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) |
|  | [ ]  |
|  | [ ]  |
|  | [ ]  |

## 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: |  |