Approval and Accreditation Board Report

Assessors must copy this report, including parts 1 and 2, to the education provider so they can address conditions and comment on recommendations prior to Approval.

### Please complete a *separate* report for each programme.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of education provider |  | | | |
| Full title of programme/course/module(s) including step off awards |  | | | |
| AAB Assessor(s) |  | | | |
| Approval recommendation | Approve |  | Defer – further information needed |  |

## Type of programme. Please include credit pattern where applicable (click to tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of programme |  | Credits | RQF/FHEQ/SCQF level |
| Programme leading to accreditation as an Assistant Practitioner |  |  |  |
| Pre-registration radiography programme |  |  |  |
| Programme leading to accreditation as a Practice Educator |  |  |  |
| Post registration programme |  |  |  |
| Short course/individual module(s) |  |  |  |

## Scope of approval (click to tick)

|  |  |
| --- | --- |
| New programme |  |
| Re-approval of existing programme |  |
| Major change to existing programme |  |
| Other - please state nature of approval |  |

# PART 1

## Confirmation of meetings/discussions (please include dates and type of meeting/discussion)

|  |  |  |
| --- | --- | --- |
| Senior personnel 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 reviewed/discussed (click to tick)

Facilities on campus and placements (where applicable) should be considered.

|  |  |
| --- | --- |
| Library/learning resources |  |
| IT facilities for students including virtual learning environment, relevant ebooks and journals |  |
| Specialist teaching resources (including software) |  |
| Practice placement(s) |  |
| Student support |  |
| Others (please state) | |
|  |  |
|  |  |
|  |  |

## Confirmation of standards reflected in course documentation, where appropriate (click to tick)

|  |  |
| --- | --- |
| CoR Education and Career Framework (2013) – all programmes |  |
| Radiation protection - all programmes where ionising radiation is a component.  NOTE: Must include assessment of student-patient-supervisor discussion of radiation dose, protection and risk in order comply with the relevant regulations below.   * Ionising Radiation Regulations Great Britain (GB) 2017 * Ionising Radiation Regulation Northern Ireland (NI) 2017 * Ionising Radiation (Medical Exposure) Regulations GB 2017 * Ionising Radiation (Medical Exposure) Regulations NI 2018 |  |
| CoR Quality Standards for Practice Placements (2012) – all programmes where there is a practice placement requirement |  |
| CoR Research Strategy (2017) – Pre-registration and above |  |
| CoR Scope of Practice (2013) – Pre-registration and above |  |
| CoR Scope of Practice of Assistant Practitioners (2012) – AP programmes |  |
| CoR Practice Educator Accreditation Scheme learning outcomes – PEAS programmes |  |
| Other CoR standards relevant to the programme being assessed (please state) | |
|  |  |
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|  |  |

## Please comment on the following:

Both campus and placements (where applicable) should be considered.

|  |  |
| --- | --- |
| 1. | Acknowledgements |
|  |  |
| 2. | Background to report |
|  |  |
| 3. | Quality assurance and course management |
|  |  |
| 4. | Partnership agreements with placement providers |
|  |  |
| 5. | Policies relating to equality, diversity and bullying (campus and placement) |
|  |  |
| 6. | Meetings/discussions with staff including senior programme and education institution personnel and programme delivery team |
|  |  |
| 7. | Meetings/discussions with students present and/or past |
|  |  |
| 8. | Meetings/discussions with placement providers including manager(s) and practice educators/supervisors/mentors |
|  |  |
| 9. | General campus facilities |
|  |  |
| 10. | Library and learning resources |
|  |  |
| 11. | Specialist teaching facilities and resources including software |
|  |  |
| **12.** | Course content and structure including rationale, aims and learning outcomes. Include interprofessional learning/education modules. |
|  |  |
| **13.** | **Content specific to radiation protection and risk including radiosensitivity of children and other high-risk groups (where ionising radiation is a component of the programme).**  **See *Practice Standards for the Imaging of Children and Young People* (CoR, 2009):** <https://www.sor.org/learning/document-library/practice-standards-imaging-children-and-young-people> |
|  |  |
| 14. | Mode/methods of delivery |
|  |  |
| 15. | Assessments and assessment processes |
|  |  |
| 16. | Student support on campus and placement |
|  |  |
| 17. | Practice placements including student supervision and number of students placed |
|  |  |
| 18. | Other comments not covered above |
|  |  |

## Please summarise the outcome of the approval process

|  |
| --- |
| Conditions - These *must* be met by the education provider before the programme can be approved |
|  |
| Recommendations – These *must* be considered and commented on by the education provider before the programme can be approved |
|  |
| Commendations/ identification of best /innovative practice |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessor’s name |  |  | Assessor’s name |  |
| Signed: |  |  | Signed: |  |
| Date: |  |  | Date: |  |

# PART 2

## To be completed on receipt of course team’s response to conditions and recommendations set by the assessors.

|  |
| --- |
| Please comment on the course team’s response to conditions and recommendations |
|  |

## Assessor(s)’ recommendations to the College of Radiographers Approval and Accreditation Board (click to tick)

|  |  |
| --- | --- |
| I/we recommend this programme for approval/re-approval |  |
| I/we have discussed the conditions, recommendations and the response with the course team. However, I/we recommend that the AAB request further supporting information before approving this programme due to the reasons stated in my/our comments above. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessor’s name |  |  | Assessor’s name |  |
| Signed: |  |  | Signed: |  |
| Date: |  |  | Date: |  |