Approval and Accreditation Board Handbook

CONTENT

Page

1.0 Introduction

This handbook provides practical guidance on approval and accreditation procedures for education providers and College of Radiographers (CoR) representatives and should be used in conjunction with relevant Society and College of Radiographers (SCoR) publications, as listed in section 13.0.

2.0 Roles and responsibilities of the College of Radiographers

The College of Radiographers works in partnership with clinical and academic departments, external organisations and individuals to ensure that all United Kingdom programmes of education and training related to the clinical imaging and oncology radiographic workforce, maintain, and continue to develop the highest standards of clinical imaging and oncology practice and conduct.

Wherever possible, the College's approval and accreditation framework works within existing internal approval and quality assurance arrangements of education institutions and clinical departments. It also aims to work collaboratively with external bodies to provide a streamlined and integrated process.

Through the approval and accreditation framework and its implementation, the College:

2.1. Secures consistency of standards of clinical imaging and oncology education throughout the UK and gives assurance to service providers on this matter.

2.2. Enables alignment of standards of clinical practice with the profession's evolving career progression framework.

2.3. Supports and encourages academic and clinical departments to develop programmes that are at, and remain at, the forefront of education and developing clinical imaging and oncology practice.

2.4. Promotes and supports flexibility in the design and delivery of education programmes and new roles in practice.

2.5. Enables dissemination of guidance on best practice in clinical imaging and oncology education and practice.

2.6. Provides effective mechanisms for peer evaluation of the development, delivery and review of education programmes related to clinical imaging and oncology.

2.7. Enables appropriate responses to the needs of academic and clinical departments, and to the needs of individuals.

2.8. Facilitates identification, accreditation and registration of practitioners at all levels within the clinical imaging and oncology profession.

2.9. Publishes a register of approved education provision.

2.10. Provides support for clinical imaging and oncology students and learners, and safeguards their interests.

2.11. Strengthens links amongst the professional body, education providers, academic and clinical departments.

2.12. Assures equity and transparency in relation to the approval and accreditation processes.

2.13. Provides recognition of compliance with professional governance standards.

2.14. Accommodates interfacing with other relevant processes: for example, those of the Health Professions Council, the Quality Assurance Agency, the Departments of Health in the four countries of the United Kingdom, and funding bodies.

3.0 Role of College of Radiographers representatives (advisors and assessors)

The criteria for inclusion on the register of assessors can be found in appendix 5, along with the application form in appendix 6.

Representatives act on behalf of the CoR and must be conversant with SCoR policy.

3.1 **Advisors** are experienced assessors, who may also be members of the Approval and Accreditation Board (AAB). They are appointed to assist in the implementation of CoR policies and procedures. Such appointees represent the Approval and Accreditation Board in providing advice on the development and consideration of course proposals and the facilities and resources required.

3.2 **Assessors** are experienced academic and clinical radiographers appointed to assess course submissions, education providers (academic or clinical departments), practice placements and applications from individuals for accreditation.

The CoR recognises that the different areas for approval may be interrelated and will attempt to combine roles whenever appropriate. Each advisor/assessor may, therefore, be asked to become involved in one or a combination of activities at any one time, for example, programme approval and practice placement assessment and accreditation of an education provider. An advisor/assessor may be asked to consider an individual course or the totality of clinical imaging and oncology education provision being offered by the education provider.

Advisors/ assessors are able to work as part of, or in parallel to, education providers' own internal and external procedures; and in accordance with other external agencies or bodies as appropriate.

CoR representatives have no power to approve courses, practice placements or institutions. However, they will make recommendations to the AAB for approval, which may then be forwarded to the College Board of Trustees for ratification.

The terms of reference for the AAB can be found in appendix 2. Under the Code of Conduct (see appendix 3) members should declare an interest if they or any related party (see appendix 4):

- Have a pecuniary interest
- Act in the capacity of external examiner
- Are involved in any other capacity with a specific institution, department or organisation which is under consideration.

4.0 Responsibilities

A lead advisor, usually a member of AAB, is appointed by the Approval and Accreditation Department (AAD) to lead the team of CoR advisers and report directly to the AAB.

The responsibilities of individual advisers/assessors are to:

4.1   Agree to undertake the role of advisor/assessor for the AAB.

4.2   Undertake this role jointly with other nominees of the AAB.

4.3   Act as a critical friend to the education provider.

4.4   Participate fully in any and all decisions made regarding business in hand.

4.5   Provide reports as part of the advisory, approval or visiting team and as requested by the AAB or its Chair.

4.6   Maintain and uphold policies of the SCoR

N.B. If any information or criteria in the documentation presented by the institution is unclear, then further information should be sought from the education centre via the CoR lead advisor/assessor or the AAD.

The AAB provides a rolling programme of training events for assessors.

5.0   The College of Radiographers Register of Assessors

The College maintains a Register of Assessors. The criteria for appointment are determined by the AAB (see appendix 5 - alongside the application form in appendix 6). Persons meeting these criteria are encouraged to apply. Applications are reviewed by the AAB, which seeks to ensure a balance of expertise in education and scope of clinical practice across all areas of clinical imaging and oncology and the different academic levels.

6.0   Appointment of assessors

Normally two assessors will be appointed to assess a course submission, education provider (academic or clinical departments), practice placements or applications from individuals for accreditation.

In the appointment of an assessor the AAD will take into account the scope of specialist knowledge required and the experience of assessors. Newly appointed assessors are paired with experienced assessors, although both assessors appointed are expected to consider all aspects of the submission.

Clinical radiographers have a specific role to play in ensuring that courses address the anticipated requirements of service provision and that individuals are fit to practice in the specific scope of practice for which they are being accredited.

Academic radiographers are expected to be conversant with current education policy and ensure all courses are at the appropriate academic level for the award.

7.0 **Guidance for education providers developing new courses or reviewing existing courses**

Education providers planning to develop courses or review existing provision are encouraged to contact the AAD (approval@sor.org - telephone 020 7740 7220) giving details of the provision being developed/reviewed and the contact details of the staff at the education provider with whom the approval and accreditation staff and AAB advisor(s) should liaise.

If the education provider has not been accredited as an institution delivering approved course(s) by CoR, advice should also be sought.

A proposed change in the physical location of an accredited programme must be notified to the CoR. The reasons for relocation and how this would affect the programme must be given. CoR shall reserve its right to undertake an inspection of the new premises to be assured that the institution continues to be appropriately organised and equipped to deliver the programme to the required standards.

For courses that have practice education components, accreditation of practice placements should be integral to course approval. Please refer to the Guidance on Approval of Practice Placements at all Levels of Pre-Registration Education (College of Radiographers, 2005) – section 13.0 - and submit a completed Practice Placement Proforma (see appendix 8).

The AAD will send the education provider the most recent guidance and nominate an advisor (for complex provision additional advisers may be appointed). The education provider will be sent the contact details of the nominated advisor(s).

Advisors are able to exercise their role by working conjointly with education providers in their internal and/or external validation procedures, or by working in parallel with these procedures, according to the particular preferences of education providers.

The advisor(s) will contact the education provider and discuss how they are going to exchange information and confirm dates of meetings. Advisors are able to consider evidence for the developments; advise on curriculum design and the resources needed to deliver these effectively, including the number and nature of the staff required, and to act as 'critical friends'. Education providers should ensure that any documentation is sent in time to allow the advisor to give sufficient consideration before a response is required.

The SCoR Learning and Development Framework for Clinical Imaging and Oncology should be used as a reference document to support course development and evaluation. This can be downloaded via the SoR website (see section 13.0).

The main purposes of the framework for education providers are to:

7.1 Guide the design and development of relevant programmes and learning environments (both academic and practice based).

7.2 Guide the development of awards appropriate to the associated levels of practice.

7.3 Inform the preparation of documentation for validation, accreditation and monitoring purposes.

7.4 Facilitate coherence between programmes.

7.5 Clarify expectations regarding the maintenance of nationally recognised standards.

7.6 Identify and develop opportunities for interprofessional learning.

The framework includes the principles of ongoing quality improvement, promotion of best practice and proactivity in advancing professional practice across all levels and dimensions. It provides a comprehensive structure which takes into account other standards relevant to the practice of clinical imaging and oncology.

The advisor may advise on the involvement of various stakeholders including service providers, students and service users in curriculum development and review.

During the process of course development the advisor may wish, at an appropriate stage, to meet with the course team, students and service managers as appropriate. If the total provision being reviewed is complex the AAB advisor(s) may consult with other AAB assessors who have expertise in a specialist area of practice.

When the development processes have been completed to their satisfaction, the advisors/assessors submit a summary report detailing the main matters that have been addressed, areas of best practice/innovation and any recommendation for future consideration, together with recommendations regarding approval to the AAB. The report proforma may be found in appendix 1. For courses that have integral practice placements, the advisor should confirm that these should be approved, as detailed on the Practice Placement Proforma (see appendix 8).

NB: Approval of BSc (Hons), PgD and masters programmes with eligibility for accreditation as a practitioner and entitlement to apply for registration with the HPC is ratified by the CoR Board of Trustees following consideration by the AAB.

When the course has been approved, the AAD will write confirming approval, after this the education provider is required to send an electronic copy of the definitive course documentation to the CoR.

8.0   Summary of education programme approval/re-approval process

Education provider notifies Approval and Accreditation Department (AAD) at the
College of Radiographers (CoR) of intention to develop a new, or
review an existing programme

↓

AAD sends most recent guidance information to education
provider. The AAD nominates advisor(s)/assessor(s)

↓

Education provider sends definitive documents to SCoR

↓

Nominated advisor/assessor(s) contacts education provider

↓

Advisor provides advice on programme design and
development, curriculum, resources, professional body
requirements, and provides peer review

↓

Advisor/assessor works within the education providers normal procedures,
and with other external bodies as appropriate

↓

When satisfied that the CoR requirements have been met,
the advisor/assessor(s) submits a recommendation for approval, together
with a report to the AAD

↓

AAB considers report, conditions and
recommendation(s) and determines outcome

↓

AAD notifies education provider and advisor of outcome

9.0 Approval/re-approval

A representative of the AAB may participate in approval/re-approval events in a number of capacities as appropriate to the education providers practice and procedures.

At the request of the education provider, the AAB assessor may support the course team in their presentation in the role of a 'critical friend', having already established that it meets CoR requirements for approval.

Representatives of the AAB may also form part of the approval/re-approval panel and assess the submission as meeting the requirements of the CoR in that forum if that is the preference of the education provider.

9.1. Procedure for approval/re-approval

The education provider will notify the AAD of intention to develop a new, or review an existing programme. Proposed dates for the approval/re-approval event should be forwarded to the AAD as soon as possible. This will ensure that there is adequate time for appropriate assessor(s)/advisor(s) to be nominated. At the time of notification, if applicable, the practice placement proforma should be forwarded to the AAD (see appendix 8).

A minimum of six weeks before the approval/re-approval event, the education provider should provide the AAD with an electronic copy of all the documentation pertaining to the programme, which will be distributed to the appointed advisor(s)/assessor(s). The AAB reserves the right to withdraw from the event if the documentation is not received in good time.

The AAD will provide the education provider with the most recent guidance information published by the CoR to assist with the new programme development or review.

The AAD nominates advisor(s)/assessor(s) on behalf of the education provider. Care is taken to ensure those appointed on behalf of the AAB do not have conflicting interests with the education provider in question. The AAD also ensures that the appointed assessor/advisor has experience in the nature of the programme being approved/re-approved. The appointed advisor(s)/assessor(s) will be provided with an electronic copy of all the documentation the AAD has received from the education provider and contact details for the education provider's personnel.

The AAD will agree dates for the approval/re-approval events, provide details of the AAB panel members (identifying an advisor and/or lead representative) and liaise regarding practice placement visits as appropriate.

The nominated advisor/assessor(s) are then able to contact the education provider to discuss the development/review with the education provider's personnel. This may be done in the most convenient and suitable way for both parties.

The advisor(s)/assessor(s) are likely to carry out site visits to view the facilities and resources used during the delivery of the programme. This may include face to face discussions with students, teaching staff and clinical placement staff, tours of facilities including learning resource centres, IT equipment, teaching rooms, specialist teaching rooms, student accommodation and recreational facilities depending what is(are) to be approved/re-approved and the nature of the approval/re-approval process adopted.

An advisor provides advice on programme design and development, curriculum, resources, professional body requirements, and provides peer review. Advisor(s)/assessor(s) work within the education providers' normal procedures, and with other external bodies as appropriate. This may include the Health Professions Council (HPC), although the HPC's processes are distinct and separate.

The AAB encourages education providers to consider the appointment of an AAB advisor as detailed above. The advisor may contribute to rigorous internal scrutiny or faculty review prior to the validation/ approval/periodic review event; experience has shown this to be helpful.

When the advisor(s)/assessor(s) have all the information that they feel they require to make an assessment of the programme they will complete a report for submission to the AAB (see appendix 1). This may include recommendations and conditions. If conditions are set the CoR advisor/assessor must be satisfied that these have been adequately addressed before the report is submitted to the AAB with a recommendation for approval.

The AAB considers the report, any conditions and whether these have been met and recommendations, and determines outcome based on the report submitted. The AAD notifies the education provider and advisor/assessor of such outcomes following the AAB meeting or, for pre-registration, practitioner level programmes, following ratification by the College's Board of Trustees.

9.2   Format for approval/re-approval events

Where the education provider prefers the College to participate in approval/re-approval events, it will in consultation with the Chair of the approval/re-approval panel and representatives of statutory regulatory bodies, the AAB and other professional bodies (if a multiprofessional event), have agreed the itinerary for the event. This may include a visit to the institution and visits to practice placement providers.

The AAB representatives will expect to participate fully in the event, which may include separate discussions with staff and students and a review of resources.

Normally, the AAB representatives would expect to reach a conclusion in agreement with the institution. If required, there would need to be a plenary session towards the end of the event to allow AAB representatives to confirm their position.

The awarding institution should produce a written report of the proceedings, stating the conditions and recommendations of the approval/re-approval, where applicable. A draft copy should be circulated by the institution to all members of the panel for approval. Following approval of the report by the members of the panel, a copy of the confirmed report should be sent to the AAD for consideration and action.

9.3   Multi-professional events

An increasing number of radiography programmes involve interprofessional learning and teaching and necessitate involvement of representatives from other professional bodies as well as academic staff from other departments at approval events. While it is appreciated that there will be multi-professional sessions, it is important that radiography-specific aspects of the programme are given sufficient time as part of an event and that CoR representatives are able to discuss all their queries and concerns relating to the radiography programme.

Whilst the AAB representatives will participate in multi-professional events, the AAB is concerned that the size of the panel is often large, making the process unwieldy. It is recommended that multi-professional events are planned over two days to ensure all subject-specific and multi-professional aspects of the programme can be covered. Documentation for these events should be as streamlined as possible and the schedule should allow sufficient time for discussion with students, clinicians and academic staff.

The College believes that it can best contribute to multi-professional approval/re-approval activities using a process method rather than by attending final events. Nevertheless, it is committed to working in accordance with education providers' standard procedures.

9.4   Assessment of documentation alone

In many instances, such as short courses, practice educator programmes and accreditation of individuals, scrutiny of documentary evidence may enable the assessors to make a recommendation on approval/accreditation.

An electronic copy of the documentation should be sent to the AAD, who will ask two assessors to review the submission.

Where a larger award bearing programme is to be considered, review of the documentary evidence will invariably involve telephone or face-to-face discussions as part of the process, including with key stakeholders and students.

Assessors may request further information, or a meeting to discuss outstanding issues, and reserve the right to visit a practice placement or meet with the education provider.

10.0   Accreditation of institutions/education providers

The AAB accredits institutions that provide approved education programmes or courses. The AAB needs to be assured of the adequacy of the range of resources available to support clinical imaging and oncology education, and the availability of access to other facilities that support student education in its wider context. These include access to learning resources including recreation, transport and accommodation facilities.

AAB representatives will visit the institution to view the resources and produce a summary report, and make a recommendation for approval to the AAB. The visit may be arranged concurrently with other meetings/events where appropriate.

Education providers are encouraged to advise the AAD of any major change in resources. Re-accreditation needs to be sought on any relocation of premises.

11.0   Accreditation of individuals

The CoR accredits individuals at various levels of practice. Accreditation at practitioner level is through graduation from approved BSc(Hons), PgD and Masters level programmes with eligibility for accreditation as a practitioner.

Accreditation of other individuals may be through completion of an approved programme or by submission of a portfolio, which is assessed by AAB assessors against published criteria:

11.1   **Assistant Practitioner** – for further details please refer to the SoR website http://www.sor.org/public/ap_accred.htm

11.2   **Practice Educators** – for further details please refer to Practice Educator Accreditation Scheme (College of Radiographers, 2006) via http://www.sor.org/public/practice-educator/index.htm

11.3   **Advanced Practitioners** – The process and documentation for advanced practitioners is currently being finalised and will be available via the SoR website shortly.

12.0 Guidance notes for assessors and education providers on considerations for approval/re-approval

The guidance set out in this section indicates the range of issues that need to be addressed when considering a course itself, and the conditions under which it will be delivered. This guidance should be used in conjunction with the documentation published by CoR, highlighted in section 13.0.

12.1 Philosophy and Rationale

The philosophy and rationale for the course should be explicit and evident throughout the course and its documents.

The CoR promotes widening access to the profession and flexible career pathways to include the development of new roles. It recognises the need to extend the recruitment pool and to ensure that highly skilled professionals are retained within the clinical setting but aims to be flexible enough to accommodate various career pathways. It also advocates that pre and post registration education and professional issues are addressed within strong education and service partnerships that support continuing responsiveness to service developments.

12.2 Aims and Learning Outcomes

The aims should be related to the purpose and intention of the course whilst the learning outcomes should describe professional competence in broad terms relative to the level of professional practice. It should be recognised that individuals will progress along a continuum of learning and development, for example, from novice through preceptorship to experienced practitioner. Learning outcomes should be related to the capabilities and competencies which the students will be expected to demonstrate at the end of the course.

Education providers will be expected to demonstrate that the learning outcomes are achieved in relevant programmes. However, the content and organisation of any programme will be a matter for joint collaboration between service and education providers.

12.3 Content

The document should be set out clearly for ease of reference. The course content should demonstrate:

- The relevance of the curriculum to the title, aims and learning outcomes of the course.
- Professional coherence and progression within the organisation of the curriculum.

- The teaching and learning strategies proposed, and their appropriateness to the course.
- The appropriateness of the interdisciplinary studies within the course (where applicable).
- The provision for practice education and the way it will be integrated within the course as a whole.
- Proposals for projects/dissertations to include the approval of topics and the arrangements for supervision.

Criteria have been developed relevant to the information and documentation required in support of applications and proposals for accreditation and approval. All programmes seeking accreditation and approval should reflect the current Scope of Practice as approved and recognised by the Society and College of Radiographers.

Additionally, it is expected that all formal programmes of study should conform or relate to the Learning and Development Framework for Clinical Imaging and Oncology developed by the Society and College of Radiographers to support, in part, the development of programmes related to professional practice (section 13.0).

The SCoR has also been involved in the development of Occupational Standards to support practice in Clinical Imaging (including Breast Screening) and Radiotherapy and Oncology. Where Occupational Standards exist that are relevant to the practice of individuals, it is expected that programmes of study and development should deliver learning outcomes to reflect those standards.

Finally, for undergraduate programmes leading to eligibility to apply for registration with the HPC, the requirements of the following should additionally be observed:

- Society & College of Radiographers Code of Conduct and Ethics
- Health Professions Council Standards of Proficiency, Standards of Education & Training and Standards of Conduct, Performance and Ethics
- The Quality Assurance Agency for Higher Education benchmark statements relevant to Radiography

(See sections 13.0 and 14.0)

12.4 Learning and Teaching Strategies

An appropriate range of learning and teaching strategies, which appreciate the range of learning styles, should be used to fulfil the framework outcomes, including distance and e-learning. A variety of strategies are required so that learners acquire the necessary attitude, aptitude, skills and knowledge. The skills required for practice may be developed through use of role-play and simulations, using skills laboratories and computer programmes to prepare for and supplement practice placement.

Learning and teaching strategies need to:

- Be sensitive to the needs of individual learners and be learner centred
- Include the acquisition of problem-solving skills, critical analysis independent learning and transferable skills
- Encourage ownership of learning by the learners
- Foster a culture of valuing learning and the ability to reflect
- Generate initiative and original thinking
- Facilitate learning through a range of activities and media
- Facilitate the acquisition of research skills
- Facilitate the acquisition of assessment skills
- Provide appropriate opportunities for learners to engage in shared learning with learners from other professions.

They should:

- Be rooted in a partnership between education and service providers
- Take into account statutory and mandatory requirements
- Support accredited and non-accredited learning
- Support learners who do not necessarily want to progress in terms of promotion, but who wish to engage with a programme of continuing professional development
- Meet individual expectations in alignment with services needs.

- **Interprofessional learning**

Interprofessional learning in the practice and academic settings is to be supported as a way of enabling the acquisition and sharing of knowledge to the benefit of the patient and to meet the needs of the service. It should aim to facilitate effective team working, inform communication and understanding between professions and promote continuity of care. There are many initiatives for interprofessional learning in practice based and academic settings. Use of both formal and informal methods encourages an ethos of interprofessional learning that permeates throughout the professional and healthcare environment. The interprofessional approach should draw upon and enhance the development of skills and knowledge that are clinical imaging or oncology practitioner specific, recognising the complementary skills and knowledge of the different professions.

12.5   Resources for Learning and Teaching

- **Learning resources**

  In order for learners to maximise their learning potential, access to a range of learning resources is necessary. Inevitably, these will vary according to circumstances and the learning outcome being pursued. All learners will require access to a range of resources to support their learning activity at various stages during their working life. Indeed, making effective use of resources is part of the learning process.

  A learner registered on a formal course with an education provider can expect to have access to a learning resources centre. This should go beyond access to a traditional library and lending rights for books to include intranet access to course material, databases, discussion groups, search engines and electronic journals. The internet also provides the opportunity for learners to access a whole range of resources from image libraries to information on disease and professional matters.

  Learners should also expect support from employers. This could range, at one level, from the appointment of mentors, access to trust libraries and hence to journals and the internet. On another level, funded access to courses, protected study time (SoR 2002) and participation in departmental CPD activities, including clinical meetings, could be expected.

  The physical resources needed to sustain the course should be evident. These will include sufficiency and adequacy of access to appropriate clinical resources, and also to relevant specialist laboratory facilities and equipment. The impact of other course provision within the department on the course under consideration should also be explicit.

  Consideration should also be given to the accessibility and quality of residential accommodation, where this may adversely impact on student experience. This may be particularly relevant to learning during placements.

  It is not possible to specify every resource that can be accessed; however, the above provides an indication of the range of resources to be available to learners to support their professional development.

- **Human resources**

  The number of full-time equivalent staff designated to support the course and their range of expertise should be stated, and this needs to demonstrate that resources are sufficient to enable delivery of the programme as proposed. This should include academic and clinical staff making major contribution to the programme.

  The course team will need to demonstrate a commitment to professional development.

  Evidence for sufficient resources to support staff development should be consistent with the aim of the course. When considering this item the following should be used as a guide:

  - Take into consideration the student numbers, range of courses offered, the range of other activities of staff and the location over which courses are provided
  - The impact of the total activity should be considered in relation to the delivery of the programme against the norm for the academic workload for that institution

  AAB representatives should make reference to the current relevant data, for example, annual reports of the AAB (see page 28).

  Those with specific educator roles in academic or clinical settings, or both, would be expected to meet outcomes relating to the following:

  - Attributes of an effective educator
  - Learning styles
  - Methods of teaching and learning for adult and professional learners
  - Planning, implementation and facilitation of learning
  - Methods of formative and summative assessment
  - Evaluation of the learning experience
  - Quality assurance of education
  - Curriculum planning and development
  - Interprofessional education
  - Support mechanisms for students
  - Application of results of own and others' relevant research findings to student education
  - ITC skills, including appropriate word processing and other ITC skills as relevant to education

  Practice educators would require outcomes which are identified in the College's Practice Educator Accreditation Scheme (COR, 2006) http://www.sor.org/public/practice-educator/pdf/practice-educator.pdf

- **Placement Providers**

  SCoR expects that there will be a formal agreement or memorandum of agreement in place between an education provider and associated placement providers. This could be under the aegis of the local education commissioning, contracting or funding arrangements where appropriate.

  This agreement should specify arrangements to assure the quality of clinical learning opportunities for all identified learners proposed for the site. It should also identify arrangements to enable spare capacity to be identified and made available through secondary agreements or contracts to other learners. Some clinical departments have specialist facilities available that are in great demand as learning opportunities by a number of education providers. Arrangements should be in place to ensure that all learners have equity in learning opportunities, without compromising the quality of clinical service delivery or clinical education and training provision.

  There are a number of quality and standards related factors that placement providers will need to address in order to assure effective provision. The practice placement staff need to have a clear understanding of the learning outcomes expected to be achieved by each type of learner where an education provider is responsible for a programme of learning. These should be agreed with the education provider(s) and should include identification of mechanisms required to operate any specific student assessment or review processes.

  Special consideration should be given to identifying reliable learning opportunities for first year undergraduate students, as this is where there is greatest difficulty in meeting demand. This should take into account that their requirements may overlap with those of other learners such as trainee assistant practitioners. Clinical sites will be expected to demonstrate how the funded staffing establishment reflects the contribution of staff time required to support clinical supervision, education and training, as recommended in Clinical Education and Training: Capacity and Quality (College of Radiographers, 2004).

  The quality of practice placements and practice education rests primarily with the education providers, who must work closely with their practice placement providers to secure quality education. Although practice placements have tended to be associated with one education provider, this is no longer the case. Where more than one education provider is involved it will be the responsibility of all stakeholders to demonstrate effective collaborative arrangements and agree appropriate mechanisms for operation of the partnership. Novel placements may be incorporated into students' practice education programme; for example, health centres with diagnostic imaging facilities or cancer support units, mobile facilities, and private clinics. These opportunities are entirely appropriate although, for such sites, the maintenance of effective standards of student experience should be evident.

Education providers need to demonstrate how equity of the student experience in practice education is achieved and how the clinical environments used are able to support the different learning needs of diverse cohorts of students.

Education providers need to demonstrate that coherent and appropriate learning outcomes exist for all practice placements; and that the assessment of these is integral to their programmes. These should be well documented and training provided to enable clinical staff to support specific groups of learners/trainees. Appropriate systems to enable audit and evaluation of the student experience must be in place. While the nature of programmes is likely to become more diverse, it is, nevertheless, expected that practice learning outcomes reflect competency and initial fitness for practice and registration. Education providers must ensure that confirmation of the supernumerary status of students is established, and arrangements for the provision of honorary contracts are in place, as appropriate.

Criteria for the assessment of placement sites are based on the need to assure quality and consistency of the student experience, effective capacity and support. In order for accreditation as an approved practice placement provider, the clinical site must identify the range of opportunities for practice education for each specific group of pre-registration learners. Education providers, together with placement providers, will need to ensure and demonstrate that the following have been considered and judged to be appropriate:

- The range of practice education opportunities available within the placement sites

- The overall volume and range of work undertaken in the placement department

- The range, nature and standard of the equipment and modalities available to support practice education

- The maximum number of students that the placement department can manage and support effectively, taking into account the potential for multiple education provider involvement. Consideration will also need to be given to the number of students that can be associated with individual examination or treatment rooms where it is expected that two or more students will be rostered simultaneously

- Staffing arrangements to provide pastoral support, as well as practice education, should be explicit. As part of this, the number of registered radiographers and other qualified staff available to support the proposed maximum number of students placed in the practice placement department at any one time needs to be identified

- Education and training specifically associated with enabling clinical staff to be effective in their various roles relative to students' practice education and development must be specified. Good practice would encourage clinical staff to gain recognised qualifications or academic credit for their development

- Practice departments may be working extended days and weeks and may consider offering practice education to students throughout its normal operational hours. In such circumstances, proper consideration must be given to the support provided to students and to how the extended working day or week may be used to provide effective practice education

- At any one time practice placements may have a range of students and learners to manage, for example, trainee assistant practitioners, those seeking to return to practice, and students from other education providers on elective placements

- Evidence should be provided that demonstrates effective mechanisms for the management of such diversity

- The general environment apparent within a placement site as may be judged through considering the cohesion of the work force, the education and development culture of the placement, and the attitudes of staff towards supporting learners. Indicators of placements that are likely to provide the necessary quality of practice education and student support include evidence of a full and active continuing professional development programme for all of its staff; role development initiatives operating successfully; research and other academic or clinical collaborative work with the education provider, plans to introduce advanced and consultant level practitioners, and evidence that good clinical governance, risk management and health and safety policies and procedures are in place and operating effectively

- Student learning facilities, which need to include electronic access to the education providers e-learning and communication systems

- Effectiveness of liaison arrangements between the placement provider and the education provider to support practice learning

- Robust mechanisms for the evaluation of practice education provision which encompasses input from students and clinical staff, as well as the education provider(s)

A visit to a practice placement may be required if the placement and advisor consider this would enable more effective clarification of arrangements. The College of Radiographers reserves the right to visit a practice placement to satisfy itself that the site meets requirements for new or continued approval as a practice placement for pre-registration students. Placement visits are intended to be an opportunity for dialogue. Representatives of the clinical and education providers may be able to provide a more effective picture of the proposed provision whilst the College advisor will offer constructive advice. Reports of such visits will reflect in realistic terms the spectrum of opinion that is expressed. Opinions expressed by staff and students may be recorded, but statements should not be attributed to named individuals.

- **Other resources**

  Consideration will also be given to:

  - The suitability of the arrangements for ensuring and maintaining the professional integrity of the course in situations where shared learning with other students and common teaching with other courses is proposed
  - The opportunities for students to mix with other undergraduate or graduate students and to engage in group activities.
  - The provision for academic and career counselling relevant to the course

12.6 Assessment

The rationale for assessment and the proposed assessment scheme should be considered and should be consistent with the philosophy, rationale, aims and objectives of the course as a whole.

Assessment of learning must be an integral part of the learning process itself and must satisfy the educational criteria of validity and reliability. The assessment needs to be appropriate to the level of practice and be focused on the learning outcomes. Assessment of learners in practice-based settings is an integral part of ensuring clinical competence.

The assessment strategy should achieve the following:

- Offer a variety of methods of assessing learning
- Provide a robust means of assessing clinical competence
- Focus on learners' development and demonstration of learning achieved using a combination of formative and summative assessments
- Encourage learners to assess their own learning and identify their own development needs
- Provide explicit and detailed guidance of expectations

- Provide a balance between effective assessment and assessment overload
- Take account of regulatory frameworks
- Acknowledge benchmarks and proficiency standards, where appropriate
- Acknowledge occupational standards, where appropriate
- The learning, teaching and assessment strategy identified within individual curricula should be consistent with the overall educational philosophy of the programme
- Programmes as a whole should be coherent such that the learning process integrate with, and underpins, the achievement of educational aims and learning outcomes
- Education providers are expected to make explicit this relationship within their curricula

12.7 Regulations

AAB representatives should expect to see the institutional policies and criteria for the following surrounding the development of a programme.

- **Admission/Entry Requirements**

  There should be evidence that recruitment and selection processes utilise equal opportunity and widening participation principles and give both parties the information they require to make an informed choice about whether to make or take up the offer of a place on the programme.

  Admission/entry requirements to an accredited programme must be clearly documented and conform to the standards of SCoR and the regulatory body in relation to the following:

  - Benchmark academic entry requirements for admission to each route to professional qualification for all categories of applicants (including mature applicants). The subjects and grades as well as alternative admission requirements to promote wide and inclusive entry must be clearly stated
  - Compliance with current legislation pertaining to the accommodation of people with disabilities and additional needs
  - Robust policy and procedures relating to transfer of credits such as Accreditation of Certificated Learning (ACL) and Accreditation of Prior (Experiential) Learning (AP(E)L)
  - Evidence of a good command of written and spoken English language, usually IELTS Score of 7.0
  - Enhanced disclosure of criminal convictions from the Criminal Records Bureau or Disclosure Scotland, or the Police Service of Northern Ireland and health screening checks. Registration with the Independent Safeguarding Authority may also be necessary

- The selection process, including, for example, the use of interviews or written work to assess the applicant's potential to undertake and complete the course.

The entry requirements for pre-registration radiography programmes can be downloaded via the following link
http://www.sor.org/public/students/map/uni_map_final.swf

- **Progression and exit**

Programmes are defined by stages. Every course contributing to a programme is credit-rated by volume and level. Progression from one stage to another is achieved by acquiring a defined volume of credit and by meeting any programme specific requirements. Progression through a programme must be clearly defined within the documentation.

The academic credit for a course is achieved by securing the minimum published pass mark for the course. Where a course is assessed on a pass/fail basis, a pass is sufficient to obtain the academic credit for the course. Some courses may also have additional requirements in order to qualify for credit (for example, a minimum attendance requirement). Where such rules apply they should be stated clearly in course documentation.

The documentation must state clearly how a learner may or may not progress through a programme. This should include arrangements for deferred and referred examinations.

- **Exit**

Exit points need to be clearly defined within the programme specification, both for those learners failing or progressing. Awards to be achieved at each level must be documented.
Where a student cannot complete a programme successfully for the professional qualifying award, the awarding institution has a duty to give proper acknowledgement to his/her achievement. If the institution wishes to offer other exit awards, the titles of the awards must be stated. The document must clearly state that no exit award other than the professional qualifying award will confer eligibility to apply for HPC registration (see appendix 7).

Classification of awards should be determined and calculations of classifications of each award should be transparent.

- **Appeals**

There should be a clearly defined appeals procedure to ensure that policies and procedures are applied appropriately, fairly and consistently to all students. As part of its commitment to provide a high quality student experience, the education provider should seek to resolve difficulties between students and the institution as fairly and effectively as possible. These difficulties normally fall into one of three categories:

- Appeals against academic and/or clinical competency and behaviour judgements – where, for example, the education provider has made a judgement about a student's assessed work or academic progression
- Complaints – where the student is dissatisfied with the provision, whether academic or clinical, that they have received from any part of the education provider
- Disciplinary cases – where the University has grounds to believe that a student has conducted themselves in an unacceptable manner in an academic, non-academic or professional context

12.8 Management

- **Programme Leadership**

The education provider's policy and procedures on the employment of the appropriate number of suitably qualified academic, professional practice learning and support staff with suitable experience, and on the provision of learning resources should:
- Facilitate the achievement of the programmes/courses learning outcomes by students
- Monitor the observance of the professional code of ethics and conduct
- Support the student experience
- Enable the update and further development of the education programme
- Influence service delivery

- **Quality Assurance and Enhancement**

The education provider's annual quality assurance and enhancement processes should include the evaluation of the programme by the professional staff, monitoring and feedback mechanisms, external examining procedures, and evaluation of student performance.

Course management meeting minutes and all quality assurance policies and procedures in place by the education provider should be available.

A clearly defined staffing strategy for the delivery of the professional programme over the period of accreditation should be in place. The professional backgrounds and experience of academic and professional practice staff should be congruent with the philosophy and purpose of the programme, and staff qualifications should be appropriate to the level of the final award. Staff CVs should demonstrate active engagement in scholarship and research that contribute to the knowledge and evidence-base of the programme and the profession.

- **Student Support**

The programme team should demonstrate a comprehensive range of student support enhanced by a broader institution-wide range of student welfare services.

- **Course Security (Contractual, funding, student numbers issues)**

Sufficient evidence should be provided to demonstrate the financial viability, stability and contractual security of the programme undergoing approval/re-approval. This should include overall resourcing of student numbers, including the practice education programme. Evidence of funding needs to be provided for the duration of the course, and for any given cohort.

13.0 Relevant College of Radiographers publications

AAB representatives and education providers should be conversant with the following publications:

13.1 College of Radiographers (2007) Learning and Development Framework for Clinical Imaging and Oncology, CoR London. Download this document via http://www.sor.org/public/document-library/sor_learning_development_framework_clinical.pdf

13.2 College of Radiographers (2004) The Approval and Accreditation of Education Programmes and Professional Practice in Radiography: Policy and Principles, CoR London. Download this document via http://www.sor.org/members/document-library/sor_approval_accreditation_policy.pdf

13.3 College of Radiographers (2005) Education Strategy, CoR London. Download this document via http://www.sor.org/members/document-library/sor_clinical_imaging_radiotherapy.pdf

13.4 College of Radiographers (2008) Education Strategy for Scotland, CoR, London. Download this document via http://doc-lib.sor.org/education-strategy-scotland

13.5 College of Radiographers (2005) Guidance on Approval and Accreditation of Practice Placements at all levels of Pre-Registration Education, CoR London. Download this document via http://www.sor.org/members/document-library/sor_guidance_approval_accreditation.pdf

13.6 College of Radiographers (2006) Clinical Education and Training: Guidance and Strategies for Effective Relationships Between Education Providers, Placement Providers and Learners, CoR London. Download this document via http://www.sor.org/public/document-library/sor_approval_accreditation_educational.pdf

13.7 College of Radiographers (2004) Clinical Education & Training: Capacity & Quality - Executive Summary, CoR, London. Download this document via http://www.sor.org/members/document-library/sor_clinical_education_training.pdf

13.8 College of Radiographers (2006) Education and Professional Development: Moving Ahead, CoR, London. Download this document via http://www.sor.org/members/document-library/sor_education_professional_development.pdf

13.9 College of Radiographers (2002) A Strategy for the Education and Professional Development of Radiographers, CoR, London. Download this document via http://www.sor.org/members/document-library/sor_strategy_education_professional.pdf

13.10 The AAB Annual Report, which provides national data on clinical imaging and oncology education. Download this document via http://www.sor.org/public/pdf/aab_report_2007-2008.pdf

14.0 Additional information

AAB representatives and education providers should be conversant with the following documentation.

14.1 CoR is sometimes asked to approve programmes for delivery outside the United Kingdom. CoR is pleased to respond positively to requests such as those outlined in the approval and accreditation of programmes delivered outside the United Kingdom (2008) document, as this enables it to support the quality of radiography education and training provision internationally and so help improve standards. This document can be downloaded via: http://www.sor.org/public/pdf/appro_accreditation_progs_del_outside_uk0108.pdf

14.2   The Quality Assurance Agency for Higher Education (QAA) was
        established to provide independent assessment of how higher education
        institutions in the UK maintain their academic standards and quality. The
        primary responsibility for academic standards and quality rests with
        individual institutions. QAA reviews and reports on how well they meet
        those recommendations, and encourages continuous improvement in the
        management of the quality of higher education. Subject benchmark
        statements set out expectations about standards of degrees in a range
        of subject areas. They describe what gives a discipline its coherence and
        identity, and define what can be expected of a graduate in terms of the
        abilities and skills needed to develop understanding or competence in
        the subject. Visit the QAA website to view their benchmark statements
        for a range of programmes
        http://www.qaa.ac.uk/academicinfrastructure/benchmark/default.asp

14.3   As a regulator, the Health Professions Council (HPC) was set up to
        protect the public. To do this, the HPC keeps a register of health
        professionals who meet their standards for training, professional skills,
        behaviour and health.

        The HPC Standards of Education and Training document sets out the
        standards of education and training that an education programme must
        meet in order to be approved by the HPC. These generic standards
        ensure that any person who completes an approved programme meets
        the standards of proficiency for their profession and is therefore eligible
        to apply for admission. The standards can be found via http://www.hpc-
        uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf

        Additionally, the HPC has also produced guidance on their standards of
        education and training to give education providers more information
        about how they will assess programmes against these standards. These
        guidelines can be found via:

        http://www.hpc-uk.org/publications/index.asp?id=125

14.4   The framework for higher education qualifications in England, Wales and
        Northern Ireland - January 2001
        http://www.qaa.ac.uk/academicinfrastructure/fheq/EWNI/default.asp

14.5   Scottish Credit and Qualifications Framework
        http://www.sqa.org.uk/sqa/1454.html

14.6   The national qualifications framework for higher education in Scotland –
        A position paper July 2000
        http://www.qaa.ac.uk/academicinfrastructure/FHEQ/background/scotland
        /positionPaper.asp

14.7   A brief guide to national qualifications frameworks for Scotland - July 2000 http://www.qaa.ac.uk/academicinfrastructure/FHEQ/background/scotland/guide.asp

14.8   The Welsh Assembly Government have published The Credit and Qualifications Framework for Wales handbook which formalises the approach for developing a credit and qualification system and has been endorsed through the Credit Common Accord Forum http://wales.gov.uk/topics/educationandskills/learningproviders/creditqualificationsframework/handbook/;jsessionid=Hx89J25Jb3CzJJmnNSmp6Z1bsZ1sngbNh8GszByFCjgmz2nLdzvM!-1868201774?lang=en

14.9   Qualifications and Curriculum Authority (QCA) - The National Qualifications Framework http://www.qca.org.uk/qca_5967.aspx

14.10   National Occupational Standards (NOS) - NOS ratified by the Qualifications and Curriculum Authority (QCA) and National Workforce Competencies at higher academic levels are statements of competence describing good practice and are written to measure performance outcomes. They are competencies which describe what needs to happen in the workplace and are applicable to the independent as well as the public sector. They are a source of information to help people make informed decisions about: the structure and content of education and training and related qualifications http://www.skillsforhealth.org.uk/

14.11   Department of Health - The Modernising Allied Health Professions Careers (MAHPC) work is a workforce initiative to maximise the contribution AHPs can make to transforming health and social care http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086264

14.12   Titles of Programmes and award, 2006 – please refer to appendix 5.

All SCoR publications can be downloaded from the website www.sor.org. There is a specific Education and Accreditation section on the public side of the website.

15.0   Checklist of questions for assessors

The following checklist of questions is given as a guide to the issues that should be addressed during the approval/re-approval process. This list is not totally inclusive or exhaustive, and representatives should use their own judgement as appropriate.

15.1 Student intake

- Is the student intake compatible with the course's admissions policies?
- Is the student intake compatible with the course's academic requirements?
- How far have enrolment targets for the course been achieved? If these have not been achieved, or have been exceeded, what action has been taken?

15.2 Students

- What do the relevant quantifiable data reveal about the quality of the course? Pass rates, classification levels, national comparisons, awards and prizes should be considered.
- What is the withdrawal rate for the course and has it risen or fallen over the last 3-5 years?
- What are the reasons for withdrawal?
- What has been the trend in pass rates and is this satisfactory?

15.3 Teaching and learning

- Are the current teaching and learning strategies appropriate and effective? What evidence is there to support this?
- Are the teaching and learning methods employed appropriate to the objectives, structure and content of the programmes of study? For example, to what extent do lectures and other forms of teacher presentation stimulate learning? How effective is the level of interaction in seminars and tutorials? Is appropriate use made of e-learning? How far does small group teaching improve student understanding of the subject(s)? To what extent are staff able to encourage students to be active learners and to form independent judgement? How far can staff give attention to the interests and problems of individual students?
- Has the course Board of Studies or other committees charged with managerial responsibility responded to comments and peer group assessment, for example, from students, external examiners and lecturers?
- Does the course Board of Studies have an effective system of encouraging student feedback?
- Has the course Board responded positively to such feedback? Is such feedback elicited at all stages, including graduate comment?
- Id intranet used?

15.4 Staff provision

Is staff provision appropriate to the level and nature of the course in terms of:

- Academic staffing?
- Support staff?
- Are staff full-time or part-time?
- Are there time allowances for research activities?

15.5 Teaching team

What judgements can be made on the subject knowledge and teaching skills of the academic staff?

- Do the research and staff development activities of the teaching team actively underpin the course?
- Do students make favourable judgements about the quality of teaching and learning received?
- Do the teaching team form a balanced and cohesive team?
- Do the teaching team effectively monitor and support one another?
- Is there a sensitive environment of staff-appraisal?

15.6 Course management

- Is the course Board of Studies effective?
- Does the Course Director receive adequate support?
- Is the tutorial support system effective?

15.7 Resources

Is the resource base of the course adequate in terms of:
- Teaching accommodation?
- Learning resource provision?
- Specialist rooms?
- Technical support?
- Equipment?
- Learning facilities?
- Student access and usage?
- Clerical and administrative support?
- Access to the internet/intranet?

15.8 Course environment

- How far does the course take advantage of the academic environment within which it operates?
- How does the course take advantage of the services of the library, information and computer services?

15.9 Classification

- What means are proposed for determining the classification of results?
- What proportion of the final assessment counts towards the classification?
- Can students fail any part and still receive an award?
- Is there any element of compensation between different components of the assessment scheme?

15.10 Regulation

- Are the assessment regulations and requirements for progression clearly and unambiguously drafted, including provisions for the award of honours and to allow re-sits where appropriate?
- Are students adequately informed of the requirements, which must be met, both during and at the end of their course, and of the criteria for assessment?

15.11 Structure and content

- Is the assessment load appropriate to the nature of the course, and is it broadly comparable with that expected in other similar courses?
- Is there a risk of over or under-assessment?
- Do the frequency and timing of the stages of assessment reflect appropriately the nature of the course and its progression requirements? For example the timing of any division between parts in a degree programme; the timing for submission of a project report in relation to practice placements.
- Is the relative weighting between different stages of assessment appropriate especially where they count towards the final award?

15.12 Clinical, practical and course work

- Is their weighting in the assessment scheme appropriate?
- In relation to the clinical and practical work, are there appropriate arrangements for the use of audio or visual recordings, or of other forms of records such as student portfolios?
- Are the provisions for assessment of course-work appropriate, both in quantity and weighting compared with formal examinations, and in relation to the objectives of the course?
- Is the overall load on students appropriate and balanced?

15.13 Practice placements

- Are there sufficient staff in the placement to support the number of students being placed there?
- Does the course have a policy on study leave in clinical placements which it can justify?
- Is the issue of IT support for student on clinical placement addressed?

15.14 The examiners

- What are the arrangements for the involvement of external examiners in the assessment process?
- Is the composition of the Examinations Board appropriate?
- Where a complex scheme requires a tiered Examinations Board structure, are there adequate arrangements for the examiners to take an overall view of each student's performance?
- Are there appropriate arrangements for double marking by internal examiners and/or for internal moderation?
- Are the criteria for assessment clearly worked out and likely to be understood and applied similarly by all the examiners involved?
- What arrangements are proposed to ensure the validity and objectivity of the assessment process? Is the scheme such that the internal examiners' assessment is accessible to appraisal by external examiners?

15.15 Re-approval

- What has changed since the last validation/review?
- What is the rationale for change?
- What has been learnt from monitoring and how has this information influenced and changed the course?
- How do exits/awards compare with entry statistics?

15.16 Institutional visits and practice placements

Those questions above, which are relevant and appropriate, could equally be asked in relation to institutional and clinical placement visits where such visits are undertaken.

APPENDIX

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS

Approval and Accreditation Board Report

Name of education provider	
Name and titles of programme(s)	
Date of completion of advisory/approval process/event	
Proposed date for approval to commence	
AAB Representative(s)	

Scope of visit *(please tick)*

New programme	
Re-approval of existing provision	
Major change to existing programme	
Other (Please state nature of visit)	

Confirmation of meetings held *(please include dates)*

Senior personnel of provider with responsibility for resources for the programme	
Programme planning team	
Placement providers and educators	
Students (current or previous as appropriate)	
Programme delivery team	

Confirmation of facilities inspected *(please tick)*

	No	Yes
Library learning centre		
IT facilities		
Specialist teaching accommodation		
Practice placement sites		
Other (please state)		

Confirmation of CoR, QAA and HPC standards reflected in course documentation

CoR Learning and Development Framework	
CoR Research Strategy	
CoR Scope of Practice	
HPC Standards of Proficiency for Radiography (diagnostic and therapy)	
HPC Standards of Education and Training	
QAA benchmark statements for Radiography	

Where applicable, please comment on the following sections related to the advisory/approval process/event

1. **Acknowledgements**

2. **Background to report**

3. **Building and facilities**

4. **Radiography Teaching Facilities**

5. **Learning Resource Centre (_or_ Library, ITC and Study areas)**

6. **Teaching accommodation and specialist rooms**

7. **Assessment**

8. **Clinical/practice placements**

9. **Meetings with staff**

10. **Meetings with students**

11. **Meetings with clinical providers**

12.   General comments

13.   Key issues

Please complete the following to summarise the outcome of the advisory/approval process/event

14.   Conditions

15.   Recommendations

16.   Commendations/ identification of best /innovative practice

17.   Course team response to conditions & recommendations

.

18.   Assessors/advisors recommendation to the College of Radiographers Approval and Accreditation Board

Report completed by:	*Additional assessor:*
Name _____ *Signed* _____ *Date* _____	*Name* _____

APPROVAL & ACCREDITATION BOARD

Terms of Reference

1.0   INTRODUCTION

The Society and College of Radiographers (SCoR) has responsibility for leading and managing the profession and strengthening the contribution of radiographers and the radiographic workforce within existing and emerging health care teams. As part of this responsibility, the Approval and Accreditation Board (AAB) has been established to provide an accreditation framework to enable the:

1.1 accreditation of training programmes for those entering the professional level workforce in radiography through validation and approval of both pre- and post- registration education programmes.

1.2 approval and accreditation of clinical and educational departments as effective learning departments that support the individual in personal, practice and professional development.

1.3 accreditation of individual radiographers as they enter membership of the professional body.

1.4 recognition of awards at all levels, from across the spectrum of radiographic practice, and from all providers of such awards.

1.5 approval and accreditation of short credit-bearing courses including those that incorporate specific competences, as well as those of a more general nature.

1.6 endorsement of study days, conferences and other activities that include appropriate learning outcomes related to continuing professional and personal development of individuals.

The AAB is also responsible for:

1.7 maintenance and development of a system for monitoring and recording Continuing Professional Development (CPD) activity,

1.8 maintenance of a register of those practitioners who have attained relevant qualifications and awards approved by SCoR,

1.9 provision of advice in the development and monitoring of all approval and accreditation processes.

2.0   AIMS AND OBJECTIVES OF THE AAB

2.1   To develop policies and oversee and advise on all aspects of approval and accreditation of programmes, individuals and departments.

2.2   To establish, maintain, develop and consider all approval, validation and accreditation policies and procedures within the Accreditation Framework ensuring:

	2.2.1	a commonality and consistency of approach,
	2.2.2	the inclusion of the whole spectrum of activity (practitioners from all disciplines and at all levels of practice,
	2.2.3	that appropriate links are established and maintained with the Health Professions Council for issues related to maintained competence to practice,
	2.2.4	the adoption of appropriate mechanisms for approval and accreditation in all home countries and regions, working in an integrated way with the normal quality assurance processes that operate in each country,
	2.2.5	consistency with the objectives outlined in the 'Approval and Accreditation of Education Programmes and Professional Practice in Radiography: Policy and Principles, 2004; The Society and College of Radiographers'.

2.3   To formulate the future strategic direction for approval and accreditation for consideration by SCoR.

2.4   To establish time-limited and objective-driven working groups as necessary.

2.5   To provide advice and guidance and make recommendations to UK Council and the College Board of Trustees (CBoT) on all matters related to the SCoR approval and accreditation policy and its objectives.

2.6   To develop and implement training of SCoR representatives involved in approval and accreditation of programmes, individuals and departments.

2.7   To provide advice on resource requirements as these become apparent.

2.8   To provide periodic reports of its activities to CBoT and through CBoT to SCoR UK Council.

2.9   To provide a forum for sharing knowledge and best practice via formal meetings and networking opportunities.

2.10   To formulate the future strategic direction for approval and accreditation for consideration by SCoR.

2.11   To ensure effective communication of the activities of the AAB to SCoR members, members of participating higher education institutions and external organisations, and other national bodies on its position relating to approval and accreditation and support individual colleagues and organisations across the United Kingdom. This will be streamlined and enhanced to include a range of educational activities.

3.0   MEETINGS

3.1   The AAB shall meet three times per year – spring, early summer, and late autumn at SCoR headquarters.

3.2   The AAB shall have the authority to constitute small, short-life working parties, as necessary to meet objectives.

3.3   A quorum shall be one third of the membership.

3.4   The Director of Professional Policy will ensure that appropriate secretariat services are provided for each meeting by SCoR.

3.5   AAB decisions will normally be made through consensus. However, decisions may be taken at the discretion of the Chair.

3.6   The AAB is free to examine any and all issues that fall naturally under its area of responsibilities.

3.7   Minutes will be taken and circulated to the AAB members for comment prior to approval and issue according to section 6.0.

3.8   The AAB may ask any member who normally attends to withdraw in order to facilitate open and frank discussions on particular matters.

4.0   MEMBERSHIP

4.1   AAB members shall be appointed by SCoR. They should be cognisant with the responsibilities and policies of that body and reflect them in their work for the AAB.

4.2   AAB membership shall be composed of a Chair, Council Members, representatives from the College Board of Trustees, a representative from the PPLG, academic authorities in fields of study related to the curriculum taught at the College, and in development and administration of such programmes and clinical service representatives.

4.3   All AAB members are of equal standing.

4.4 The AAB shall elect a Chair and Vice-chair for two-year terms and will ensure that succession planning is in place.

4.5 AAB members shall normally serve for three years. Terms may be extended by mutual consent provided that all requirements have been met satisfactorily.

4.6 The membership of the AAB will be reviewed annually by the UK Council of the SoR.

5.0   DUTIES OF MEMBERS

5.1 AAB members accept corporate responsibility for decisions of the AAB.

5.2 No AAB member has individual authority or power by being a member of the AAB unless it has been specifically delegated. Only the AAB as a whole may take actions or decisions unless otherwise agreed and formally minuted.

5.3 AAB members are required to conduct thorough, accurate and fair reviews, to assure the integrity of the standards and quality assurance systems of SCoR and, at the same time, respect the confidential and sensitive nature of the review process to the programme, staff, individuals and students being evaluated.

5.4 AAB members must be demonstrably impartial and able to make their assessments with full independence.

5.5 AAB members will have relationships with specific institutions, clinical departments or relevant organisations. They must not engage in conduct that is unethical or unprofessional and may be prejudicial to the reputation of SCoR and the integrity of its quality assurance system. AAB members should be particularly careful to ensure that these relationships are conducted in a proper manner and that their standing as an AAB member is not compromised or open to misinterpretation.

6.0   DISCLOSURE AND CONFLICT OF INTEREST

6.1 AAB members should not use any material prepared for, or disclose information learned at, board meetings for any other purposes. All items relating to specific institutions, departments, organisations and persons are confidential and should not be discussed outside the meeting except at meetings of CBoT or the UK Council to which these items have been reported.

6.2 Where AAB members may be required to participate in the review and/or approval of programmes, individuals or departments, general observations in the field may be provided, but specific information that may identify individual programmes/individuals/departments must not be disclosed.

6.3 All documentation relating to the entire approval and accreditation processes becomes a part of the permanent and confidential records of the SCoR. This includes, but is not limited to, the following: electronic documentation, documentation submitted by higher education institutions, individuals or organisations, preparatory information forwarded to assessors, observations noted during site visits as well as any summary documents and recommendations subsequent to such visits.

6.4 AAB members must ensure that all documentation forwarded to them is kept in a secure location.

6.5 Upon completion of site visits and related summary, all documentation must be returned to the Education Administrator to become a part of the permanent records.

6.6 In cases where information has been transmitted electronically, all files are to be deleted upon confirmation by the Education Administrator that the information has been received and filed in SCoR headquarters.

6.7 AAB members should identify any potential conflicts of interest with respect to the work of the AAB. They should declare an interest if they or any related party:

6.7.1   have a pecuniary interest,

6.7.2   act in the capacity of external examiner,

6.7.3   are involved in any other capacity with a specific institution, department or organisation being discussed during a meeting.

They may be required to leave the meeting for an item where such an interest exists.

6.8 Notwithstanding the above, AAB members will be asked to declare relevant interests annually in writing, using the designated form.

6.9 AAB members must be aware that the role of the Board is to work on behalf of SCoR and CBoT. It is accountable to CBoT and makes its resolutions and recommendations to this body. Final decisions may rest with either CBoT or UK Council.

6.10 AAB members must acknowledge that any materials pertaining to the AAB standards, quality assurance system and evaluation process developed during their terms as assessors, as well as for a period of up to two years thereafter, are deemed to be the intellectual property of SCoR.

7.0 EXPENSES

7.1 Travelling expenses and subsistence costs for attending meetings will be reimbursed in accordance with the established Expenses Policy of SCoR.

7.2 Any additional expenses in relation to the work of the AAB should be agreed, in advance, with the Director of Professional Policy.

8.0 REPORTING

8.1 The minutes of the meetings shall be made available to the AAB electronically via the Education Administrator.

8.2 Amendments to the minutes will be received by the Education Administrator by the date specified and updated accordingly.

8.3 Minutes will be archived electronically on SORI.

8.4 The AAB will produce an annual report detailing its observations and recommendations to be produced at the end of the academic year. The report intends to fulfill a number of purposes, as follows:

8.4.1 to provide a summary of, and commentary on, the work of the AAB,

8.4.2 to provide a national overview of the nature and scope of education provision for the radiography workforce, so giving a benchmark which individual institutions can use to support self-evaluation and development planning,

8.4.3 to provide comprehensive data and statistical information on the current and future radiography workforce; for example, the numbers of students entering and progressing successfully through approved education programmes, numbers of accredited assistant practitioners, and data on those gaining CPD accreditation through CPD Now.

Samantha Jewell
Professional Officer: Education and Students
Society and College of Radiographers
July 2008

# THE SOCIETY AND COLLEGE OF RADIOGRAPHERS
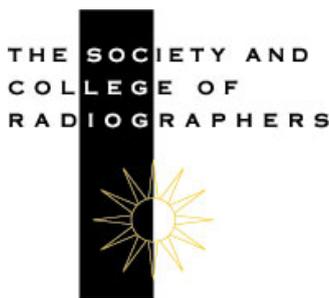
APPROVAL & ACCREDITATION BOARD

Code of Conduct for Members

1.   All members are of equal standing.

2.   Members accept corporate responsibility for decisions of the AAB.

3.   No member has individual authority or power by being a member of the AAB unless it has been specifically delegated. Only the AAB as a whole may take actions or decisions unless otherwise agreed and formally minuted.

4.   Members are appointed by the Society & College of Radiographers. They should be cognisant with the responsibilities and policies of that body and reflect them in their work for the AAB.

5.   Members will have relationships with specific institutions, clinical departments or relevant organisations. They should be particularly careful to ensure that these relationships are conducted in a proper and ethical manner and that their standing as a member is not compromised or open to misinterpretation.

6.   Members should declare an interest if they or any related party:

   •   have a pecuniary interest
   •   act in the capacity of external examiner
   •   are involved in any other capacity with a specific institution, department or organisation which is being discussed during a meeting

   They may be required to leave the meeting for an item where such an interest exists.

7.   Notwithstanding the above, members will be asked to declare relevant interests annually in writing, using a designated form.

7.   Members should not use any material prepared for, or information learned at, AAB meetings for any other purposes. All items relating to specific institutions, departments, organisations and persons are confidential and should not be discussed outside the meeting except at meetings of the College Board of Trustees or the Council of the Society of Radiographers to which these items have been reported.

8.   Members must be aware that the role of the AAB is to work on behalf of the Society of Radiographers and the College Board of Trustees. It is accountable to the College Board of Trustees and makes its resolutions and recommendations to this body. Final decisions may rest with either the College Board of Trustees or the Council of the Society of Radiographers.
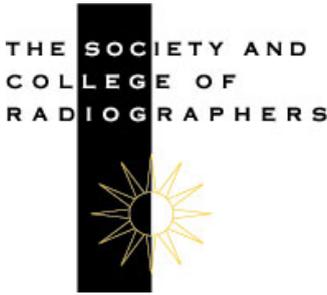
APPROVAL & ACCREDITATION BOARD

Declaration of Member's Interests

Under the Code of Conduct Members should declare an interest if they or any related party:

- have a pecuniary interest
- act in the capacity of external examiner
- are involved in any other capacity with a specific institution, department or organisation which is being discussed during a meeting.

They may be required to leave the meeting for an item where such an interest exists.

I hereby declare that I have the following interests:

Institution/Department/Organisation	Nature of interest

I hereby declare the interests of any related party/parties:

Relationship to the party concerned	Institution/Department/ Organisation where the related party has the interest	Nature of that interest

Name: ....

Signed: .... Date: ....……………..

Please return completed form to:
Approval and Accreditation Department
The College of Radiographers, 207 Providence Square, Mill Street, London, SE1 2EW
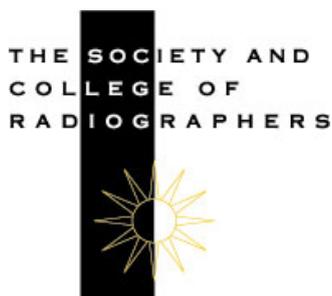
APPROVAL & ACCREDITATION BOARD

Criteria for inclusion on the register of Assessors

Individuals wishing to undertake the activities associated with a College of Radiographers assessor must normally provide evidence of the following criteria:

1. Membership of The Society of Radiographers or another appropriate professional body.
2. Registration with the HPC as a Radiographer in the UK or registration with an appropriate regulatory authority.
3. Awareness of professional body policies relative to radiography practice
4. Agreement to accept and work within the guidelines established by the Society and College of Radiographers
5. Active involvement in education and training programmes in radiography, if applying to approve educational programmes.
6. Awareness of national and regional differences in the organisation and delivery of education and radiography/radiotherapy services
7. Specialist knowledge and/ experience in an areas(s) relevant to diagnostic imaging and radiotherapy.
8. **For clinical representatives** :

   - A minimum of 5 years clinical experience

9. **For academic representatives**:

   - An understanding of current education policies and practice

   - A teaching qualification

   - Education to master's degree level or equivalent

   - Experience in curriculum development (for assessors wishing to approve educational programmes)

It is expected that registered Assessors will:

1. Participate in the training programmes for assessors provided by the Society and College of Radiographers
2. Keep up to date with and apply professional body policies relevant to radiography practice
3. Commit to maintaining, developing and enhancing their professional knowledge, skills and competence through continuing professional development. This may be evidenced by a current Certificate of Accreditation from CPD Now

Applications will be scrutinised by three individuals. The Register will be subject to review every 2 years, where an assessor will be required to provide evidence of continuing professional development

THE SOCIETY AND COLLEGE OF RADIOGRAPHERS
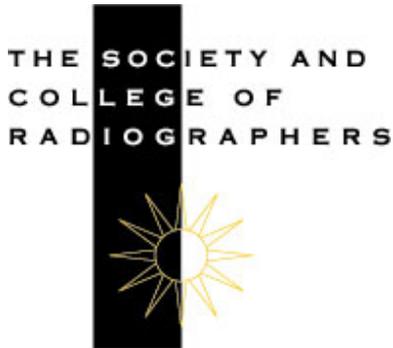
APPROVALS & ACCREDITATION BOARD

Application for inclusion on the register of Assessors

Contact and employment details
Please use BLOCK CAPITALS or type.

Title _____

Forenames _____

Family name _____

Correspondence address (to be used when nominating assessors)

_____

_____

Post town _____

County _____

Postcode _____

Country _____

Daytime telephone no. _____

Mobile no. _____

Email address (H)_____(W)_____

Job title (including grade) _____

Organisation _____

(Include Dept, if applicable)

Application details

SoR/Other professional body membership no. _____

HPC/Other regulatory body registration no. _____

Qualifications

_____

_____

_____

_____

_____

Professional experience (including dates)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please indicate which of the following activities you wish to be considered for (Please indicate the number of years experience in all boxes that apply):

Approval of Programmes

Undergraduate	☐	Postgraduate	☐
Assistant Practitioner	☐	Practice Educators	☐

Specialities

Diagnostic Radiography	☐	Radiotherapy/Oncology	☐
Ultrasound	☐	Nuclear Medicine	☐
Magnetic Resonance	☐	Forensic radiography	☐
Reporting	☐	Treatment prescribing/review	☐
CT	☐	Counselling/ Patient advocacy	☐
GI studies	☐	Multi- professional education	☐
Mammography	☐	Dental Radiography	☐
Radiation Protection	☐	Osteoporosis / DEXA	☐
Paediatrics	☐	IV administration	☐
Trauma imaging	☐		

Accreditation of Individuals

Assistant Practitioner	☐	Advanced/Specialist	☐	Practice Educators	☐
Senior management posts	☐	Consultant	☐	Senior academic appointments	☐

Others

Expert witness	☐	Research	☐
Quality Assurance	☐	Clinical effectiveness	☐

Please state any additional areas of interest

_____

_____

_____

Please provide details of experience to support each of the activities ticked above (continue on separate sheet it necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you wish to be involved in programme/course approval, please provide details of current involvement in education programmes and curriculum development.

_____

_____

_____

_____

_____

_____

_____

_____

_____

In the role of the assessor, it may be important to have a UK wide perspective. Please outline how your knowledge and experience enables you to apply such a perspective in the area in which you wish to assess.
(Please continue on a separate sheet if necessary)

_____

_____

_____

_____

_____

_____

_____

It is important to keep abreast of the policies and procedures. Please indicate how your professional experience enables you to demonstrate knowledge and understanding of professional body policies relative to radiography practice.

_____

_____

_____

_____

_____

_____

_____

Please indicate any other information relevant to this application

_____

_____

_____

_____

_____

References

Please provide details of two referees who can be approached to support your application.

1. Name   _____

Position   _____

Address   _____

                   _____

                   _____

Daytime telephone no. _____

Mobile telephone no. _____

Email _____

2. Name   _____

Position   _____

Address   _____

                   _____

                   _____

Daytime telephone no. _____

Mobile telephone no. _____

Email _____

I agree to accept and work within the guidelines established by the Society and College of Radiographers
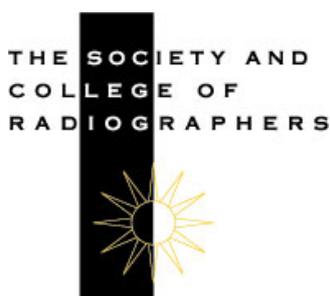
Signature: _____   Date: _____

Please return your completed application to:

Accreditation Department, Society and College of Radiographers
207 Providence Square, Mill Street, London, SE1 2EW

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS

Society and College of Radiographers Guidance: Titles of Programmes and Awards

Background

The Approval and Accreditation Board of the Society and College of Radiographers (ScoR) is concerned that titles of all education programmes and awards should be clear and unambiguous. It is especially important that members of the public could not mistakenly believe someone to be a qualified (Health Professions Council registered) practitioner.

The word Radiography in the title of a programme or award could easily lead people to assume an association with eligibility to practice as a Radiographer. Similarly, concerns have been expressed that the use of Medical Imaging might imply that the person with such an award is a medical practitioner.

With the introduction of foundation degrees a substantial proportion of people are unaware of how these fit into the framework of higher education qualifications.

The Health Professions Council in its Standards of Education and Training states that assessment regulations must clearly specify requirements for:

> 6.7.2 awards which do not provide eligibility for inclusion onto the Register not to contain any reference to an HPC protected title in their title;

> 6.7.3 an aegrotat award not to provide eligibility for admission to the Register

College of Radiographers Position Statement

All programmes leading to an academic award must be at the appropriate level of the award as specified in the QAA frameworks for educational qualifications and QCA National Qualifications Framework.

The College of Radiographers Board of Trustees at it meeting in February 2004 accepted a recommendation from the Joint Validation Committee, of the College of Radiographers and the Health Professions Council (HPC), that "**awards without honours were not appropriate for entry to the profession"** and should be withdrawn at the earliest opportunity. The HPC also accepted the recommendation and states in its Standards of Education and Training, Nov 2002 "The Council normally expects that the **threshold** entry route to the register will be the Bachelor degree with honours".

The title of the programme and award should give a clear indication as to whether it meets occupational standards/ competencies needed to undertake a specific level of practice. Whilst the HPC prohibits reference to a protected title (Radiographer, Diagnostic Radiographer and Therapeutic Radiographer) in any award which does not confer eligibility for registration, the SCoR maintains that use of the corresponding title of the profession (Radiography) is equally confusing.

If an education provider is uncertain about the suitability of a proposed title of a programme and/or award they should contact the Approval and Accreditation Department for advice.

The following section gives specific advice for Masters level programmes and awards leading to accreditation as a practitioner (and to apply for HPC Registration).

M Level programmes with eligibility for accreditation as a practitioner (and to apply for HPC registration)

1.   Introduction

1.1   In response to the NHS Modernising Education agenda and other initiatives, HEIs offering radiography education are increasingly considering the provision of routes to qualification other than the traditional, three year, full time undergraduate route.

1.2   It may be of considerable benefit to develop practice and practitioners through masters' level programmes that have been designed to confer eligibility for registration and professional accreditation. This approach could facilitate a more appropriate route into radiography for graduates from other disciplines as well as widening the entry gate into the profession and adding to the potential work force.

2.   Appropriate Award

2.1   The minimum acceptable M level award intended to confer eligibility for registration is a postgraduate diploma. Furthermore, it is the expectation of the SCoR that for all students completing a postgraduate diploma there would be an in-built opportunity to progress to a master's degree.

2.2   The minimum length of programme is likely to be greater than that for a typical full-time postgraduate diploma or master's degree because of the need for students to obtain clinical competency. This is unlikely to be achieved in less than 18 months although this will depend upon the structure of the programme.

3.   Entry Requirements

3.1   It is expected that applicants to the programme would be in possession of a first degree. This should be a degree with a health sciences related background or, alternatively, the HEI should provide a pre-entry development programme to enable students to enter the programme with a common knowledge base.

4.   Programme Outcomes

4.1   M level learning outcomes must be transparent and consistent with the entrants' intellectual abilities.

4.2   The threshold clinical competencies should be at least those required for first post independent practice and be based on confident and competent case management rather than solely on performance of radiographic technique. Account should be taken of QAA subject benchmarks.

4.3   Not withstanding that the threshold clinical competencies must be reached, the learning, teaching and assessment methods and outcomes, including those relating to clinical learning, should be vested at Masters level.

4.4   The programme must recognise the autonomy of the learners and their role in determining their individual learning needs. There needs to be clear evidence within the programme of research methodology and reflective practice.

5.   Learning Strategy in Practice Placement Departments

5.1   It is expected that students entering with a first degree would differ from undergraduate students in that they would have a well-developed knowledge base, greater powers of critical enquiry which they are able to apply in the clinical environment, and be relatively assertive.

5.2   While it is essential that clinical competence is acquired and evidenced explicitly through relevant assessment methods, learning in the clinical environment is likely to differ in nature from that undertaken by undergraduate pre-registration students in that it may, for example, be driven by individually negotiated clinical learning contracts or other more advanced or independent learning strategies. These should enable students to evidence and achieve their clinical learning outcomes at different rates according to how well, or otherwise, they progress.

5.3   Traditional patterns of placement may not be appropriate to support independent learning skills.

PRACTICE PLACEMENTS

Please submit this form prior to Approval/Periodic Review or with a request for approval for an increase in COR approved maximum annual intake and/or new practice placements (details of both existing and proposed new clinical placements should be included)

Education Centre: ....

Programme:..

Current College of Radiographers approved maximum annual intake:..............

New Maximum annual intake for which approval is sought: ....

Number in WTE of academic radiography staff whose sole or main role is supporting the undergraduate programme: ....

DETAILS OF PRACTICE PLACEMENTS

Practice placement location Trust or group of Hospitals, or other provider	Distance from Education Provider	Approved maximum number of students per cohort	Approved maximum number of students at any one time	Proposed maximum number of students per cohort	Shared with other Education Provider(s)* Please give details	Proposed maximum number of students/ trainees/returnees etc at any one time

*This should include other HEIs providing pre-registration programmes and any provider, including in-house provision, for trainee assistants, radiographers seeking to return to practice and overseas radiographers undergoing a period of adaptation.

Signed: ....   Dated:...