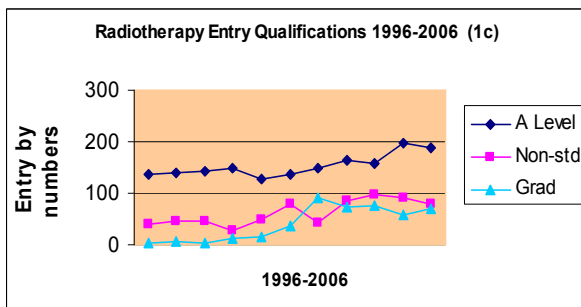
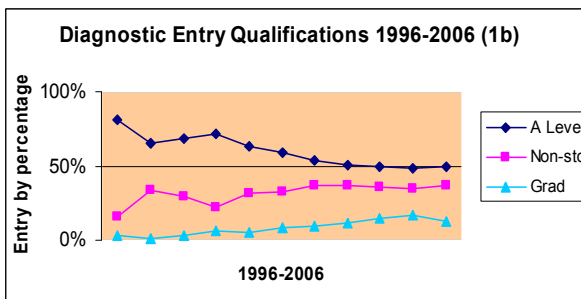
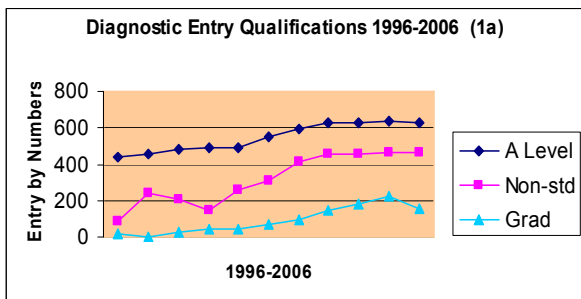
	Diagnostic			Therapeutic		
	Male	Female	Total	Male	Female	Total
<b>Standard secondary and post 16 tertiary education entry qualifications including Scottish Highers and Irish leaving certificate</b>	142 11.2%	484 38.3%	626 49.5%	27 8.2%	131 39.8%	158 48%
<b>BTEC</b>	27 2.1%	53 4.2%	80 6.3%	5 1.5%	9 2.7%	14 4.3%
<b>Access to Higher Education Qualifications</b>	107 8.5%	230 18.2%	337 26.7%	18 5.5%	60 18.2%	78 23.7%
<b>Graduate Entry</b>	75 5.9%	109 8.6%	184 14.6%	14 4.2%	61 18.5%	75 22.8%
<b>Non standard (life work and other experience in lieu of qualifications) including overseas qualifications</b>	10 0.8%	27 2.1%	37 2.9%	0 0%	4 1.2%	4 1.2%
<b>TOTAL</b>	<b>361</b> <b>28.6%</b>	<b>903</b> <b>71.4%</b>	<b>1264</b>	<b>64</b> <b>19.5%</b>	<b>265</b> <b>80.5%</b>	<b>329</b>

Table 3d 2003 Intake

	Diagnostic			Therapeutic		
	Male	Female	Total	Male	Female	Total
<b>Standard secondary and post 16 tertiary education entry qualifications including Scottish Highers and Irish leaving certificate</b>	131 10.7%	497 40.3%	628 51.2%	40 12.5%	125 38.9%	165 51.4%
<b>BTEC</b>	33 2.7%	60 4.9%	93 7.6%	4 1.2%	9 2.8%	13 4%
<b>Access to Higher Education Qualifications</b>	96 7.8%	211 17.2%	307 25%	18 5.6%	35 10.9%	53 16.5%
<b>Graduate Entry</b>	78 6.4%	64 5.2%	142 11.6%	24 7.5%	48 15%	72 22.4%
<b>Non standard (life work and other experience in lieu of qualifications) including overseas qualifications</b>	26 2.1%	30 2.4%	56 4.6%	9 2.8%	9 2.8%	18 5.6%
<b>TOTAL</b>	<b>364</b> <b>29.7%</b>	<b>862</b> <b>70.3%</b>	<b>1226</b>	<b>95</b> <b>29.6%</b>	<b>226</b> <b>70.4%</b>	<b>321</b>

## APPENDIX 4

### Entry qualifications both by number and percentage of students commencing in the years 1996 to 2006



As stated in the preceding appendix (3), fluctuations are noted.

## APPENDIX 5

### Comparative data for age & gender on entry to programmes between 2003 - 2006

**Table 5a      2006 Intake**

Discipline	Under 21 years		21 - 25 years		Over 25 years		Totals	
	female	male	female	male	female	male	female	male
<b>2006</b>								
<b>Diagnostic</b>	446 35.8%	149 12.0%	177 14.2%	78 6.3%	245 19.7%	150 12.0%	868 69.7%	377 30.0%
<b>Therapeutic</b>	139 41.4%	29 8.6%	62 18.4%	16 4.8%	63 18.8	27 8.0%	264 78.6%	72 21.4%

**Table 5b      2005 Intake**

Discipline	Under 21 years		21 - 25 years		Over 25 years		Totals	
	female	male	female	male	female	male	female	male
<b>2005</b>								
<b>Diagnostic</b>	312 23.5%	94 7.1%	346 26.1%	92 6.9%	283 21.3%	189 14.2%	941 70.9%	376 28.3%
<b>Therapeutic</b>	83 24.1%	23 6.7%	110 31.9%	23 6.7%	71 20.6%	35 10.1%	264 76.5%	81 23.5%

Missing from this table are 10 female students whose ages are unknown

**Table 5c      2004 Intake**

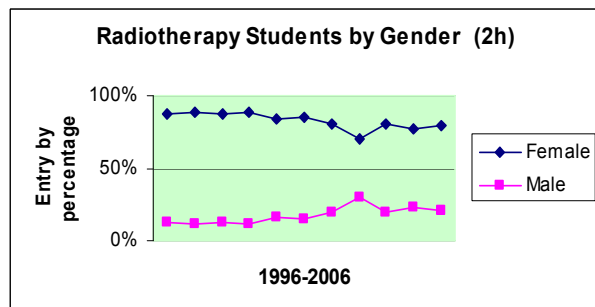
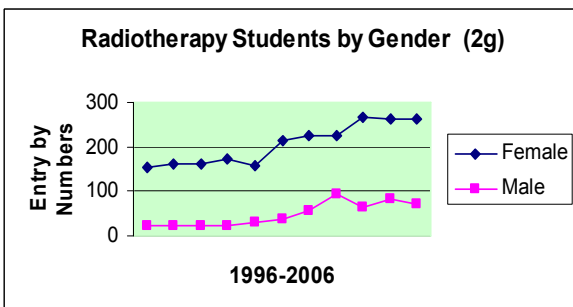
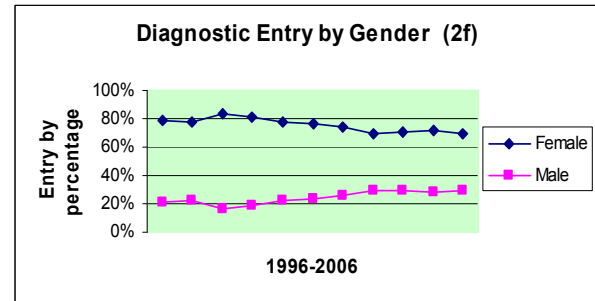
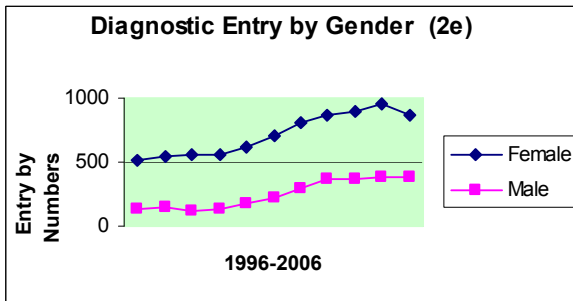
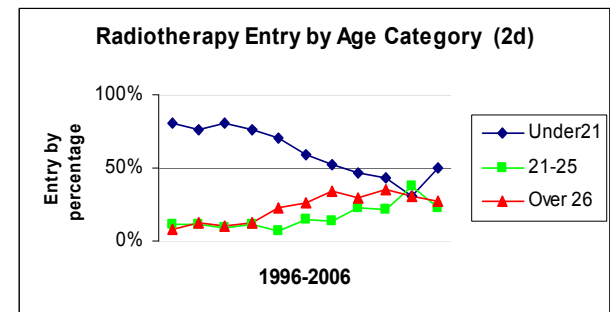
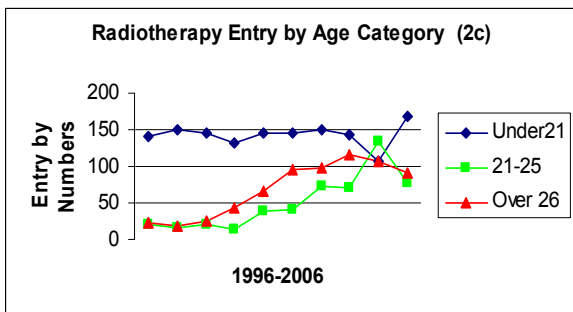
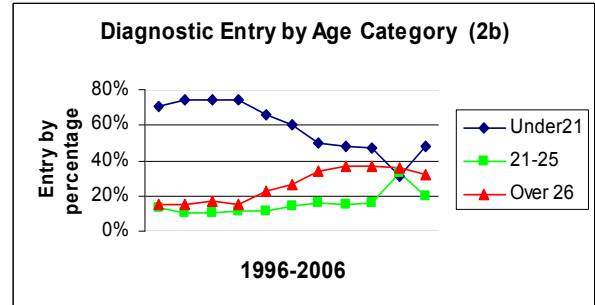
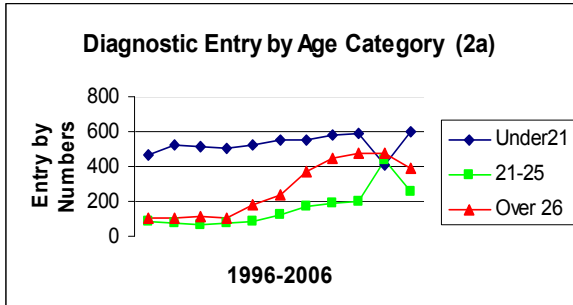
Discipline	Under 21 years		21 - 25 years		Over 25 years		Totals	
	female	male	female	male	female	male	female	male
<b>2004</b>								
<b>Diagnostic</b>	476 37.7%	114 9%	137 10.8%	63 5%	290 22.9%	184 14.6%	903 71.4%	361 28.6%
<b>Therapeutic</b>	122 37.1%	21 6.4%	60 18.2%	11 3.3%	83 25.2%	32 9.74%	265 80.5%	64 19.5



**Table 5d      2003 Intake**

Discipline	Under 21 years		21 - 25 years		Over 25 years		Totals	
	female	male	female	male	female	male	female	male
<b>2003</b>								
<b>Diagnostic</b>	479 39%	105 8.6%	131 10.7%	59 4.8%	252 20.6%	200 16.3%	862 70.3%	364 29.7%
<b>Therapeutic</b>	118 36.8%	32 10%	51 15.9%	22 6.9%	57 17.8%	41 12.8%	226 70.4%	95 29.6%

# Graphical representation of entry trends for the past 10 years by age and gender



## APPENDIX 6

### Attrition rates

**Table 6a Attrition Rates Calculated Using Year 2007 Outputs**

2007	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
<b>Actual Intake</b>	1161	289	153	43	34	21
<b>Output</b>	776 66.8%	133 46.0%	121 79.1%	32 74.4%	No figs received %	16 76.2%
<b>Wastage</b>	385 33.2%	156 54.0%	32 20.9%	11 25.6%	%	5 23.8%

All programmes	Actual Intake	Output	Wastage
Diagnostic	*1314	8897 68.3%	417 31.7%
Therapeutic	353	181 51.2%	172 48.7%

\* does not include PgD entrants as output unknown at present

**Table 6b Attrition Rates Calculated Using Year 2006 Outputs**

2006	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
<b>Actual Intake</b>	1075	258	156	43	11	41
<b>Output</b>	720 66.98 %	129 50%	123 78.85%	23 53.49%	8 72.73%	31 75.6%
<b>Wastage</b>	355 33.02 %	129 50%	33 21.15%	20 46.51%	3 27.27%	10 24.4%

All programmes	Actual Intake	Output	Wastage
Diagnostic	1242	851 68.52%	391 31.48%
Therapeutic	342	183 53.5%	159 46.5%

**Table 6c Attrition Rates Calculated Using Year 2005 Outputs**

2005	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
<b>Actual Intake</b>	956	238	135	47	n/a	35
<b>Output</b>	686 71.8%	130 54.6%	102 75%	31 66%	n/a	28 80%
<b>Wastage</b>	270 28.2	108 45.4%	34 25%	16 34%	n/a	7 20%

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

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

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

In the coming year, the College will focus on attrition and will work with education providers, clinical departments and other key stakeholders to improve retention of students.

## APPENDIX 7

### MEETING OF THE COLLEGE OF RADIOGRAPHERS (CoR) AND HEI HEADS OF SCHOOLS, 18<sup>TH</sup> JANUARY 2007, SCoR HQ, 207 PROVIDENCE SQUARE, MILL STREET, LONDON, SE1 2EW

PRESENT:

- Ian Henderson – London South Bank University {Chair}
- Richard Evans – College of Radiographers {CEO} (item 1)
- Audrey Paterson – College of Radiographers {DPP}
- Charlotte Beardmore – College of Radiographers
- Mary Embleton – College of Radiographers
- Christina Freeman - College of Radiographers
- Anne Shaw – College of Radiographers
- Harold Clarke - University of Portsmouth
- Anne-Marie Conway - Queen Margaret University College
- Jennifer Edie - City University
- Alison Eyden - Canterbury Christ Church University
- Lesley Forsyth - The Robert Gordon University
- Elaine Gannon - University of Hertfordshire
- Phil Harris - St Martin's College
- Diane Hawes - University of the West of England
- Sylvia Kittle - Anglia Ruskin University
- Mary Lovegrove - London South Bank University
- Irene McIntyre - University of Ulster
- Maureen McPake - Glasgow Caledonian University
- Graham Morgan - University of Kingston
- Julie Nightingale - University of Salford
- Richard Price - University of Hertfordshire

IN ATTENDANCE: Michele Landau - College of Radiographers {ML}

#### 1. WELCOME

- 1.1 Ian Henderson introduced himself as Chair for the meeting and gave his background as Past Society & College of Radiographers' President, current Council member for London and Chair of the Approval & Accreditation Board (AAB). He welcomed those present, particularly as the group was depleted due to the inclement weather. Attendance had been expected at 100% and apologies had been received from the Institutions not represented. The attendees introduced themselves. The Chair thanked Michele Landau for attending to take notes at such short notice and introduced Richard Evans, CEO.
- 1.2 The CEO welcomed the representatives and apologised for being unable to attend the meeting due to prior commitments. He stated that it was a pleasure to see the attendees and stated the importance of working on key relationships between SCoR and education. SCoR thinks it highly important to secure both Diagnostic and Therapeutic services to the public, both in the UK and worldwide and to make necessary changes for the future. The CEO hoped attendees would wish to contribute, both as SoR members as well as stakeholders. The attendees were briefed that SCoR would be building strong links with industry as it was considered important to see where technology was being taken forward. Links were also being forged with government.

#### 2. CHANGES TO PROFESSIONAL BODY LINKS AND FEE STRUCTURE

- 2.1 The DPP gave a presentation detailing changes that would need to be made due to the benchmark price and contract, which currently affected England and was meant to commence in autumn 2006 but which seemed to have not been implemented smoothly. The DPP spoke of the differences in funding across the 4 countries of the UK. Internally CoR had been taking steps over the past 3 years to put together a streamlined Approval & Accreditation framework. This enabled CoR to look at how best to reflect the changing environment both internally and externally.

Broad policy outcomes were such that it was not felt justifiable to charge HEIs an 'all in' fee. In future annual student membership fees would be charged directly to the student at a cost in the region of £60.00 per annum. The CoR believed that a bi-annual direct debit would cause less pressure on student budgets, however, it was acknowledged that membership could not be enforced and that students had no obligation to join.

For education providers it was felt that there should be a link between benefits and fees which would be annually reviewable and revisable. Radiography education now encompassed in-house clinical training centres and Further Education colleges as well as HEIs. It was felt the best approach would be to introduce a flat annual fee related to activity, with specific fees relating to approval and re-approval of courses, and it is intended to consult widely on this matter.

Work on the subject of fees had been undertaken in collaboration with the College of Occupational Therapists and the Royal College of Speech and Language Therapists

and this was to be taken informally to the Council of Deans in February 2007. Further work across the wider group of AHP professions was also being undertaken.

It was intended to convene a small working party from the attendees of the meeting (plus missing colleagues) to work to move from policy to practice, with wider consultation around Easter 2007, and implementation by the next academic year in autumn 2007. The intention is for the CoR to meet annually with HEIs.

**Post meeting note:** There will be 2 separate working parties of 5 volunteers each to discuss the issues stated above. The dates for the half day meetings have been identified as 22<sup>nd</sup> March 2007 and 27<sup>th</sup> March 2007. Both meetings will start at 1.30pm with lunch beforehand. Please respond to ML by email ([michelel@sor.org](mailto:michelel@sor.org)) if you wish to attend either date and please give your preference. The outcome of the two separate working groups will be collated and distributed to all for comment and review.

## 2.2 **Question & Answer Session**

- Q. *Now that SHEFC has withdrawn support and students will have to pay their own fees what will happen to those students who can't/won't pay?*
- A. The link between student fees and course approval is to be removed. It is not possible to force students to pay their own registration fees, however, data from HEIs on students would still be required, particularly with regard to student attrition. The CoR would continue to require a list of all starters and changes every year, as now.
- Q. *What will the student package include, i.e. insurance?*
- A. Insurance would be included, at a level appropriate to students. It would remain as present, with noted exceptions, for example the countries we do not currently cover. Students would also be covered to work as helpers, as long as they were only working to a helper's job specifications and under supervision. Part-time working as assistant practitioners would also be covered, provided they had achieved the required competences, again under supervision, and we would need to be informed.
- Q. *Has any testing regarding implementation of the registration fee been undertaken with students?*
- A. Not specifically. It was felt a bi-annual collection of £30.00 in November and May would be the best way forward. It would be important to build long term relationships with students. The specifics would be identified by Easter, following some consultation with students.
- Q. *Would the collection of student fees also apply to retention fees?*
- A. Yes, it was felt important to make a totally clean break with HEIs regarding fee payment as this would be easier to manage. The DPP informed the attendees that a sizeable number of English HEIs had paid not only retention fees this year, but also fees for first years, and the College was very grateful for this support.

Q. *Had the 'flat fee' to support HEIs been set?*

A. Not at present. It would be important to discuss this with HEIs, however, all other education providers would have to taken into account. Over the last 10 years at postgraduate level there had been 3 consortia in operation. CoR had now subsumed costs for 2 of those consortia; the other consortia had set a fee of £500.00 per annum which Institutions had paid. That figure should not be used as a benchmark, however, it was felt that a figure/fee could be attached if the service was felt to be valuable. It was felt that simplicity would be the best way forward and that a common approach might work well across AHP professional bodies.

2.3 The DPP informed attendees that a new part-time Professional Officer for Northern Ireland will shortly be appointed.

### **3. SERVICES TO STUDENTS**

3.1 Mary Embleton informed the attendees that she had envisaged utilising today as an informal information exchange and had not produced a PowerPoint presentation.

3.2 Mary stated that SCoR had always held the view that student members should enjoy most of the benefits afforded to full members. However, this had been implemented using a rather ad hoc approach and which had needed to be made more robust. It was important that students were aware of the services offered by SCoR from the start of their training. A 'welcome booklet' had been produced for the past 2 years for new students and SCoR now offered HEIs a talk to first year students, organised by ML. Talks were given by both Regional Officers (ROs), where possible, or Professional Officers if the ROs were unavailable.

3.3 A student working party had been convened around 18 months ago. Mary gave the background to its membership, which included herself as student officer, representatives from Synergy/Synergy News and the website publishers, the SCoR publishers, student observers to SCoR Council and a university lecturer. Further benefits to students, including a specific page on the SCoR website and in Synergy News, have been developed.

3.4 The DPP informed the attendees that SCoR Council had just given approval to the digitising of Synergy News, to take effect from October 2007. Student access would then become totally digitised. SCoR wished to see robust student participation within the regional and national framework, and on issues of health & safety/harassment/discrimination/disability, running campaigns etc.

3.5 Mary had been involved in the DH consultations on changes to the England NHS Bursary system and gave an overview of changes that would be implemented from autumn 2007. These provided a fairer system although within the same financial envelope.

3.6 Mary told the attendees that SCoR wished to develop student conferences. The first of these would be taking place on 21<sup>st</sup> February 2007 at SCoR HQ and would achieve virtually full attendance. Two representatives had been invited from each institution, however, it was hoped that in future, greater numbers could be accommodated. SCoR was also attempting to build a strong student representatives network and Mary was currently compiling a student representative handbook. At present it would not be possible to confirm the potential for student representatives who were not members to join the network.

### **4. PRACTICE EDUCATOR ACCREDITATION SCHEME (PEAS)**

4.1 Mary showed the attendees the document which had been produced the previous summer detailing the PEA scheme. Further guidance was downloadable from the public side of the website as SCoR wished to accredit non-members, as well as members, if they were involved in educating radiographers.

- 4.2 It was acknowledged that the scheme had been needed for quite some time and the previous clinical instructor certificate had been related to a specific role. Since inception, the AAB had been looking at accrediting groups of individuals undertaking certain aspects of work. Also, practice educators had not been acknowledged for their contribution to education. SCoR had looked closely at the ACE and APPLE schemes used by the Chartered Society of Physiotherapy and the College of Occupational Therapists, respectively, and, with permission, adapted their schemes. Learning outcomes had remained the same as the other schemes in the hope of supporting an inter professional approach to practice educator development.
- 4.3 Mary explained the mechanisms of individual accreditation and directed the attendees to the website. Applicants via the experiential and fast track routes should be assessed by their supporting HEI. The marking sheet which must be signed by a senior, experienced member of the HEI staff with a relevant qualification, and who is a member of SoR, should be forwarded to the Approval & Administration Assistant at CoR HQ. Membership records would be annotated and certificates issued.
- 4.4 The attendees were informed that the fast-track accreditation route closing date was 31<sup>st</sup> October 2007.
- 4.5 The DPP stated that the scheme seemed to have been well received. Work had been undertaken on the SCoR database in order for it to record details other than membership information.

## **5. ANNUAL DATA COLLECTION AND ANALYSIS: FUTURE DEVELOPMENT**

### **5.1 *Supporting AAB functions***

Anne Shaw informed the attendees that SCoR, as a profession-specific body, was the only organisation that could access information specific to radiography, and collect, analyse and report on radiography education and training in order to provide a UK-wide overview. SCoR was in a position to identify and promote best practice, provide data for workforce planning and to ensure curricula supported practice & professional development. Future data collection would be concerned with information gathering rather than monitoring.

- 5.2 It was felt that data collection & analysis assisted re-approval of courses through analysis of curricula, current & best practice, and staff: student ratios. Approval of new courses would look at issues including demand, viability, innovative delivery and reflection of current & best practice. Anne elaborated on accreditation of individuals completing approved courses and voluntary registration for those not eligible for HPC registration.
- 5.3 UK-wide data helped to inform the approach towards demand for new courses for specific skills. It would not be possible to know the national/local demand for courses if UK-wide data was not collated.
- 5.4 Student pass lists would still be required so that individuals could be accredited. The assistant practitioner accreditation voluntary register would soon be adapted for sonography.
- 5.5 SCoR wished to support HEIs developmentally as opposed to monitoring and to complement existing information. It was hoped that future data collection would not become a burden to HEIs. It was necessary to gather details on the whole radiography education activity, including pre and post registration, research and clinical imaging capacity etc; to keep course directories 'current' and to support HEI education provision.
- 5.6 SCoR consultation responses were now available on the members' section of the website.
- 5.7 SCoR wished to increase publication of research activity and to facilitate networking.
- 5.8 It was hoped that future AAB annual reports would be available within 3 months of the end of its working year, not 6 months.



## 6. REVISION OF CURRICULUM FRAMEWORK

- 6.1 The attendees were informed that the review of the Curriculum Framework was well underway. Three meetings had taken place; firstly a small, group brainstorming session, followed by a larger review project group. The purpose and target of the framework had been identified and the title amended to "A learning and development framework for clinical imaging and oncology" to reflect that it was intended to encompass all levels of practice and all disciplines and specialities, i.e. clinical/management/education/research.
- 6.2 The document was now in the public domain for consultation. The consultation period would last until the end of February 2007 and the document could be downloaded from the members' section of the website by clicking the following link: <http://www.sor.org/members/news/news559.htm> (Please remember to be logged in to access the site).
- 6.3 At the end of the consultation period a further revision would take place to incorporate comments and the framework would then go before SCoR Council for ratification.

## 7. SKILLS LABORATORIES AND RADIOGRAPHY

- 7.1 Charlotte Beardmore informed the attendees of the work of the National Radiotherapy Advisory Group (NRAG) around defining future radiotherapy service needs for England. NRAG have identified that a large increase in capacity will probably be required- this will require an increase in workforce numbers across all the professions working in Radiotherapy, particularly therapeutic radiography.

As clinical placements for training are currently at full capacity alternative solutions to deliver elements of the clinical training have been discussed by NRAG, including both physical skills laboratories and Virtual Learning Environments (VLE). A project team at Hull University have developed a VLE for Radiotherapy. Initial work around the clinical learning potential possible with this VLE has been tested by Sheffield Hallam University. Members of NRAG have visited Hull and been most impressed with the facilities.

- 7.2 A proposal to look at recommending 2 physical skills labs was currently underway together with a proposal for VLE to be made available to HEIs. SCoR were keen to receive feedback from HEIs who had visited Hull and who were considering using VLE for training students. Those present responded positively to this work and were keen to consider how this tool could be utilised most efficiently and effectively to support the acquisition of clinical skills. A visit had been made by the City University radiotherapy team who had been most impressed.
- 7.3 Pricing had been thought very reasonable, particularly when compared to the cost of a linear accelerator.
- 7.4 Audrey Paterson highlighted that should NRAG support and invest in VLE; NRAG would clearly need to be able to see that VLE would enable student numbers to be increased, in line with any workforce recommendations emerging from NRAG. SCoR and HEIs would need to work with NRAG and those who have developed VLE for Radiotherapy to take this initiative forward relatively quickly, if and when an announcement is made.

**Action:** SCoR would like to hear from HEIs who would wish to work collaboratively with SCoR if and when any recommendations emerge. Please contact [michelel@sor.org](mailto:michelel@sor.org) to express your interest.

## **8. ANY OTHER BUSINESS**

### **8.1 *Commissioned student numbers for 2007***

Audrey asked attendees for details of commissioned numbers for the 2007/2008 academic year, and whether the numbers had increased or decreased from the previous year. The figures were needed to inform various workforce review meetings and to take to a meeting with Rosie Winterton, MP at the beginning of March 2007.

It was felt that academic radiography staff were not currently at risk of redundancy, however, some universities were not replacing staff where commissioned numbers were unknown, or uncertain.

**Action:** If you have not already done so, or if your figures have changed since informing Michele at the start of the year, please provide any information available on commissions for the 2007/2008 academic year, and whether this is the same, a rise or a decrease on the previous year. Where the numbers are unknown, or still tentative, it would be helpful to know this too. Please contact Michele by email: [michelel@sor.org](mailto:michelel@sor.org)

### **8.2 *CPD & KSF***

Audrey commented on a perceived increase in the provision of non-credit rated short courses to meet the CPD requirements linked to the NHS & KSF. Attendees acknowledged this to be the case and flexibility in provision was necessary.

### **8.3 *NHS National Syllabus for Conflict Resolution***

Mary drew the attendees' attention to the Conflict Resolution Training Briefing Paper from Kim Sunley, which detailed the task of the NHS Security Management Service (NHS SMS) who had been given a target for delivery of conflict resolution training to all existing frontline NHS staff by the end of March 2008. (Please refer to attached document).

### **8.4 *Future CoR/Heads of HEI meetings***

The CoR felt strongly that these meetings would provide a valuable opportunity for the exchange of information/ideas. It was hoped to hold them annually and for future agendas to include contributions from both sides.

It was agreed that, despite the adverse weather on the day, mid January was a good time to hold such a meeting. The DPP agreed to circulate the date of the next meeting with the notes of the meeting so it can go into diaries early.

**Action:** Date of next meeting will be Thursday 17<sup>th</sup> January 2008.

## **9. THANKS AND FAREWELL**

The Chair thanked all those attending for their constructive contributions. He commented on the value of the afternoon to the Society and College and wished everyone a safe, homeward journey even if this was going to be longer than intended.