

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS



**APPROVAL AND ACCREDITATION
BOARD**

ANNUAL REPORT

The College of Radiographers

September 2010 – August 2011

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1. Foreword

The academic year 2010–11 saw further transition in the climate for health faculties and schools across the UK, with a continuation of fiscal tightening in the health sector and in higher education. At the time of writing, further measures across both sectors to cut costs looks set to continue, with significant potential for impact on the student experience as well as future workforce planning strategies. In England, there is already some evidence that commissioned places for diagnostic radiography in particular, may be reduced in the coming year.

This is the back drop for the 2010-11 report of the Approval and Accreditation Board of the College of Radiographers; and, despite the concerns and uncertainties, the data collated provides interesting reading.

The report provides food for thought in a number of areas. Encouragingly, recruitment of students to commissioned numbers seems to be much more achievable than in the past with very few educational institutions (EIs) being undersubscribed this academic year. UCAS has seen a significant increase in applications for radiography places during 2011 and expects applications to be considerably higher in 2012. EIs are developing their strategies for meeting commissioned numbers and improving selection processes to ensure that they're able to select the 'best' students.

The College continues to work towards enhancement of professional and educational services for students and the education sector, engaging in a variety of activities over the past year. This includes the revision of the strategy for student membership to address the relatively poor conversion rate of students to membership following their 1st complementary year as outlined in the previous report. Early indications show that the new strategy has proved to be successful which is heartening. The College will be continuing to analyse the success of the changes made to examine how the strategy can be further refined.

Attrition from programmes continues to be of concern, with attrition in radiotherapy being particularly concerning. The issue has now reached the top level of the NHS in England. Whilst it is clear educational institutions have taken this issue very seriously and have in place many different strategies for reducing the number of students who do not complete their courses, further work on this issue is required.

The ongoing question is why do students drop out? The data indicate that financial problems and wrong career choice are major features alongside the demands of programmes. However, this year dissatisfaction with the clinical experience rates as the number one issue for students on radiotherapy programmes. This raises concerns regarding how the clinical placement experience for students is managed in some locations.

To support the continuing work to reduce the attrition rates the College is in the process of publishing new guidance and is raising awareness of the issues in multiple arenas. The issue of bullying in the workplace is one which the Society and College will be continuing to raise awareness of in the coming year.

It is pleasing to note that 75% of 2011 graduates who responded to the Society and College of Radiographers' '2011 Students and Recent Graduates' survey started their first job within two months of graduating from university. Given the level of graduate unemployment that has been widely observed in the UK this is encouraging news.

The AAB continues to approve courses at postgraduate level across the scope of practice of radiography but it has observed that the number of modality specific courses in both nuclear medicine and magnetic resonance imaging has reduced over the past five years. The majority of new programmes being developed are based on a postgraduate framework that can accommodate various pathways and options. This means that individual HEIs are submitting new modules that can be integrated into these frameworks or studied as individual continuing professional development. The proposed changes to post registration and postgraduate funding in England may have a significant and adverse impact upon education and training to support career development and the AAB is keeping a close eye on these developments.

The demand to approve courses at assistant practitioner level has reduced over the past three years which has led to some courses being discontinued. However, we believe it is in the interests of public safety and the safety of those who are providing clinical supervision, that each practising assistant practitioner should have undergone CoR approved education and training, and seek to become formally accredited by the College; we seek the support of service managers in this.

I hope you find this year's report provides useful dialogue for you and your organisation. I wish to thank all our educational institution colleagues for their help and co-operation in supporting our work, and for responding so positively to our annual monitoring process.



Zena Mitton
Chair
Approval and Accreditation Board

2. Introduction

The College of Radiographers is pleased to publish the 2010-11 Approval and Accreditation Board (AAB) Report. This is the seventh year of operation of the AAB since its inauguration.

This report draws into a single commentary the approval and accreditation activity over the 2010-11 academic year. Its purpose is to provide a national overview of the nature and scope of education provision for the radiography workforce, thus giving a benchmark for education institutions (EIs) to use to support self-evaluation and development planning. The report provides comprehensive data and statistical information on the current and future workforce, and is recognised as the most authoritative record of radiography student recruitment, retention and completion in the UK.

The work of the AAB is continually evolving in order to respond to the challenging demands of the profession. It welcomes the opportunity to support the development of the profession in this evolutionary manner.

The AAB continues to develop its policy in relation to overseeing and advising on all aspects of the approval and accreditation of courses and individuals to ensure consistency of approach and standards. It provides a single framework in which all education approval work and accreditation activities are undertaken. The AAB takes its responsibility to maintain high quality radiography provision for the medical imaging and radiotherapy workforce very seriously and is continually working to raise standards.

The AAB has also undertaken considerable work to develop its system to ensure continuity of engagement with both student radiographers and education providers.

This academic year we have again been successful in engaging all our radiography education providers in submitting their individual data. We wish to thank all our educational institution colleagues for their help and co-operation in supporting our work.

The AAB hopes that this year's report will provide useful dialogue for you and your organisation.

3. Annual Monitoring Data

The Approval and Accreditation Board continues to play a crucial role in collecting, collating and analysing data related to radiography education and training. This report incorporates the data collected for the totality of education provision for medical imaging and radiotherapy during the 2010-11 academic year. Through this data it is possible for the Society and College of Radiographers (SCoR) to provide a comprehensive UK-wide picture of radiography education provision for both the medical imaging and radiotherapy and oncology workforce across the UK.

This data enables individual education institutions to compare its specific data with the national data set. The data also informs discussion with external bodies engaged in activities such as workforce development and planning, education commissioning and professional development which have considerable implications for the future development of the radiography profession.

As in previous years, this year we have collated our data via an online survey system which has received positive feedback over the last few years. Prior to sending each education institution (EI) an email with the link to access the online data monitoring survey a copy of the questions are sent in a PDF format so that they can be viewed before completing the questionnaire.

The AAB would once again like to thank all those education institutions who completed the online data monitoring survey this year. Without the continuing co-operation of our colleagues in radiography education a full picture cannot be gained.

Comparative data from 2007 – 2010 can be found in the appendices 1-4.

4. Services to Education Institutions and Students

A considerable amount of monitoring and reviewing of policy, processes and data related to education provision, accreditation and students continues to take place to inform national initiatives and analyses as well as much of the work of the SCoR itself.

The AAB continues to acknowledge that it is imperative student radiographers understand the value of SCoR membership before parting with membership fees. Therefore, for the 2010-11 academic year membership has been complimentary for first year students, while for all other cohorts the fee has remained at £4.00 per month. A six month complimentary full membership period on qualification applies to those students remaining in membership throughout their training irrespective of how long a student's programme is. This six month period commences on 1 October of the year of graduation. However the student must remain in student membership until this date in order to be eligible. For February intake students, the six months complimentary full membership period commences on 1 April of the year of graduation.

The AAB wishes to thank EIs for their continuing support in providing SCoR with information about their first year students. This data helps provide membership numbers and passwords to students and ensures each and every student regardless of whether they are in our membership or not receive our monthly student e-zine, StudentTalk.

This year our strategy for recruiting student members has been changed as highlighted in the 2009-10 AAB annual report. The changes were initiated due to poor conversion rates from first year membership to continuing years' membership. Whilst first year student membership remains complimentary and commences 1 October – 30 September of the year the student starts their course (NB. February intake student membership will commence from 1 February – 31 January) students do not automatically become members as has been the case in previous years. Students are now required to complete an application form and send in a direct debit form in order to receive their complimentary membership. The direct debit does not begin until 1 October the following year (or 1 February the following year for February intake students) when the student is expected to pay for their membership. Students are made aware that they can cancel their direct debit at any time if they do not wish to continue in membership. Students are emailed to remind them when their direct debit is about to commence, however, the onus is on the student to contact our Membership Department to cancel their membership if they do not wish to continue into their second year of membership.

SCoR no longer sends student membership booklets to each university unless this is personally arranged with the Officer undertaking a student presentation. The SCoR Officer who undertakes the SoR first year student talk will distribute the membership booklets, which include an application form and a direct debit form, during their presentation. Students are encouraged to join the Society and complete the membership form whilst the Officer is present. The Freepost envelope system that was introduced as a trial last year proved unsuccessful.

Document-loaded USB sticks are still given as a gift but these are sent by post when a student has completed a membership and direct debit form and these have been received by SCoR by 31 December (February intake students this will be 30 June). Students will, of course, be able to join throughout the year but the USB gift is a short term promotional gift.

Early indications show that the new system has proved to be successful. We will be analysing the results of the changes made early in 2012 to examine how the system can be improved further.

The SCoR 'join online' system will not allow first year students to join online in the first year, however it does highlight that they are entitled to their first year of student membership free and asks them to contact the membership department. Continuing and final year students are now able to join online.

We very much appreciate each EI continuing to send SCoR their first year students' information with basic details such as their names and university email addresses for our records so that we have a full database of students.

For the 2011-12 academic year the SCoR is making minimal change to the range of services and benefits it provides for education providers and students. In addition, and for the third year running, there will be no change at all in the fees charged for the 'annual inclusive package' available to education providers, nor will student membership rates change. This decision recognises the increasingly difficult financial situation, especially as it affects education providers.

There will be no changes in fees for student membership. EIs wishing to continue to pay student membership fees for all students for the 2011-12 year are still able to do so. As before, SCoR will continue to provide the annual, inclusive package of services free of charge for the academic year.

The ‘all inclusive package’ approach to services and fees is to be retained. This option continues to bring considerable benefit to EIs that offer substantial radiography education programmes. The ‘fee for services’ continues to meet the needs of EIs with niche or small provision.

In terms of changes for the 2011-12 academic year, there is no change to either the ‘annual all inclusive’ or the ‘fee for service’ charges. Similarly, services remain effectively the same, although with some clarification regarding requests for SCoR Officers to speak at study days or conferences run by education institutions.

5. Educational Programmes

5.1 Pre-registration Programmes

5.1.1 Approvals/Re-approvals of Pre-registration Programmes

During the 2010-11 academic year the AAB has been involved in the review and re-approval of the following pre-registration programmes:

- University of the West of England – approval of MSc Radiotherapy and Oncology
- University Campus Suffolk – re-approval of BSc (Hons) Diagnostic Radiography and BSc (Hons) Radiotherapy & Oncology
- City University – re-approval of BSc (Hons) Diagnostic Imaging and BSc (Hons) Radiotherapy & Oncology
- Bangor University – re-approval of BSc (Hons) Diagnostic Radiography

Currently, 24 EIs are accredited to offer diagnostic and therapeutic radiography programmes, successful completion of which leads to accreditation as a practitioner and eligibility to apply for registration with the HPC.

24 EIs are accredited to offer diagnostic radiography programmes:

- 21 EIs are accredited to offer programmes of three years; 3 EIs are accredited to offer programmes of four years duration
- London South Bank University is accredited to offer a 4-year part-time in service BSc (Hons) Diagnostic Radiography programme
- University of Teesside is accredited to offer a PgD/MSc Diagnostic Radiography programme

14 EIs are accredited to offer therapeutic radiography programmes:

- 12 EIs are accredited to offer programmes of three years duration
- 2 EIs are accredited to offer programmes of four years duration
- London South Bank University is accredited to offer a 4-year part time BSc (Hons) Therapeutic Radiography programme
- Sheffield Hallam University and Queen Margaret University are accredited to offer PgD Therapeutic Radiography programmes
- London South Bank University is accredited to offer a PgD/MSc Therapeutic Radiography
- University of Liverpool is accredited to offer a PgD in Radiotherapy

In October 2010 a successful accreditation event took place in the United Arab Emirates (UAE) across two educational sites, Dubai Women’s College and Abu Dhabi Men’s College. A significant amount of time was given to recognising the cultural differences between the UK and the Arab nation. Radiography education in the UAE is based on both the UK and US systems where quality management takes the US stance, whilst delivery is UK orientated.

In line with other approved overseas programmes, responsibility falls to the individual graduate to prove competence relating to possible registration with the Health Professions Council. However, the UAE students are eligible for registration with SCoR as a student member during their training.

5.1.2 Entry Numbers (first years) to Pre-Registration Programmes

Table 1, below, illustrates the number of diagnostic and therapeutic radiography first year students registered with EIs. This data was collected from the completed CoR annual monitoring schedules with a census date of November 1st 2010.

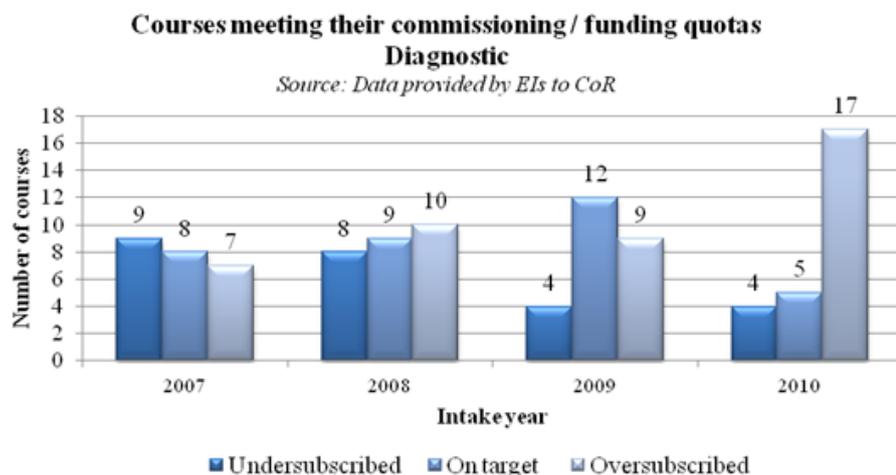
Number of first year students registered with the EIs	
Diagnostic Students	Therapeutic Students
1429	401

Table 1

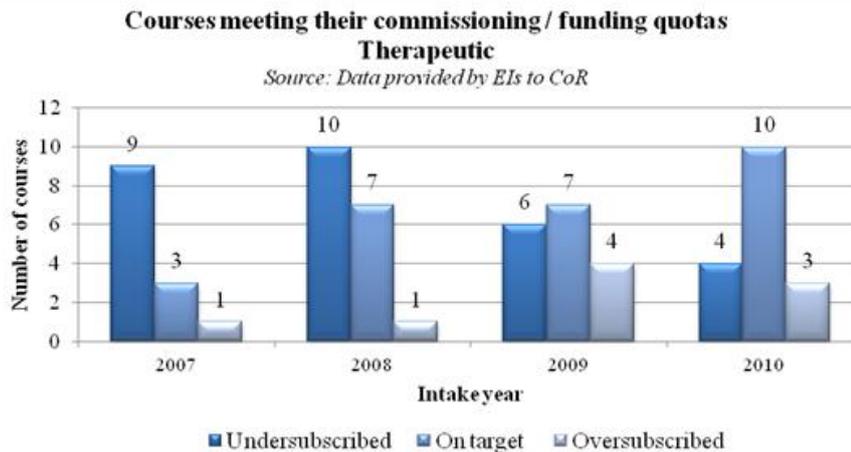
This year all EIs submitted their data for inclusion in this report. This is very much appreciated as it is imperative that CoR collects all the relevant data from each EI in order to produce reliable data for use as evidence to support students and EIs in the future.

5.1.3 Comparison of commissioned/funded student numbers with EI student uptakes

Using data provided by EIs, the graphs below (2a and 2b) represent an overview of the commissioned/funded student numbers in comparison with uptake of students to radiography programmes in EIs.



Graph 2a



Graph 2b

Notes:

"Undersubscribed" means fewer students enrolling on the course than the number of commissioned / funded places

"On target" means the number of students enrolling on the course equalled the number of commissioned / funded places

"Oversubscribed" means more students enrolling on the course than the number of commissioned / funded places

In 2007 and 2008 not all EIs provided intake data

It is clear to that the continuing trend is that courses are meeting their commissions/funding quotas with very few educational institutions being undersubscribed. EIs entering clearing in 2010 were very few and all places had been filled within a short period of time.

UCAS has seen a significant increase in applications for radiography places this year (2011 - 12) and EIs have generally reported significant increases in the number of application that they have received. UCAS expects that in the next academic year (2012-13) the number of applications is likely to be considerably higher. This is good news for those EIs who have in the past had undersubscribed courses.

Reasons for oversubscribing reported by EIs include:

- Numbers went over due to re-starting students
- Generally relates to uncertainty inherent in the recruitment process e.g those who use the EI as insurance
- Over recruited to allow for attrition
- In response to a request from an SHA to meet increasing service demand the number of therapeutic radiography students was increased, this was discussed and agreed with clinical service managers who felt that in the light of additional radiotherapy equipment coming online they were able to support such an increase

Feedback for the SCoR Admissions Tutor Forum provides evidence that EIs are further developing their selection processes to ensure that they are able to select the 'best' students from within their growing applications.

EIs have identified successful strategies they have developed and utilised for meeting their commissioned/funding numbers targets. Below are examples of successful strategies they think may be useful for other EIs to adopt:

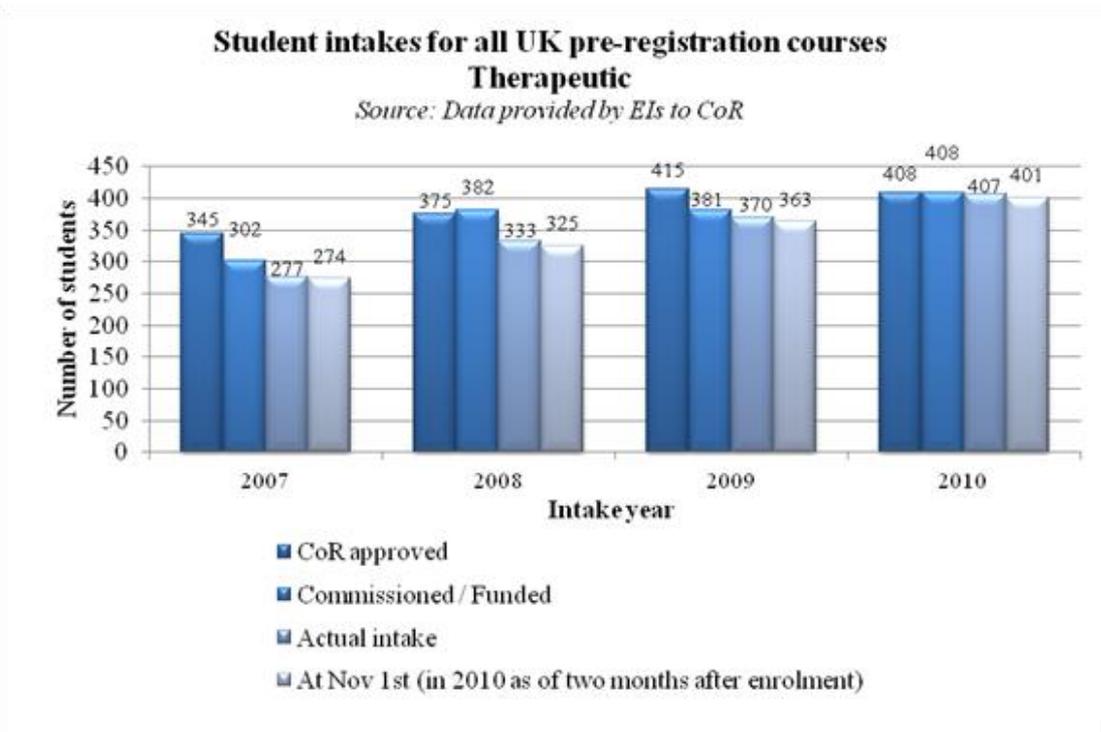
- Introduce individual interviews and a written biographical questionnaire
- Provide regular university open days, which includes talks about the programmes and interactive activities for prospective students and their parents
- Increase grades/entry points and specify grades to be obtained in subjects e.g If a student is offered BBB, but gets ABC they miss their place by a grade. If this student was offered on points, then they would still have been offered the place. This method has resulted in the EI's having more control over numbers
- Request mandatory clinical visits as part of the application process. EIs will need to provide assistance in helping prospective students gain access to clinical visits/work experience in departments
- Reduce number of 'insurance' acceptances who then do not meet first choice conditions and take up offers as insurance
- Encourage applicants, who are invited to interview, to carry out detailed research of radiography to make an informed decision about it as a career. Thus interviews can then be focussed on details of the programme and expectations of the EI as radiography educators and expectations of a radiography students, rather than 'what is radiography?'
- Ensure pre-course information is of a high standard
- Highlight the reality of a career in radiography i.e. unsocial hours, artificial lighting all day etc along with the benefits and rewarding aspects of the profession
- Use posters about the training of students, with contact details displayed, in departments for patients and visitors
- If places are oversubscribed against commissioned numbers, applicants can be offered either confirmed funded place for following year or become self-funding to enter in September of year they applied for a place

5.1.4 Pre-Registration Student Intake Details

The CoR monitors pre-registration student intakes in detail. Further summary information on intakes is given in Appendices 1-3 as follows:

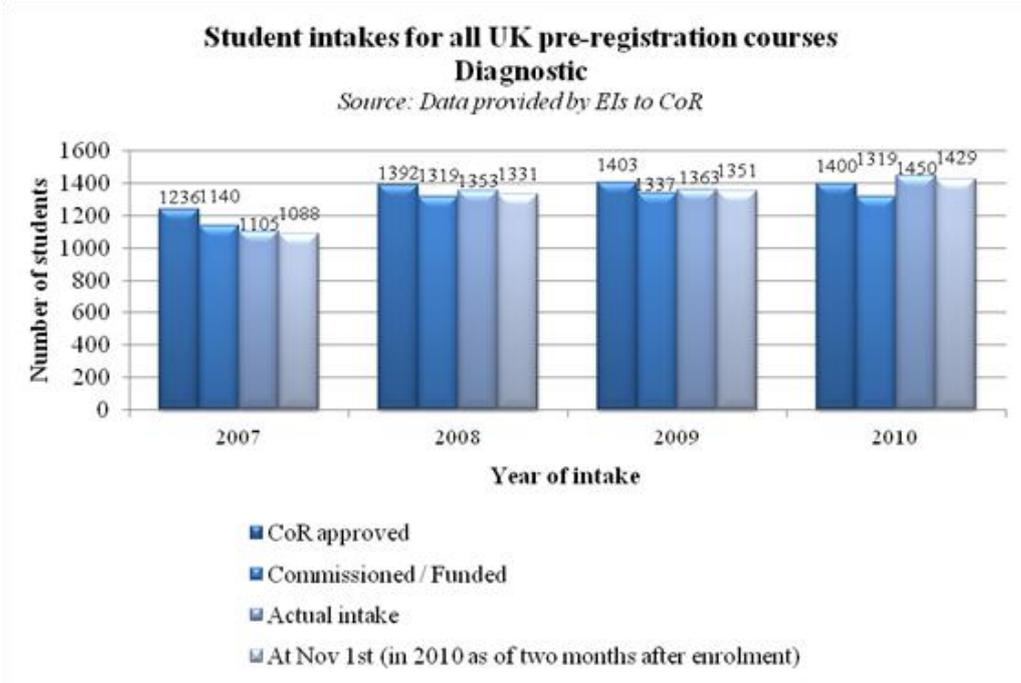
- Student intakes for all UK pre-registration radiography courses (i.e. all BSc(Hons) and postgraduate programme): Actual intakes compared to CoR approved intakes
- Range and average intake figures for EIs for the academic years 2007-2010
- Attrition rates

Graph 3a overleaf demonstrates the student intakes for all UK pre-registration courses in the UK for therapeutic radiography between 2007-10.



Graph 3a

Graph 3b below demonstrates the student intakes for all UK pre-registration courses in the UK for diagnostic radiography between 2007-10.



Graph 3b

Notes:
For 2007 – 2 EI figures are missing

5.1.5 Completion Numbers for Pre-Registration Programmes

Table 4 below shows the number of students that graduated during 2011, and thus became available to the radiography workforce in the United Kingdom.

Number of students graduating from radiography programmes in 2011

	Diagnostic	Therapeutic
	984 BSc (Hons)	199 BSc (Hons)
	11 MSc	29 PgD
Total	995	228

Source: Pass lists from EI

Table 4

Appendix 4 demonstrates the distribution of degree classification for both diagnostic and therapeutic graduates for 2010 and 2011.

5.1.6 Student Attrition

High attrition rates have been highlighted in the annual AAB report for a number of years. In response we have published, and widely publicised, the document ‘Improving Student Retention: Guidelines and Good Practice’ <http://doc-lib.sor.org/improving-student-retention-guidelines-and-good-practice> and the subject has been presented and discussed in many areas over the last two years including at Department of Health level and being a major focus of the College’s biannual assessors training day.

There is evidence to suggest that EIs have taken this issue very seriously and have in place many different strategies to ensure that attrition rates are lowered.

In the 2010-11 academic year attrition rate has been calculated at 25.3% for diagnostic imaging and 35.6% for therapeutic programmes. The data collated demonstrates a very similar figure for diagnostic students when compared to the data collated in the previous year and a 2.3% increase in the attrition rate for therapeutic students. A summary is provided overleaf with additional data located in Appendix 3.

**Attrition Rates for Diagnostic Imaging and Therapeutic Programmes
between 2008-2011**

Year	Diagnostic Imaging Programme Attrition	Therapeutic Programme Attrition
2010-11	25.3%	35.6%
2009-10	25.4%	33.3%
2008-9	26.0%	37.3%

Table 5

The attrition rate issue has now reached the top level in the NHS with SCoR being required to provide information on how the issue is being tackled by the professional body, EIs, and what are the key issues to reduce the rate.

This year we have carried out some major pieces of work surrounding the quality of the student experience based upon the increasing number of complaints being received by SCoR. One of the key themes that keeps re-occurring is the poor experience students report whilst undertaking their practice placements, many of which are related to perceived incidents of bullying.

Whilst the majority of radiography students experience rewarding academic and practice placements with supportive teaching teams and clinical educators, some students sadly experience bullying and harassment. SCoR believes that bullying and harassment are completely unacceptable in any form and have published the following guidance for students:

‘Dealing with bullying and harassment - A guide for student radiographers’ <http://doc-lib.sor.org/dealing-bullying-and-harassment-guide-student-radiographer>

‘Guidance for Student Radiographers on the Grievance Process’ <http://doc-lib.sor.org/guidance-student-radiographers-grievance-process>

SCoR has also published ‘Student Radiographer Attendance Management Guidelines’ at <http://doc-lib.sor.org/student-radiographer-attendance-management-guidelines> which sets out the expected attendance levels for student radiographers following reports of poor attendance levels at some EIs.

In September 2010, as part of its campaign to tackle bullying in the workplace, the SCoR surveyed students in their second, third and (where applicable) fourth years of studying radiography about their experience during clinical placements. Over 300 students responded to an anonymous online questionnaire primarily designed to capture data on the level of bullying on clinical placements. The results of this survey have been documented in 'Analysis of Student Clinical Placement Experience Survey' found via the following link <http://doc-lib.sor.org/analysis-student-clinical-placement-experience-survey>.

The main findings are:

- One third of respondents said they feel they have been bullied during their clinical placements.
- Nearly four-fifths of respondents experience at least one of the following symptoms during their clinical placements: self-doubt and loss of confidence; inability to relax or switch off from study; sleeplessness; depression; and loss of appetite. Self-doubt and loss of confidence are the most frequently reported symptoms, but all the symptoms listed are experienced by a high number of respondents
- Around one-fifth of respondents have been absent from the department on at least one occasion due to their experience during clinical placements
- Around half of respondents who feel that they have been bullied reported it to a member of staff on their clinical placement and/or at their university. When respondents reported the bullying they had mixed results. A number of respondents said that no action was taken as a result of them reporting the bullying or that they were not taken seriously. Some said that the report led to an improvement in the situation, whilst a few said that it had made things worse.
- Around half of respondents who feel that they have been bullied took no action. Victims who did not report the bullying gave a variety of reasons: they were afraid of making things worse; the bullying was towards all students, not just them; they discussed it with other students; or they just decided to avoid the bully.
- The vast majority of respondents say that if they witness bullying they will offer to support the victim if they choose to speak up or report the incident in confidence to a responsible person.

The SCoR received a number of emails as a result of the online questionnaire. The following themes summarise the main issues raised in this correspondence:

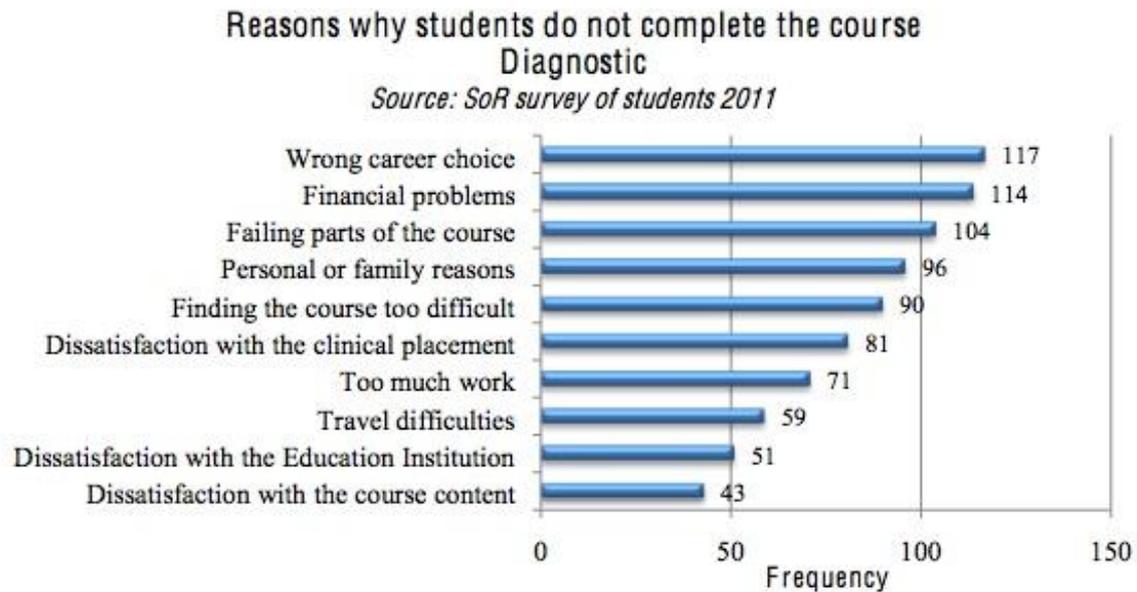
- racial discrimination
- culture of exclusion "*students should be seen and not heard*"
- physical sickness due to experience
- reports of bullying not handled correctly
- mature students feeling like they are being treated as children

In July 2011, SCoR surveyed current students and recent graduates from radiography programmes to gather information about their motivations, finances and experiences. Nearly 500 respondents answered a range of questions in an online questionnaire about the reasons they chose radiography, their finances during and after their degree and their experiences in their first job, see <http://doc-lib.sor.org/analysis-students-and-recent-graduates-survey-2011>

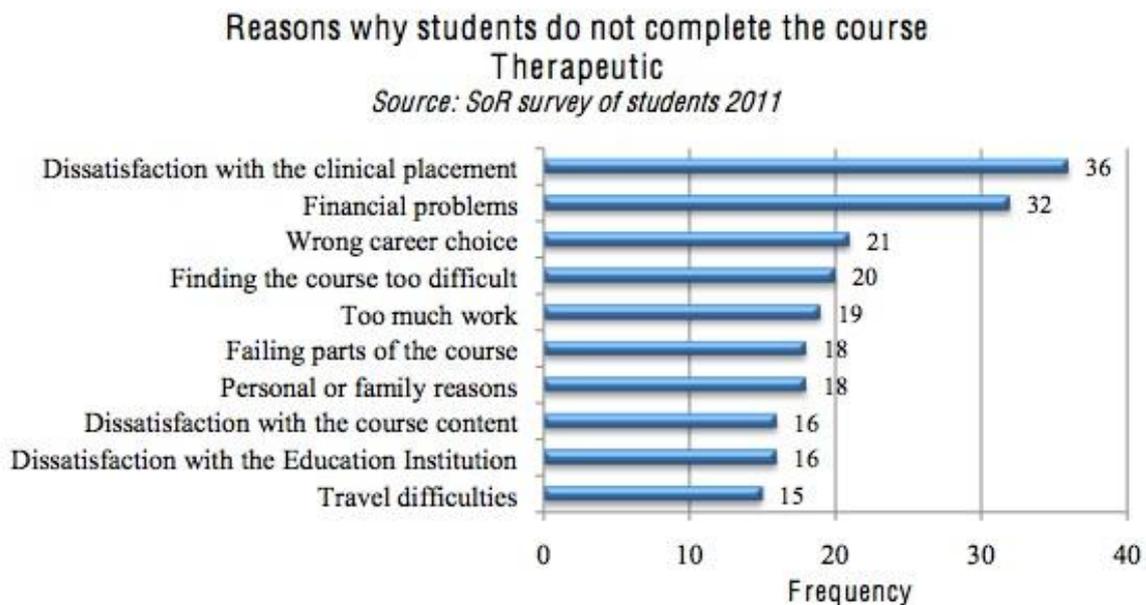
The reasons given for not completing the course are collated below, in graphs 6a and 6b, separately for diagnostic radiography and therapeutic radiography.

For diagnostic radiography students the most commonly selected factor was ‘wrong career choice’, with ‘financial problems’, ‘failing parts of the course’, ‘personal or family reasons’ and ‘finding the course too difficult also frequently selected.

However for therapeutic radiography students ‘dissatisfaction with clinical placement’ was the most commonly selected factor followed by ‘wrong career choice’ and ‘financial problems’.



Graph 6a

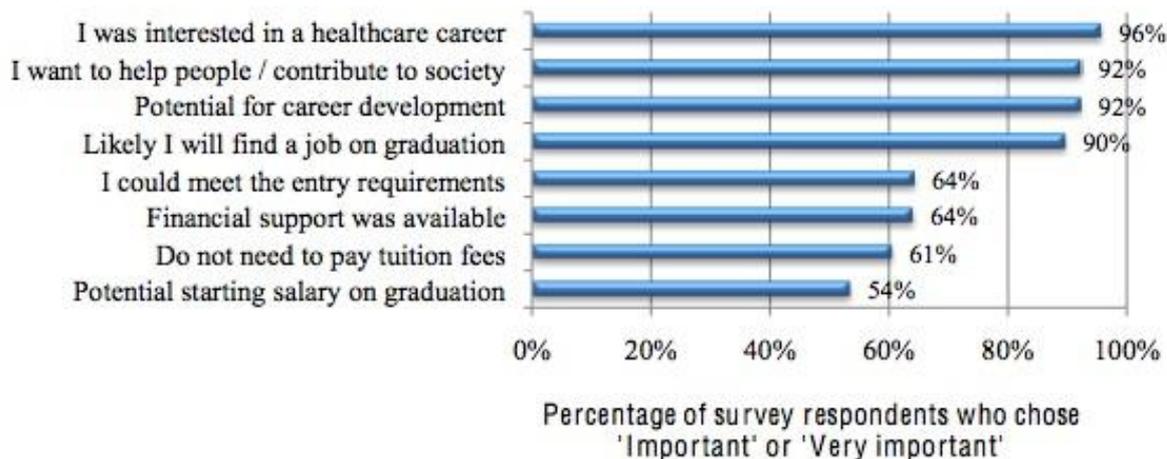


Graph 6b

The main reasons students give for choosing the subject of radiography are that they are interested in a healthcare career; want to help people/contribute to society; feel it is likely they will find a job on graduation; and there is potential for career development (see graphs 7 and 8)

How important to you were the following reasons for choosing the subject of radiography?

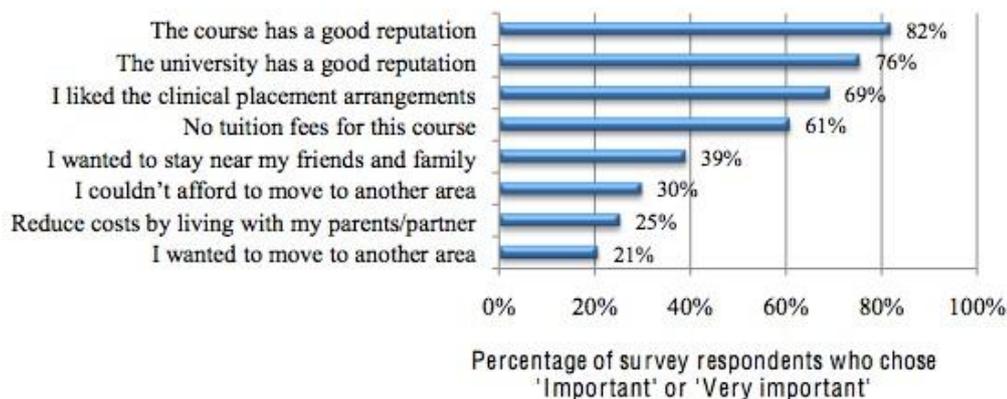
Source: SoR survey of students 2011



Graph 7

How important to you were the following reasons for choosing your specific course?

Source: SoR survey of students 2011



Graph 8

The issue of attrition has been presented in various forums over the past year to raise the issue and highlight concerns including:

- study days at EIs looking at reducing their attrition
- the Heads of HEIs annual CoR meeting
- the Heads of Radiography Education group meeting
- meetings with the Department of Health in England
- the Allied Health Professions' student forum meetings

- study days for clinicians
- the annual College of Radiographers assessor training day

To support the continuing work to reduce the attrition rates the following is in progress:

- SCoR is publishing ‘Quality Standards for Practice Placements’
- SCoR is developing guidelines highlighting models of good practice for quality practice placements
- The Heads of HEI group are planning a conference to be held in 2012 which will include raising issues with regard to practice placements
- Attrition will be raised as widely as possible with clinical departments and EIs
- Roll out the SCoR bullying campaign across the four countries of the UK

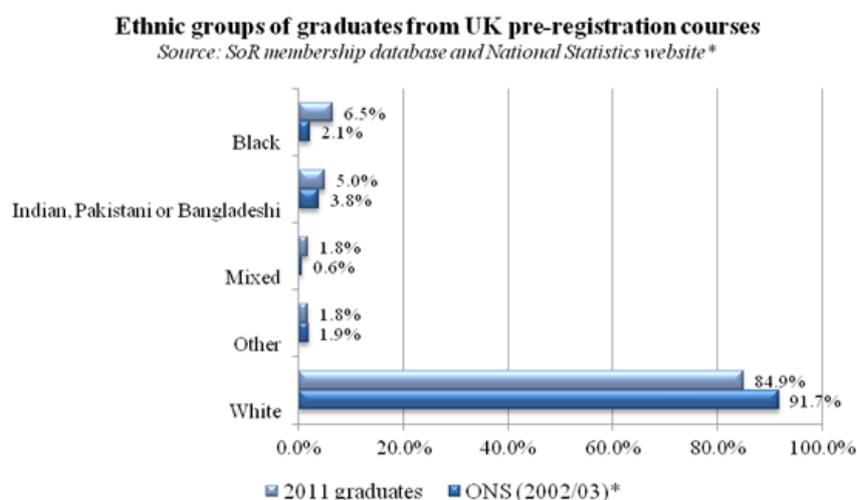
EIs have developed many successful strategies for reducing the number of students who do not complete the course. Below are examples of successful strategies which they think may be useful for other EIs to adopt:

- Much more rigorous interview process and higher tariff conditions may be part of the answer
- Improved feedback for students failing assessments
- The School has an allied health professions admissions and recruitment group that reviews progression of students and reasons why they do not progress. This multi-professional group provides a forum for sharing of good practice
- English and maths testing as part of the recruitment process to try to reduce the number of students not completing because of academic failure
- Increased personal tutor input in the first year and development of resilience and academic skills
- Ensure students are making informed decisions prior to coming on the course
- Concentrate on excellent pastoral and learning support including personal tutor and link lecturer activity, thorough assessment preparation and detailed feedback
- Early identification of students who are ‘at risk’ of withdrawing from the course. The student’s personal tutor plays a key role in this as does the School of Health engagement officer. Their role involves monitoring attendance and identifying key criteria that suggests students are not engaging fully with the course, such as attendance. Action can then be taken to encourage student’s engagement as evidence suggests that students who are engaged are less likely to withdraw
- Ensuring pre-application clinical visit better reflected the role of the general radiographer at first post
- Pre-entry support using discussion boards.
- Working with clinical staff to raise awareness of the changing student profile and the sort of support that might be appropriate
- Improved preparation for practice with a ‘myths-buster’ session
- Elongating induction so that delivery of specific information and skills took place at the most appropriate time for the students
- Use of third years to mentor first years
- Introduction of permanent year managers with developing expertise in problems and support relevant to each level of study
- First year PBL facilitators who stay with the same group for the whole year and also take responsibility for Personal Development Planning (PDP) and personal tutoring

- Formative assessments with feedback being driven into the PDP process using student personal reflection
- Timetabled skills sessions embedded into the curriculum
- Option to switch to part-time study if this better supports the student
- Intensive revision sessions
- Offer additional support for physics and anatomy and physiology, the subjects which the students have particularly struggled with in previous years
- Strong tutorial support from early on in the programme
- Absolute clarity from the earliest point of communication regarding the nature and demands of the course, financial costs, commitment required and the practical aspects of clinical practice
- Improve communication with students (i.e. more prompt & responsive)
- Improved our liaison with our lecturer practitioners so that we have a good idea of how our students are progressing in clinical and whether there are any issues to be aware of; if we are aware of any students who are having second thoughts about the programme we let our lecturer practitioners know so that they are more diligent about these particular students when they are on clinical placement
- Seek informal feedback from each year cohort at the end of each year (and also - where possible- at the end of each semester) to identify any issues sooner rather than later and where possible address them
- Referral to School Academic Development Tutor for one-to-one help

5.1.7 Diversity profile of graduates from pre-registration radiography programmes in 2011

The following graph (9) has been produced using data taken from the Office of National Statistics (ONS) and the SCoR database for radiography graduates. The ONS statistics are taken as the percentage of UK working-age population by ethnic group in 2002-3. This is the latest data available.



Graph 9

Data for 2011 graduates is based on around half of the graduating population. Data from the remaining graduates is currently unavailable or undeclared.

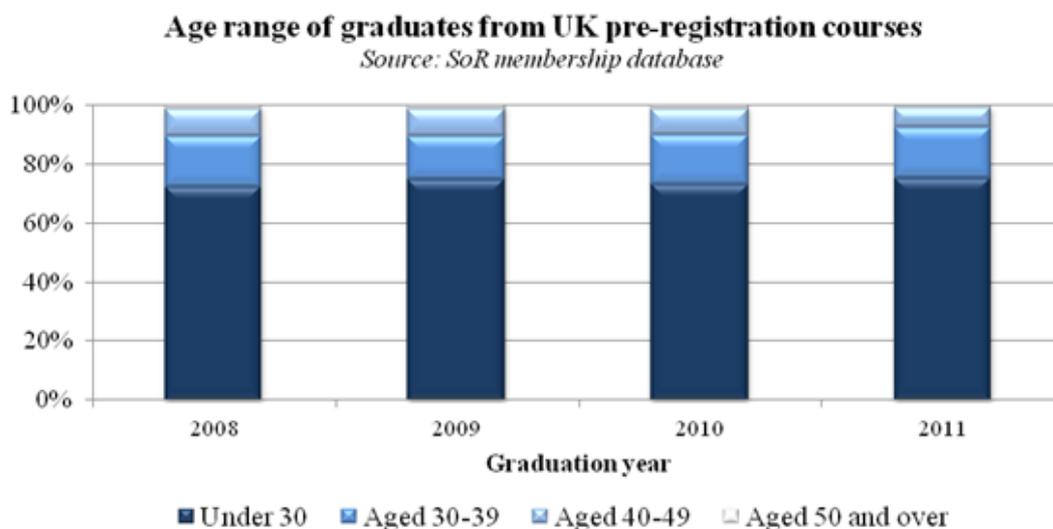
*Percentage of UK working-age population by ethnic group, 2002-03 (data from later years not available as of Oct 2011). Source: National Statistics website: www.statistics.gov.uk Crown copyright material is reproduced with the permission of the Controller Office of Public Sector Information (OPSI). Reproduced under the terms of the Click-Use Licence.

The graph below (10) demonstrates the gender of BSc (Hons) radiography graduates in 2011 in relation to 2008-10. It shows that the profession continues to be dominated by females. Graph 11 illustrates the age range of BSc (Hons) radiography graduates in 2011 in relation to 2008-10. No significant changes are noted.



Graph 10

Note: This data is based on 43% of the graduating population as data from the remaining graduates is currently unavailable.



Graph 11

Note: This data is based on 42% of the graduating population as data from the remaining graduates is currently unavailable.

5.1.8 Society and College of Radiographers Student and Recent Graduate Survey 2011

The ‘Analysis of students and recent graduates survey 2011’ has been published this summer as previously stated and is available via the following link <http://doc-lib.sor.org/analysis-students-and-recent-graduates-survey-2011>

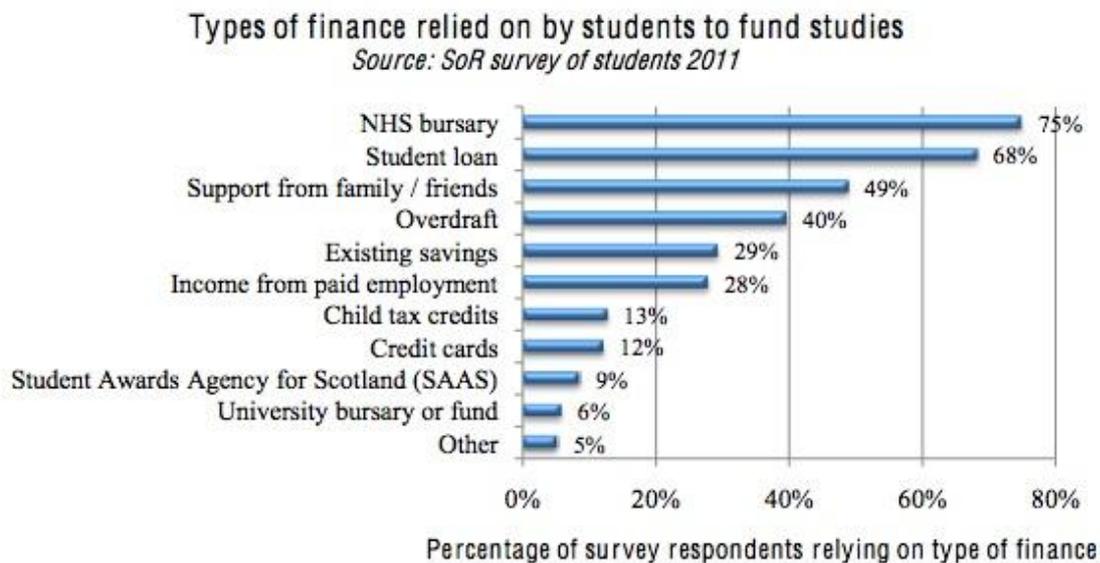
This document presents an analysis of an online survey of students and recent graduates run by the SCoR in July 2011. The survey was targeted at current radiography students and graduates from radiography degrees since 2010. Respondents were asked about their motivations for studying radiography, details of their finances and their experiences since graduating.

The questionnaire was answered by 484 individuals (16% response rate). It was designed to ask respondents different questions depending on their year of graduation: current students were asked questions about the reasons they chose to study radiography and why some students did not complete the course, and recent graduates were asked their experiences in their first job. All respondents were asked questions about their finances including how they financed their degree and their level of debt on graduation.

Some of the results have been discussed earlier in the section on ‘Student Attrition’. This section highlights additional areas of interest.

Respondents were asked to select all the types of finance they relied on to fund their studies. 20% of respondents did not select either NHS bursary or Student Awards Agency for Scotland (SAAS) presumably because they are not eligible for an NHS bursary or SAAS award

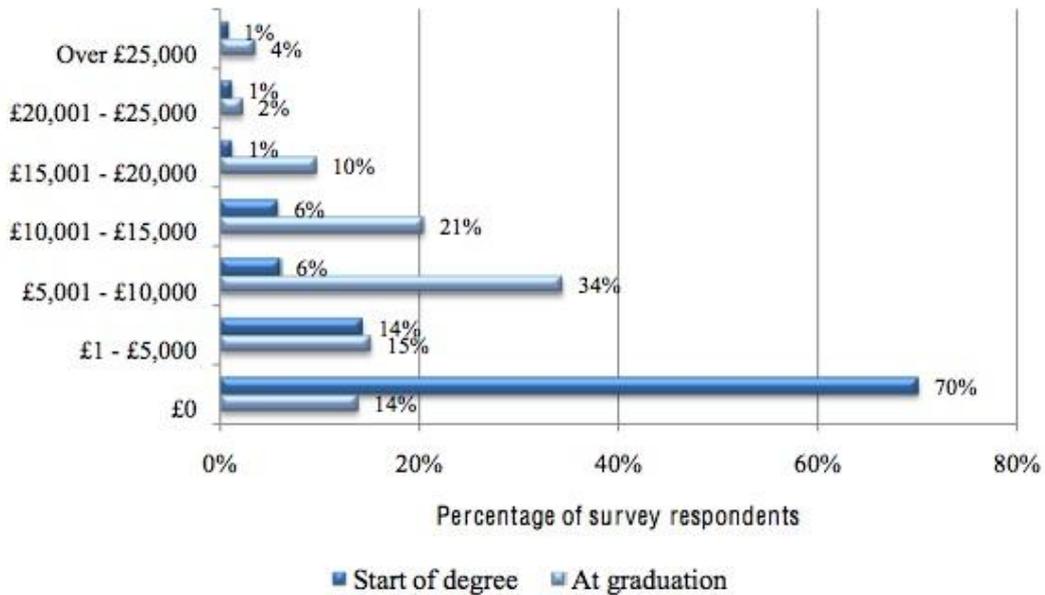
The types of finance that student rely upon as shown in Graph 12 on the following page.



Graph 12

The average respondent was in debt by between £5,000 and £10,000 on the date of their graduation, or was expecting to be. Whilst this level of debt is worrying, it is not as high as the average debt students in other subjects can expect: the ‘Push Student Debt Survey’ published in August 2010 <http://www.push.co.uk/Debt-Survey-2010--Summary/> found that third year students across all subjects are expecting to graduate with a debt on average of £14,100 (see graph 13 overleaf).

Level of student debt (not including mortgage)
 Source: SoR survey of students and recent graduates 2011



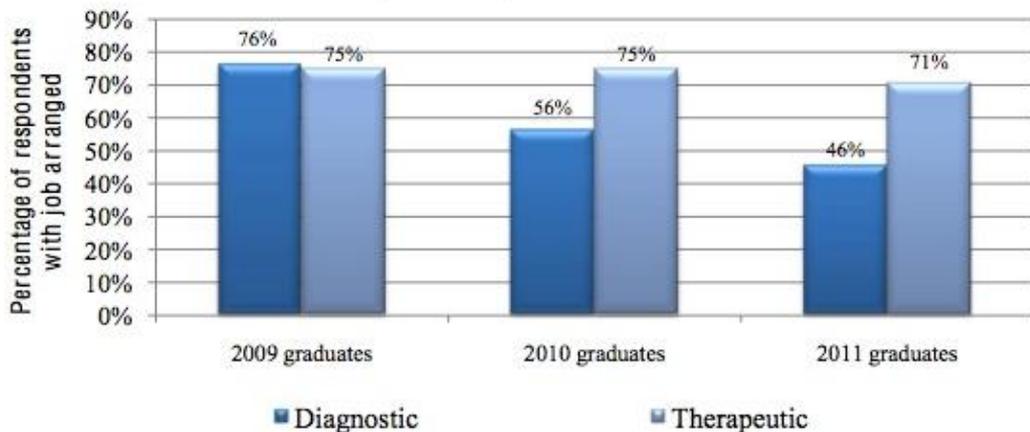
Graph 13

While the number of therapeutic radiography graduates with jobs arranged in July of their graduation year has remained steady, there has been a fall in these figures for diagnostic radiography graduations: 46% of diagnostic radiography 2011 graduates had a job arranged as of July 2011. This is not a statistically significant reduction compared to the 2010; however, the fall from 2009 levels is statistically significant.

A comparison of the responses from 2011 diagnostic graduates in England and the responses from Northern Ireland, Scotland and Wales shows that there is no statistically significant difference between the number in England with a job arranged as of July 2011 and the combined figures for the other UK countries.

Percentage of respondents who had a job arranged as of July in their graduation year

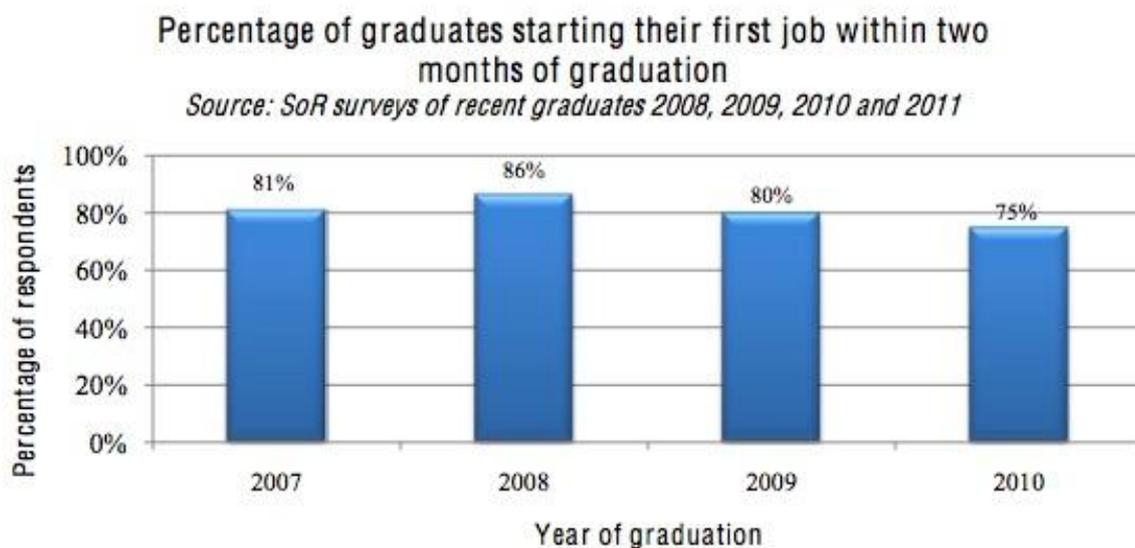
Source: SoR surveys of recent graduates 2009, 2010 and 2011



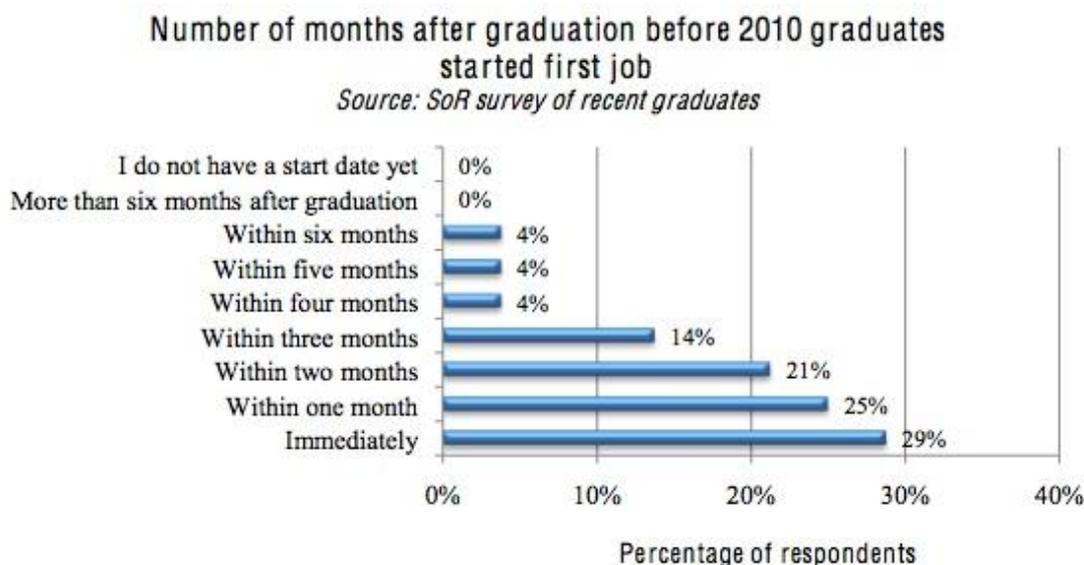
Graph 14

The main reason 2011 graduates give for not yet having a job arranged is that they have been so far unsuccessful at interview.

75% of 2011 graduates who responded to the survey started their first job within 2 months of graduating. This does not significantly differ from the data captured in the 2010 survey.



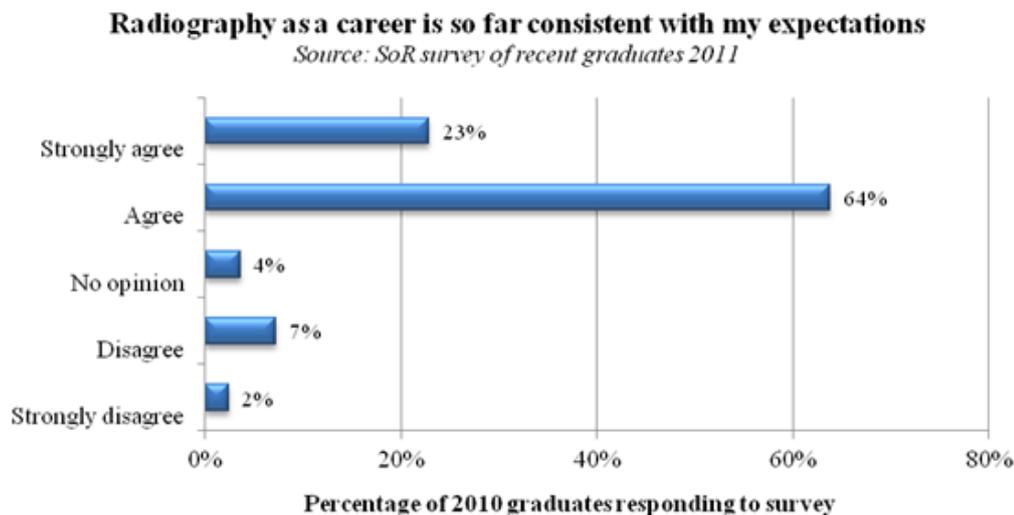
Graph 15



Graph 16

The majority of graduates work in the NHS and obtain their first choice of job with a permanent full-time contract in the country/region where they studied. However, 9% of recent graduates responding to the survey who have worked since graduation are not working in the NHS, 29% did not get their first choice of job; 18% did not get their preferred type of contract; and 12% were forced to find work outside the region in which they had studied.

83% of 2010 graduates said that they did feel prepared for their first job. The most frequently cited reason relates to the importance of clinical placements in helping students feel prepared.



Graph 17

5.2 Postgraduate Post Registration Programmes

The AAB continues to approve courses at postgraduate level across the scope of practice of radiography and has been involved in the following approvals and re-approvals during the period covered by this report:

- 6.5.1 Sheffield Hallam University – PgC, PgD, MSc Advancing Diagnostic Imaging Practice and PgC Diagnostic Image Interpretation approval
- 6.5.2 University of Leeds –PgC, PgD, MSc Diagnostic Imaging re-approval
- 6.5.3 Queen Margaret University – MSc Mammography re-approval
- 6.5.4 University of the West of England – Pg Certificate Specialist Practice (Computed Tomography) approval

The AAB has observed that the number of modality specific courses in both nuclear medicine and magnetic resonance has reduced over the past five years. The majority of new programmes being developed are based on a postgraduate framework that can accommodate various pathways and options. This means that individual HEIs are submitting new modules that can be integrated into these frameworks or studied as individual CPD.

There is a role for the SCoR to act as an information resource in order to facilitate the relationship between education commissioners and EIs. The SCoR has worked with the Centre for Workforce Intelligence in England, National Leadership and Innovation Agency for Healthcare (NLIAH) in Wales and the NHS Education for Scotland (NES) to identify recruitment and workforce development needs. The proposed changes to post registration and postgraduate funding in England may have a significant impact upon education and training to support career development.

5.3 *Assistant Practitioner Programmes*

As of August 2011 the number of accredited assistant practitioners programmes are as follows:

- 11 Clinical Imaging
- 5 Therapeutic Radiography
- 7 Breast screening

The AAB continues to approve courses at assistant practitioner level although the demand has reduced over the past three years. Reduced demand has led to some courses being discontinued, and some Foundation Degrees being developed as generic programmes requiring individuals to undertake supplementary work based learning to achieve the relevant Occupational Standard(s)

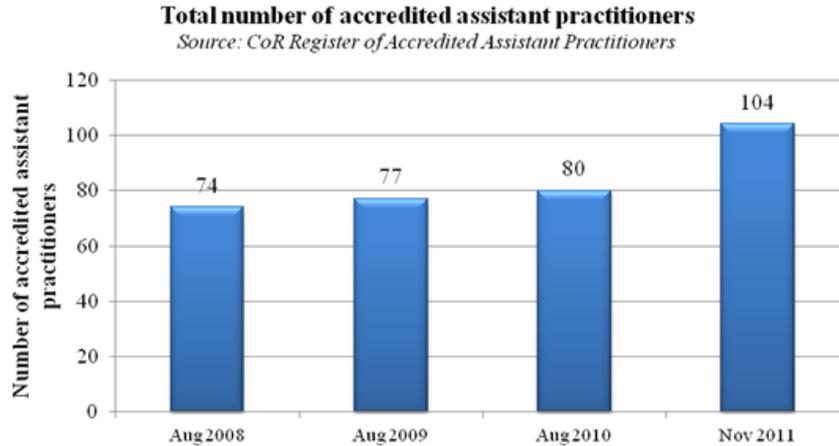
The only distance learning course for Assistant Practitioners was discontinued during this period. Anecdotal evidence would suggest that there is demand for a programme of this nature.

The NVQ Level 3 in Health has been discontinued and the replacement Diplomas (Allied Health Profession Support and Clinical Services Support) do not include the Occupational Standards related to imaging or radiotherapy. The NVQ was a popular route for those training as Assistant Practitioners in Breast Screening and therefore discussions are underway to try and secure a work based learning route for these trainees.

The AAB has been involved in the following approvals during the period covered by this report:

- 6.3.1 University Campus Suffolk – approval of Cert HE Health Sciences (Mammography)
- 6.3.2 Queen Margaret University – approval of Cert HE Mammography
- 6.3.3 Bangor University – approval of Cert HE Diagnostic Imaging for Assistant Practitioners

Graph 16, below, indicates the trend in accredited assistant practitioners from 2008-11.



Graph 18

The AAB is of the view that education commissioners/funders might in the future support generic assistant practitioner programmes in preference to single profession training, with profession specific modules added on to a programme. The AAB would need to assess these programmes in order for the SCoR to subsequently accredit the individual Assistant Practitioner for their scope of practice.

The AAB continues to believe that, in the interests of public safety and the safety of those who are providing clinical supervision, each practising assistant practitioner should seek to become accredited, and that service managers should support them in this. Accreditation, with or without Society membership, enables the individual to access CPD Now and other on-line material to support their career development and continuing professional development. Registration as a trainee assistant practitioner on an approved course facilitates the transition to Accredited Assistant Practitioner status and entry on to the SCoR Public Voluntary Register.

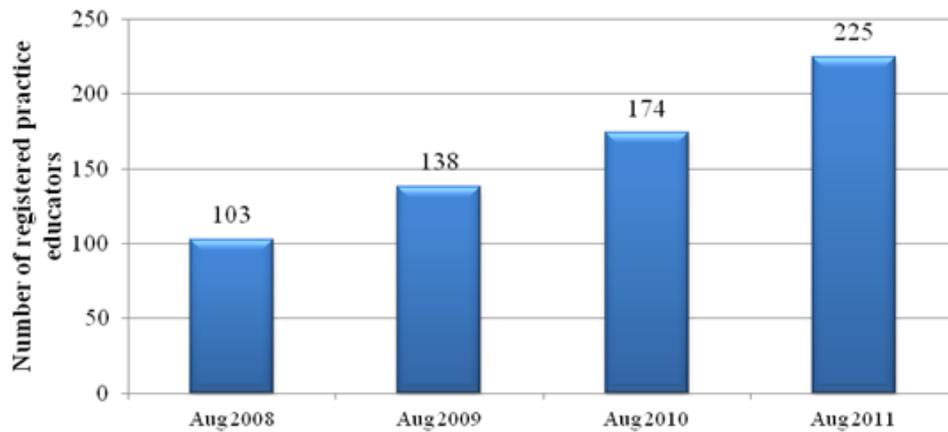
5.4 Practice Educator Accreditation Scheme (PEAS)

The Practice Educator Accreditation Scheme (PEAS) has now been in existence for nearly five years. At the end of August 2011 225 practice educators had been granted accreditation; an increase of 51 in this academic year.

Graph 19 indicates the trend in registered practice educators since the register opened. It can be seen that there has been an increase in submitted applications for accreditation during the last year.

Total number of registered practice educators

Source: CoR Register of Practice Educators



Graph 19

There are now 22 accredited practice educator programmes. This includes three programmes by the CSP and four by COT that CoR has accepted by reciprocal arrangement.

SCoR continues to develop strong relationships with the Chartered Society of Physiotherapy (CSP) and the College of Occupational Therapists (COT) towards taking practice education forward. Joint meetings between the three professional bodies continue on a regular basis to provide opportunities to identify and address emerging issues of common interest and share emerging best practices.

The AAB has discussed the need to raise the profile of the PEAS scheme to increase the number of radiographers who are accredited for their invaluable work supporting learners in clinical education. The scheme provides an excellent opportunity for recognising practitioners for their work and may contribute towards their evidence of continuing professional development. A strategy to raise the profile of the PEAS scheme and its applicability to clinical staff is now in place.

Samantha Jewell, Professional Officer for Students and Education, has been an executive committee member of the National Association of Educators in Practice (NAEP) for the past year. The main purpose of the association is to support people in roles that span education and practice in health and social care, and to promote the importance of such roles. NAEP works to provide support and influence local and national policy and the group hope to expand its membership in the coming year. In the next year NAEP plans to grow the membership significantly and has plans to redesign its website overseen by Samantha, and implement an e-zine which would be used to help promote PEAS programmes and engage SCoR accredited practice educators. This is a really positive step forward in providing resources for those educating learners in the clinical environment.

NHS for Scotland (NES) is currently funding practice education programmes and websites. It was agreed to see if there would be any opportunity to work collaboratively with NAEP in the future.

It is hoped that the professional bodies will continue to move forward to produce one unified programme. Given the current climate this is seen as exactly the right time to join together. SCoR will be working towards this in 2012 in collaboration with the CoT and CSP and will continue working to seeking engagement with other AHPs to ensure that the unified approach allows inclusion of all allied health professions.

Following the UAE approval of Dubai Women’s College and Abu Dhabi Men’s College undergraduate programme in October 2010 the colleges were keen to apply for accreditation of their practice educators training course to help support their clinical educators. Having submitted their programme for scrutiny the AAB has been happy to recommend approval to CBoT making this our first approved international practice educator accreditation.

5.5 *Short Courses*

Submissions for short courses continue to be received. The short courses approved this academic year are:

- 7.4.1 Stephen Green and Associates Limited – Certificate in Dental Radiography for Dental Nurses, Dental Hygienists and Dental Therapists re-approval
- 7.4.2 Vertec Scientific Ltd – IR(ME)R training for Mini C Arm Image Intensifiers approval
- 7.4.3 Dubai Womens’ College, Higher College of Technology, United Arab Emirates – Practice Educator training course approval

The AAB continues to encourage the development of short courses to support continuing professional development and hopes educational providers will continue developing innovative short courses to support practice in the next academic year.

6. **Staffing and Staff Development**

6.1 *Staff Establishments*

The AAB has a role in ensuring that education providers are staffed appropriately in relation to provision and overall student populations.

The following table shows the overall numbers of radiographers employed in education. For comparison, staffing numbers for the preceding three years are shown. The table demonstrates that the overall number of radiography qualified staff employed by EIs has increased for both diagnostic imaging and radiotherapy disciplines.

Numbers of radiography qualified staff employed by Education Institutions

Date	Diagnostic Qualified FTE	Therapy Qualified FTE	Total
1 Nov 2010	236.55	123.70	360.25
1 Nov 2009	221.48	89.58	311.06
1 Nov 2008	248.96	102.95	351.91

Table 20

6.2 *Staff Development*

The aim of this section of the report is to provide information on the key activities of staff development during this period.

Yet again it is very encouraging to see a significant amount of staff development continuing within higher education. This year, a number of staff have completed or are actively undertaking masters' degrees, other postgraduate programmes and doctorates to support academic practice and development.

There has been a considerable amount of international travel by teaching staff over the last year in relation to their work including:

- Staff presenting at nuclear medicine conferences, and a bio medical ethics conference
- Travel to Cyprus to investigate overseas course development
- A franchised BSc Radiography programme and a top up to BSc programme in Singapore where staff deliver teaching sessions on the top up programme and visit as link tutors and for exam boards for the franchised programme
- Invited review on Theatre Radiography at ECR
- Travel to Southern Africa and Australia to set up, monitor and present on-line image interpretation courses and abnormality detection teaching material
- Staff presented at the International Society of Radiographers and Radiological Technologists (ISRRT) World Congress in Australia and at the Royal Brisbane and Women's Hospital
- Attended the accreditation event in Dubai and Abu Dhabi on behalf of the CoR
- Visit to Oman regarding a potential for top up degree programme
- Attendance at the Erasmus Radiography Group management meeting
- A member of staff delivered a proffered paper at University of Toronto Radiation Medicine Conference - 'Learning in a Virtual Environment what we need to know'
- Contact with the University of Malta to provide academic teaching in Malta from 2010/11 until 2015/16 and recurring clinical placements (for three years starting September 2013) for Radiotherapy & Oncology
- Attendance at American Society for Radiation Oncology (ASTRO) to promote use of Virtual Environment Radiotherapy Training (VERT) in collaboration with Vertual
- Work with Kurdistan on developing and supporting assistant practitioner and eventual degree qualification for a range of staff
- One member of staff was awarded the SCoR scholarship to attend the Leadership Academy for Educators hosted by the American Society of Radiologic Technologists
- Staff invited to teach in Holland
- One staff member has spent two months in Canada

The following secondments have been undertaken by teaching staff at EIs during the last academic year:

- The National Institute for Health Research (NIHR) research fellowship
- "Second life" project - Second Life is an online virtual world developed to enable users to interact with each other and explore the world (known as the grid), meet other residents, socialise, participate in individual and group activities, and create and trade virtual property and services with one another.
- Society of Radiographers for Ultrasound Nuchal translucency screening
- Blended Learning Unit within the Learning & Teaching Institute at the University
- A research unit exploring health benefits of music, in particular singing, on ageing
- University of Malta for two members of staff
- International team to enhance business development
- College of Life and Environmental Sciences to teach on the Doctorate in Clinical Research
- MRes Clinical Practice course director and a Quality role
- e learning coordinator
- develop learning resources for Foundation Degree (RT and Oncology Pathway) Development of Post Grad Brachytherapy module in conjunction with local radiotherapy centre with academic delivery in practice Placement
- Deputy Associate Dean role responsible for learning and teaching across the Faculty
- Faculty Disabled Student Co-ordinator role
- Interprofessional learning team in the university one member of staff seconded for 2 days per week to lead on continuing professional development within the team; one member of staff seconded for 2 days per week to the research centre within the university
- Learning teaching and assessment liaison

Several promotions of teaching staff have been made over the last year including promotions to professional leads and associate heads of school. One senior lecturer has been promoted to the Senior Learning and Teaching Fellow to the Faculty of their EI and one teaching fellow has been promoted to senior teaching fellow. One member of staff has been appointed as Academic Lead for Admissions for the School of Healthcare.

One member of staff has been nominated as one of the 100 inspirational Salford women.

Unfortunately some downgrading of jobs due to a restructuring exercise has also been reported including one school manager who has been downgraded to a senior lecturer. In addition severance schemes have been in operation this year with staff taking early retirement because of it. EIs have remarked that full time posts have been lost due to retirements or redeployment. Regrettably we do not have sufficient data to assess the scale of the staffing issue. However this is obviously very concerning and the AAB will continue to monitor the situation in the coming year.

There has also been merging of divisions of radiography with larger divisions and as a consequence new leads who are not radiographers by background taking over sections.

Below are examples of significant staff development activity relevant to the development and delivery of the course that EIs have identified during this academic year:

- Successfully validated an FdSc pathway for Diagnostic Imaging which involved the on line development of resources
- All staff have undertaken training in safeguarding adults and children
- Five staff qualified as trainers for manual handling training
- Masters project exploring student experiences of support following diagnosis of dyslexia
- Moodle training (on-line assessment, on-line submission)
- Management training
- WileyPlus training
- Away day for entire School on Evidence Based Practice and its inclusion within a programme. This programme team won the distinguished Vice Chancellors Teaching award for their work on supporting students on the programme. This nomination put forward by the students. They won £4000 to spend on developing innovations in teaching and learning on the programme
- A high proportion of staff maintain their clinical skills which is supported by self managed time
- Poster submissions/ research activity as part of development to Masters and Professional Doctorate
- Coaching Course
- Leadership Course
- PGC Higher Education Practice

The AAB is pleased to see progress taking place within radiography education, particularly during these challenging times and hopes this continue in future years.

6.3 Staff holding Doctorates

Doctorates are held by twenty eight qualified current teaching/lecturing staff for diagnostic imaging programmes and six for therapeutic.

Thirteen members of teaching/lecturing staff are currently studying for a Doctorate.

7. Accreditation Process

7.1 Advanced Practitioners

The Advanced Practitioners Accreditation Scheme was launched at UKRC 2010. The scheme appears to be working well with six accreditations granted to date, one further candidate under assessment, and a further 78 registrants who have yet to submit their evidence. The number of members registered for the scheme is encouraging, particularly in the current climate.

For the accreditations early in the scheme, the final assessment process has been managed by SCoR's professional officers under the auspices of the AAB. However, in 2012 AAB members and CoR assessors will take on this role. In preparation, a training session was delivered at the bi-annual CoR assessors' day in November 2011. Assessors were keen to be involved and discussions during this session highlighted areas in the scheme where further development may be required.

Candidates are expected to submit a range of evidence to support the four core functions of advanced practice for, firstly, peer review and, secondly, review by the CoR assessors who will consider the evidence submitted and the candidate's entire portfolio. This process enables assessors to provide a concise evaluation of the evidence and advice regarding shortfalls in the submission.

A similar process will apply for consultant practitioners seeking accreditation at that level.

A number of service managers have expressed an interest in the assessment processes. Many service managers will be asked by candidates to act as a peer assessor and a small number of service managers have enquired about assessor training.

7.2 Post Registration Skills Accreditation

As in previous years, the demand for the CoR's Certificate of Competence in Intravenous Administration and the Postgraduate Award in Mammography Practice continues.

The tables overleaf provide data on the up-take and output associated with these accreditation processes for the period 1st September 2010– 31st August 2011.

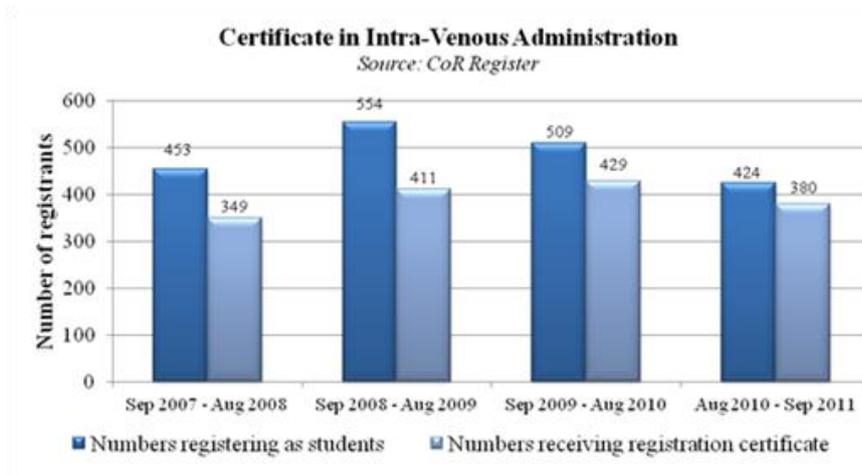
Postgraduate Award in Mammography Practice

There were 64 new student registrations, of which 54 were SoR members;
During the period, 72 students, from 4 breast screening centres who were previously registered received accreditation certificates

Certificate of Competence in Intravenous Administration

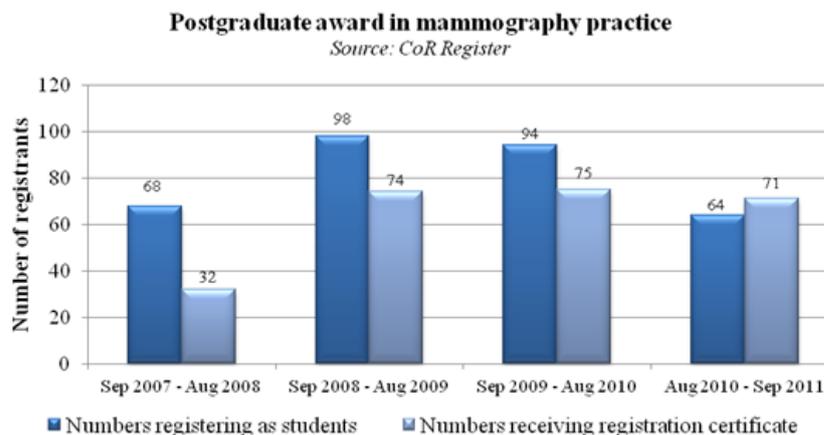
There were 424 new student registrations of which 289 were SoR members;
376 students from 8 education centres who were previously registered received accreditation certificates

The following graph (21) demonstrates the trend in the number of students registering for certification in intra-venous administration, and those receiving certificates from 2007-2011.



Graph 21

The following graph (22) demonstrates the trend in the number of students registering for certification in mammography practice, and those receiving certificates from 2007-2011.



Graph22

The data shows a small decrease in numbers for both specialities this year as compared to the previous year. However the demand for IV registration continues despite many undergraduate courses including this competence in the curriculum. EIs currently offering IV training appear in the postgraduate directory on the SoR website.

The demand for the Postgraduate award in Mammography Practice has the potential to increase due to the further extension of the screening programme from age 47 – 73.

7.3 Consortium for the Accreditation of Sonographic Education (CASE)

In October 2009, the CoR took responsibility for the administration of CASE at very short notice. Although the transition from the British Medical Ultrasound Society (BMUS) to the CoR was smooth, the CoR has not been able to accommodate the existing CASE financial procedures. As a consequence of this, with effect from 9 February 2011 the administration for CASE passed on to the Institute of Physics and Engineering in Medicine (IPEM). This means it is not yet possible to align CASE fees with those of the CoR.

7.4 Training of AAB Assessors

The AAB has continued this year with a rolling programme of training events for new assessors although the number of applications has been small. The AAB recognises the need to increase the number of accredited AAB assessors. The role has been advertised over the year and will be continually advertised to attract potential new assessors, particularly those from the radiotherapy field. The criteria and application form to become a new AAB assessor are available online via the following web link <http://www.sor.org/learning/education-accreditation/assessors> on the new SoR website.

There has been increased interest recently and the AAB has planned training dates for early in 2012. Assessors who feel they would benefit from refreshing their skills are also welcome to join the events. The events are limited to small numbers of attendees to enable them to have as much of an individualised experience as possible.

The shadowing of more experienced assessors by new assessors has continued to receive positive feedback and will be continued.

The bi-annual training day for all assessors took place in November 2011. The key issues covered include advance practitioner accreditation, a review of the principles of approving programmes and attending events, and clinical placement quality issues.

8. Continuing Professional Development (CPD)

CPD endorsement is now being managed electronically, with all new requests being directed to this resource. This will improve the efficiency of the endorsement process, especially with organisations in the commercial sector requiring high volumes of programme endorsement.

There are currently 6,900 users of CPD Now and this number is expected to grow over the 2011/2012 HPC audit period. A few minor modifications have been made to the HPC CPD submission user guidance in CPD Now in the light of experience from the the last audit. These mainly pertain to the dating of CPD activities and the HPC's preference for a range of activities to be conducted on a regular basis through the audit cycle, rather than in groups with long gaps between portfolio entries.

9. Other Activities

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

9.1 Clinical Leadership Competency Project

The Clinical Leadership Competency Project being undertaken by the NHS Institute for Innovation and Improvement (NHS I²) is now complete and was launched earlier in 2011 with Andrew Lansley, the Secretary of State for Health in attendance.

The CoR will incorporate the standards into the next revision of the Learning and Development Framework for Clinical Imaging and Oncology which is due to take place in 2012.

9.2 *AAA Screening Programme*

The contract for the training of AAA Screeners for the National AAA Screening Programme in England has been awarded to the University of Salford. The course was accredited through CASE and therefore successful students can apply to the CoR for individual accreditation as Assistant Practitioners. There are just over 100 students who have completed their training.

In Scotland a competency framework across the screening programme to cover all levels of practice has been developed and is supported by the CoR. A course to support the training of screening technicians in Scotland has also been developed but is not yet operational as implementation of the AAA screening programme in Scotland has been deferred.

The programme is not currently being rolled out in Northern Ireland or Wales.

9.3 *Health Professions Council (HPC)*

The College of Radiographers responded to the HPC's consultation on its generic Standards of Proficiency. The CoR response indicated that there was nothing contentious within the consultation proposals but highlighted the importance of leadership in reducing clinical incidents and enhancing public/patient safety. CoR proposed to the HPC that the subject of leadership be included in the generic standards.

CoR also responded to the HPC consultation on post-registration qualifications. The response was positive in principle, however, concerns were raised, including nuances of wording that were open to confusion; misinterpretation of criteria; and a lack of information on mitigation and public safety. It was felt also to hamper multi-professional working and advancement, and raised concerns over bureaucracy, with no benefit to the public.

Finally, the CoR responded to the HPC consultation on updating its guidance on health and character. The change proposed by the HPC were needed as a result of its decisions to change its health-related requirements for registration, and to change the way in which it considers information given to it by registrants through self-referral.

9.4 *Fellow of the College of Radiographers (FCR) by portfolio*

It was not possible to make progress with this work during the 2010-2011 academic year.

9.5 *NHS consultation on developing the healthcare workforce in England*

The SCoR responded to this consultation. In addition, it took appropriate opportunities to raise the importance of workforce development in the many consultations, forums and listening exercises that took place following publication of the current health White Paper and Bill.

9.6 *Skills for Health*

Skills for Health is a national (UK-wide) body, however, the changes in NHS England is leading to them undertaking a more business focussed role. They appear to be concentrating on Agenda for Change bands 1-4 rather than on graduate and post graduate activity.

NVQ qualifications suitable for the development of assistant practitioners no longer exist. This is a particular problem for assistant practitioners training in breast screening, and an alternative qualification is required. The matter has been raised with representatives from Skills for Health and a formal response is still awaited.

APPENDICES

APPENDIX 1

Student intakes for the 2010/2011 academic year

Tables 1a-e provide information on actual intake figures compared with approved intake figures for the years 2007-2010 for all courses returning completed schedules.

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

Intake Year	Diagnostic				Therapeutic			
	Actual	1 st Nov	CoR Approved	Actual/CoR Approved	Actual	1 st Nov	CoR Approved	Actual/CoR Approved
2010	1450	1429	1400	103.6%	407	401	408	99.8%
2009	1363	1351	1403	97.1%	370	363	415	89.2%
2008	1353	1331	1392	97.2%	333	325	375	88.8%
2007	1105	1088	1236	89.4%	277	274	345	80.2%

For 2007 – 2 HEI figures are missing.

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

Intake Year	Diagnostic			Therapeutic		
	Actual	Commissioned/ Funded	Actual / Commissioned or Funded	Actual	Commissioned/ Funded	Actual / Commissioned or Funded
2010	1450	1319	109.9%	407	408	99.8%
2009	1363	1337	101.9%	370	381	97.1%
2008	1353	1319	97.4%	333	382	87.2%
2007	1105	1140	96.9%	277	302	91.7%

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

Intake Year	Diagnostic			Therapeutic		
	Actual	CoR Approved	Actual / CoR Approved	Actual	CoR Approved	Actual / CoR Approved
2010	1328	1295	102.5%	374	380	98.4%
2009	1264	1314	96.2%	313	348	89.9%
2008	1216	1271	95.7%	287	318	90.2%
2007	983	1137	86.4%	248	317	78.2%

Table 1d Student Intakes for Scotland Pre-registration Radiography Courses (4 year programmes).

Intake Year	Diagnostic			Therapeutic		
	Actual	CoR Approved	Actual / CoR Approved	Actual	CoR Approved	Actual / CoR Approved
2010	122	105	116.2%	33	28	117.9%
2009	114	104	109.6%	35	30	117.0%
2008	121	106	114.1%	29	28	103.6%
2007	122	122	100%	29	28	103.6%

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

Intake Year	Therapeutic PgD England and Scotland				
	Actual	CoR Approved	Commissioned/Funded	Actual / CoR Approved	Actual / Commissioned or Funded
2010	36	42	40	85.7%	90.0%
2009	22	37	25	59.5%	88.0%
2008	17	29	17	58.7%	100.0%
2007	24	33	31	72.7%	77.4%

Table 1f Student Intakes for England Pre-registration Diagnostic Postgraduate Courses

Intake Year	Diagnostic PgD England				
	Actual	CoR Approved	Commissioned/Funded	Actual / CoR Approved	Actual / Commissioned or Funded
2010	16	16	16	100.0%	100.0%
2009	15	15	15	100.0%	100.0%

APPENDIX 2

Range and average intake figures for EIs for the academic years 2007 –2010

Table 2a Diagnostic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2010	16	133	55.8
2009	15	136	54.5
2008	16	126	50.1
2007	16	118	48.0

Table 2b Therapeutic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2010	8	49	23.9
2009	7	55	23.1
2008	7	64	18.5
2007	8	48	19.8

The small size of the lowest intakes is a concern of the College in that they raise questions about viability and adequacy of resourcing, particularly in the current economic and political times.

APPENDIX 3

Attrition Rates Calculated Using the Academic Year 2011 Outputs

2011	Three year programmes (England, Wales and Northern Ireland)		Four year programmes (in Scotland only)		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
Actual Intake	1194	287	122	29	16	38
Output	896 (75.0%)	181 (63.1%)	88 (72.0%)	18 (62.1%)	11 (68.8%)	29 (76.3%)
Wastage	300 (25.0%)	106 (36.9%)	34 (28.0%)	11 (37.9%)	5 (31.2%)	9 (23.7%)

All programmes	Actual Intake	Output	Attrition
Diagnostic Imaging	1332	995 (74.7%)	342 (25.3%)
Radiotherapy	354	228 (64.4%)	126 (35.6%)

Attrition Rates 2008 – 2010

Calculated by comparing the actual intake of students at start of each programme with the yearly outputs at the end of the programme

Attrition	Three year programmes (England, Wales and Northern Ireland)		Four year programmes (in Scotland only)		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
2010	23.6%	28.8%	33.8%	46.4%	68.8%	70.6%
2009	24.8%	36.4%	29.2%	42.2%	70.6%	N/A – intakes every other year only
2008	38.9%	42.2%	18.4%	47.3%	N/A – intakes every other year only	36.9%

All Diagnostic Imaging Programmes		
Year	Number of students starting the programmes	Attrition rate at end of the programme
2010	1238	25.4%
2009	1189+	26.0%
2008	1362	36.6%

All Radiotherapy Programmes		
Year	Number of students starting the programmes	Attrition rate
2010	322	33.3%
2009	284++	37.3%
2008	361	42.7%

+ Figure does not include data from Birmingham City University or University of Derby since these institutions unfortunately did not return the 2006-2007 schedule

++ Figure does not include figures from Birmingham City University since these institutions unfortunately did not return the 2006-2007 schedule

Radiotherapy Attrition 2011 – demonstrated by regions and duration of programmes

	Number of students started progs in 2008	Number of students on the course on 1.11.2008	Number of students who qualified in 2011	% of students from 2008 cohort qualifying in 2011	% of students remaining on 1.11.08 qualifying in 2011	Attrition rate of students starting in 2008	Attrition rate of students who remained on prog at 1.11.08
3 year programmes – England only	257	251	157	61.1%	62.5%	38.9%	37.5%
3 year programmes – Northern Ireland and Wales	30	29	24	80%	82.8%	20.0%	17.2%
4 year programmes - Scotland	28	28	18	64.3%	64.3%	35.7%	35.7%
2 year programmes - England	31	29	23	74.2%	79.3%	25.8%	20.7%
2 year programmes - Scotland	7	7	9	85.7%	85.7%	14.3%	14.3%

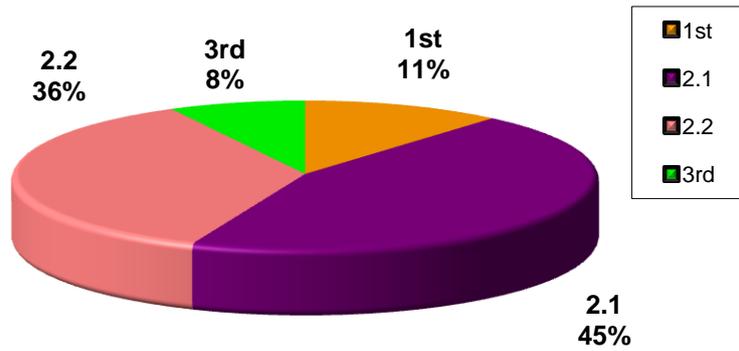
Diagnostic Imaging Attrition 2011 – demonstrated by regions and duration of programmes

	Number of students started progs in 2008	Number of students on the course on 1.11.2008	Number of students who qualified in 2011	% of students from 2008 cohort qualifying in 2011	% of students remaining on 1.11.08 qualifying in 2011	Attrition rate of students starting in 2008	Attrition rate of students who remained on prog at 1.11.08
3 year programmes – England only	1050	1033	788	75.0%	76.3%	25.0%	23.7%
3 year programmes – Northern Ireland and Wales	114	114	90	78.9%	78.9%	21.1%	21.1%
4 year programmes - Scotland	112	121	93	76.2%	76.9%	23.8%	23.1%
2 year programmes - England	15	13	11	73.3%	84.6%	26.7%	15.4%

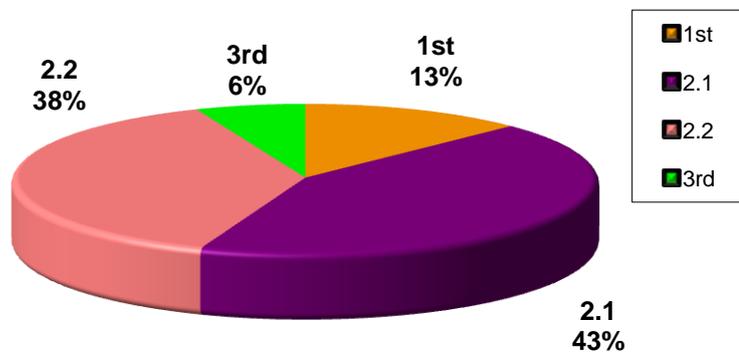
APPENDIX 4

Degree Classifications for 2010 and 2011

Diagnostic Hons Degrees Awarded in 2010



Diagnostic Hons Degrees Awarded in 2011



APPENDIX 5

5TH ANNUAL MEETING OF THE COLLEGE OF RADIOGRAPHERS (CoR) AND HEI HEADS OF SCHOOLS, 20TH JANUARY 2011, SCoR HQ, 207 PROVIDENCE SQUARE, MILL STREET, LONDON, SE1 2EW

PRESENT:	Kim Baldwin	- Health Protection Agency (items 1 & 3)	
	Kathy Burgess	- University of Liverpool	
	Lee Bolton	- Canterbury Christ Church University	
	Harold Clarke	- University of Portsmouth	
	Julie de Witt	- University of Derby	
	Kevin Foreman	- University of the West of England	
	Elaine Gannon	- University of Hertfordshire	
	Karen Knapp	- University of Exeter	
	Mary Lovegrove	- London South Bank University	
	Stephen Milner	- University of Bradford	
	Julie Nightingale	- University of Salford	
	Trudy Sevens	- Sheffield Hallam University	
	Charles Sloane	- University of Cumbria	
	Helen White	- Birmingham City University	
	Jean Wilson	- University of Leeds	
	Helen York	- University of Hertfordshire	
	Samantha Jewell	- College of Radiographers	
	Audrey Paterson	- College of Radiographers	
	IN ATTENDANCE:	Michele Landau	- College of Radiographers

1. WELCOME & APOLOGIES

- 1.1 Audrey Paterson welcomed everyone to the meeting. All attendees introduced themselves.
- 1.2 Apologies had been received from representatives from the following Institutions:

Cardiff University
City University
Glasgow Caledonian University
Kingston University & St George's Hospital Medical School
The Robert Gordon University
University Campus Suffolk
University of Dundee
University Of Teesside
University of Ulster

2. NOTES OF PREVIOUS MEETING & MATTERS ARISING

2.1 *Minute 5.3 - CASE* – Audrey Paterson reminded the attendees that at the 2010 meeting SCoR had recently taken over administration of CASE at short notice, subject to streamlining administrative and financial procedures in line with SCoR policies. The changes had been questioned by the other CASE member organisations and it had subsequently been agreed that IPeM would take over administration of CASE forthwith. Consequently, it would not be possible to align CASE annual fees with those of SCoR.

2.2 *Minute 61 – Sonography registration* – The attendees were informed that this had moved no further forward since last year's meeting.

2.3 Mary Lovegrove questioned funding for increases in ultrasound training numbers. Audrey Paterson pointed toward Health Education England new commissioning arrangements and developing the workforce consultation. It was likely that, in future funding would only be available for pre-registration education and funding for CPD would take place at local level. The group heard that smaller SHAs were already commissioning little post registration provision. The new arrangements might strengthen the case for ultrasound training to become direct entry pre-registration education, however, the government was, in essence, averse to regulation.

2.4 It was felt that the recent government spending review would impact negatively on post registration education viability. The group was informed that one Trust in the South West had already removed the requirement of M level qualification for advanced practitioner posts. If this became commonplace, it would further affect the viability of post registration education. A consequence of this decision was that appointments could be made on a lower banding.

2.5 Currently newly qualified radiographers were appointed onto Band 5. Should the decision be made to reduce this to Band 4 this could impact on HEIs being able to afford to offer radiography education in future. It was possible that training could devolve to Further Education Institutions and to in house 'schools' in NHS Trusts.

2.4 Audrey Paterson informed the group of the outcome of the review of the cancer reform strategy. Generally positive, it was disappointing that radiotherapy services had not been included in national commissioning.

2.5 Audrey Paterson requested details to be emailed to her by the end of March of any significant issues in relation to the developing the workforce consultation. audreyp@sor.org

2.6 Audrey Paterson informed the attendees of a meeting that took place earlier this week with representatives from Medical Education England, the Nursing and Midwifery Professional Advisory Board and the Allied Health Professions Advisory Board to discuss Health Education England (HEE). It was felt that multiprofessional collaboration could strengthen the position of radiography and radiotherapy but that much was still unknown. HEE would also have to forge strong links with the Centre for Workforce Intelligence and service providers.

3. HEALTH PROTECTION AGENCY (HPA) INITIATIVES IN PATIENT SAFETY IN RADIOTHERAPY

3.1 Kim Baldwin from the HPA gave a presentation on patient safety in radiotherapy. Similar issues also arose in diagnostic imaging around patient safety. Kim imparted to the attendees an overview and background to the HPA initiative. The HPA was currently engaging with HEIs as well as several hospital departments.

3.2 The HPA was independent from the government, its remit being improvement of patient safety in relation to radiation exposure, however, it was not an inspectorate. Work was being undertaken under legislation in place since 1958 but basic safety standards had not been issued until 1996 as it had taken time to gain European agreement. Kim stated that the statements would be redrafted in the foreseeable future and that IR(MER) regulations might also be redrafted within the next few years. The HPA had issued guidance in IR(ME)R in 2008 to assist radiotherapy departments.

3.3 Kim informed the attendees of a general reluctance in radiotherapy departments with regard to reporting radiotherapy errors. To this end a document entitled "*Toward Safer Radiotherapy*" had been produced in conjunction with The CoR, the RCR, IPEM, the BIR and the National Patient Safety Agency (NPSA). An error assessment tool was available on both HPA and NPSA websites.

3.4 The HPA produced regular newsletters on analysis of errors for dissemination to the radiotherapy community. These could be accessed via the HPA website and HEIs were welcome to add their details to the existing mailing list.

3.5 Kim elaborated on reasons for HPA visits to clinical departments. These included support in times of departmental changes, protocols for new procedures, work on the reasons for errors and advice on how to minimise repeating of errors.

3.6 It was agreed to attach Kim's presentation to the notes of this meeting. In the meantime contact could be made via the HPA website and/or dedicated email address:

www.hpa.org.uk/radiotherapy
radiotherapy@hpa.org

3.7 Audrey Paterson queried how the Health Bill which called for disbandment of the HPA, while making its function statutory, would affect this work. Kim confirmed that the HPA was looking to find a way of remaining independent and for now it was 'business as usual'. The HPA was funded by government, however, the funding was used independently by the HPA.

3.8 Julie Nightingale agreed to take the issues raised by Kim to the Heads of Radiography Education Group.

4. NHS HEALTH EDUCATION CONSULTATION PAPER – PUBLISHED 20/12/2010

4.1 Audrey Paterson informed the attendees of the publication of NHS Health Education Consultation Paper, (Developing the Healthcare Workforce).

5. COMMISSIONS FOR 2011 AND POST-REGISTRATION EDUCATION PROVISION

5.1 Commissioning numbers for pre-registration radiography and radiotherapy numbers were not yet known, however, it was felt that these would soon be released by the Council of Deans. Some SHAs had imposed small cuts on radiography cohorts, while others had remained static. Numbers for pre-registration radiotherapy education needed to increase, as did numbers for post-registration ultrasound education. A suggestion to cut radiography and radiotherapy training numbers by 30% in London over a three year period had been discussed but a definite decision had not been made to date.

5.2 The attendees were informed that a consultation from the HPC on post-registration qualifications was currently underway with a closing date of 1st February. Outcomes would not be considered until June. It was believed that certain advanced practice would require HPC scrutiny in future. The SCoR response to the consultation would be cautious and fairly negative. The attendees were requested to comment on the consultation.

6. UPDATE ON NEW STUDENT MEMBERSHIP STRATEGY

6.1 The group heard that previous complimentary membership for first year students had not resulted into high conversion to paid membership once they reached the second year of training. Samantha Jewell informed the attendees of the current strategy which had included targeting prospective students via UCAS and requesting that student talks be scheduled early in the academic year. The strategy also has an 'opt out' rather than an 'opt in' approach to membership after year 1. Data protection had again become an issue. Samantha agreed to speak with the SCoR data protection advisers to formulate a letter which could be used by HEIs to support exchanging information. This was agreed as important by the group.

6.2 HEIs wishing to confirm which of their students were currently in membership should email Samantha: samanthaj@sor.org

7. UPDATE ON THE NEW ADMISSIONS TUTOR AND PRACTICE PLACEMENT FORA

7.1 Samantha Jewell spoke to the Admissions Tutor and Practice Placement fora. Two meetings of each forum had taken place. Attendance had been good, and strong discussions had taken place leading to positive outcomes.

7.2 Julie Nightingale questioned whether SCoR would convene a forum for Programme Leaders. Audrey Paterson stated that SCoR could not easily do this on its own, however, it should be possible to undertake this jointly with the Heads of Radiography Education group.

7.3 Audrey Paterson informed the group that no progression had been made with regard to formulating a model to emulate the United States Leadership Academy for Educators.

8. WORK THE WORLD COMPETITION

8.1 Samantha Jewell confirmed that entries had been of a high quality. Two winners had been chosen, one from University of Portsmouth, the other from the University of the West of England. It had been agreed to run the competition again this year, subject to a strengthening of criteria. HEIs were requested to promote the competition to students.

9. SCOR ANTI BULLYING CAMPAIGN

9.1 Audrey Paterson informed the group that the number of students reporting bullying incidents had grown tremendously; this had led to SCoR formulating an anti bullying campaign. Both the TUC and NHS Employers had responded positively. NHS Employers wished to engage with SCoR on a national NHS campaign. SCoR was attempting to run the campaign as a ripple effect rather than taking a heavy handed approach. Posters would be produced for departments and HEIs, together with postcards for events and articles in Synergy News etc.

9.2 Issues surrounded students taking responsibility to instigate grievances and report incidents. It was imperative to empower students, however, clear guidance was needed to confirm the differences between bullying and what might be termed micro-management.

10. ITEMS TO DISCUSS FROM HEIs AND ANY OTHER BUSINESS

10.1 Mary Lovegrove informed the group that the clinical leadership framework for the non medical workforce was due to be published at the end of March 2011. The Government expected the framework to be embedded into pre-registration education.

10.2 Julie Nightingale stated that CT Colonography education at University of Salford was currently taught in a module which included principles and practice and reporting and had now been asked to deliver a PgC in CT Colonography for initial bowel findings. This was being supported by the University. Audrey Paterson confirmed that SCoR would also support the initiative and would keep up pressure for radiographers to report.

10.3 Karen Knapp reminded the attendees of the student session for UKRC 2011 in June. The deadline for receipt of abstracts was 1st February.

10.4 Kathy Burgess queried a lack of applications for the Leadership Academy. It was felt that lecturers were already overtaxed and there had not been many new lecturer appointments in the recent past. It was felt that a joint approach be taken involving both academia and clinicians for the next round.

10.5 Audrey Paterson thanked any attendees who would be retiring prior to the next meeting for their input over the years and wished them a long and happy retirement. She also thanked those attending for their commitment and enthusiasm which had led to a useful, informative discussion.

11. DATE OF NEXT MEETING

11.1 The date of the next meeting was agreed as Thursday 19th January 2012.

The meeting ended at 4.00pm