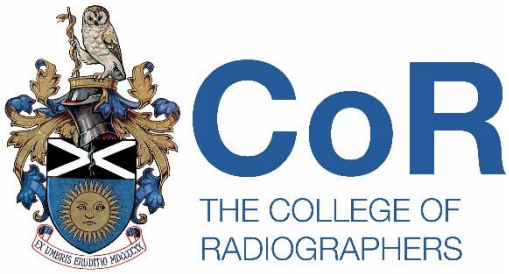
Approval and Accreditation Board

Annual Report 1st September 2014 – 31st August 2015



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1 Foreword

The 2014-2015 academic year has been another busy one for the Approval and Accreditation Board. Despite the continued challenges and demands that higher education institutions and clinical service experience, the development of high quality programmes of study in radiography education continues; indeed, the range of contemporary and innovative programmes that were put forward for approval or re-approval and subsequently approved is testament to the dedication of numerous academic and clinical partners who are passionate about the profession and excellence in education.

During this year, the Education and Training Tariff became more well known. Despite this being often challenging to get hold of, there was evidence of some success and indeed good practice in some areas; again, this is an attestation to the commitment of academic and clinical colleagues and the desire to deliver high quality radiography education at all levels.

During the 2014-15 academic year, the Approval and Accreditation Board received a number of courses for approval and re-approval; these ranged from individual modules and short courses, through to full master's. The involvement of the College in such processes evidences the continued and effective engagement with the education sector and acknowledges the gravity of professional body recognition. On behalf of the Approval and Accreditation Board, I would like to thank all of the assessors who have given their time and expertise to work with the College over the past year, in particular those who have undertaken approvals and re-approvals on its behalf.

The College continues to work towards enhancement of professional and educational services. Of particular note is the accreditation and re-accreditation process for Assistant Practitioners. The 2014-2015 academic year was the first full CoR year for Assistant Practitioners applying through CPD Now, during this period, we accredited or re-accredited 282 Assistant Practitioners. Other work linked to the enhancement of professional and educational services included the updating of the CPD Now endorsement system which has made it easier to manage and review applications, and the commencement of work on the joint AHP practice education guidance document which will go on to form the basis of the refreshed Practice Educator Accreditation Scheme.

I hope that you find this report interesting reading and useful dialogue for you and your organisation. I wish to thank you all for your continued support.

Tracey Gregory
Chair
Approval and Accreditation Board

2 Introduction

The College of Radiographers (CoR) is pleased to publish the 2014 - 2015 Approval and Accreditation Board (AAB) Report.

The purpose of the report is to draw together the activity of the AAB by including data on the approval and accreditation work of the Board. Data and statistics from the Education Institution Annual Monitoring Survey constitute a significant proportion of the report. The name, Annual Monitoring Survey, is a partial misnomer. The survey is not used by the CoR to monitor education providers. Nor is it the method by which education providers inform or report changes in education provision to the CoR. The data gathered is used by the CoR to inform commissioners and funders of radiography education of trends in student applications, retention, support and completion and to identify examples of innovative practice related to student retention.

These data provide a mainly quantitative overview of the position of radiographic education within the UK. This will enable education providers, including providers of clinical imaging and radiotherapy services, to compare their own data with national perspective and to extract key areas where they may have further work to do or areas where they can share their good practice with the rest of the radiographic community.

This report is almost identical to last year's. Much of the data collected in previous years are useful but not necessarily required on an annual basis. Data on research topics, practice educators and qualifications have not been collected this year. However, these topics will be gathered again in the annual monitoring survey for 2017-2018.

As with any data gathering exercise, there are limitations to the conclusions that can be drawn. However, in the interest of clarity and transparency, the limitations have been highlighted with the intention of improving comprehensive data gathering in future years.

All of the pre-registration education providers have returned data for inclusion within this report, though not all provided a full data set. Exceptions are highlighted within the relevant sections of this report. The Approval and Accreditation Board (AAB) and the education team at the CoR wish to thank educational institution colleagues for their help and co-operation in supporting the production of this report. Without their continued support the data presented would offer less of a complete overview of national radiographic education and thus be of less use to those external organisations which have significant impact upon the provision of diagnostic and therapeutic radiography education. Thank you especially to the vast majority who returned the data by the deadline and without prompting. Timely and accurate responses save the administration team a significant amount of work when collecting and collating the data.

The data collated in this report are used for a variety of purposes, not least in the formulation of the Society and College of Radiographers' policy and opinion on educational and workforce matters. The report will be distributed widely to education institutions, placement providers and those who commission pre-registration education and will also be available in the document library on the Society of Radiographers' website.

The AAB anticipate that this year's report will provide much food for thought and ideas for the future.

3 Annual data collection

The AAB 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 education provision for diagnostic and therapeutic radiography during the 2014 - 2015 academic year which ran from 1st September 2014 – 31st August 2015.

The data were collected via an online survey system, Survey Monkey®. Each education lead was sent an email with the link to access the survey and a copy of the questions. This enabled the education institution leads to collect the relevant data prior to filling in the survey.

The difficulties in gathering data in September were discussed in last year's report (College of Radiographers, 2015) and the decision was taken to gather the data after re-sit progression boards. Once again the survey was disseminated with a mid-December deadline for responses. However, some education providers still had students who had not yet completed the programme at the point the response was submitted. At the point of data collection, it is not known if these students will complete or not. Consequently, the attrition percentages may actually be higher than those reported. Once again, the education team will endeavour to address this in the forthcoming survey.

Students and newly qualified radiographers are surveyed by the College of Radiographers and the data from that survey are published in the *Analysis of students and recent graduates survey 2014* (Society and College of Radiographers, 2014) (https://www.sor.org/learning/document-library/analysis-student-and-recently-qualified-radiographers-survey-2014). Comparisons and discussion around similarities and differences between that survey's results and those presented here are also outwith the scope of this report.

Data are anonymised within this report. Education providers should be able to recognise their own data or can contact the Professional and Education department at the Society and College of Radiographers and ask for their randomised code used within this report: PandE@sor.org.

4 Services to education institutions and students

The College of Radiographers provides a number of services to both education institutions and students. The majority of education provider services are dealt with by the Professional and Education team while students initially fall under the remit of the Membership team but may be directed to relevant members of other teams as necessary.

This section will highlight the services delivered to education providers and will consider services to students provided through those education providers.

4.1 Education institutions

There were no increases in the fees charged for approval services. Education providers who take advantage of the Annual Inclusive Package are able to take advantage of the following services:

- Consultancy and advice on proposed education developments and provision, and on curriculum developments.
- Approval by the College of Radiographers of education programmes delivered by the education provider in accordance with current policies and principles. This includes approval of short courses such as dental radiography and intravenous injection courses.
- Endorsement of up to ten continuing professional development programmes per year which is included in the Annual Inclusive Package (and by negotiation for additional programmes thereafter).
- Full access for all staff of the Education Institution to the College's digital document library.
- Inclusion of approved courses in the Society of Radiographers' website which is linked to the radiography careers website (www.radiographycareers.co.uk). Inclusion in other careers and courses information provided by the SCoR.
- Copies of periodic (annual) reports with national data on student profiles, education provision and related academic matters.
- Access to a register of approved external examiners.
- Opportunity to participate in the Course Leader Forum, Practice Placement Forum and the Admissions Tutor Forum, and other relevant forums that may be established.
- Access to external mentors for those newly appointed to senior positions such as programme leads, or heads of schools.
- Access to local mediation services, when required.
- Provision of 'induction to the profession' and other relevant sessions for first, continuing and final year students to fit in with individual Education Providers' curricula
- Induction sessions for other groups by request (e.g., trainee assistant practitioners; qualified practitioners undertaking approved master's awards).
- On request, and subject to availability, presentations or lectures by Society and College of Radiographers' (SCoR) officers at study days and conferences run by education providers. Invitations should be received at least four months in advance of the due date.
- Inclusion in specific professional forums and working groups established from time to time, for example, the Education and Career Framework or Code of Conduct.

On payment of the relevant fee, these services are individually available to education providers who do not purchase the Annual Inclusive Package.

4.2 Students

The Student Membership Package is similar to the Annual Inclusive Package except that education providers pay £48 per student, per year. It includes all of the previously listed services and membership for all students.

This package includes the following services:

- Year one students: complimentary membership of the Society of Radiographers, subject to their University supplying personal details sufficient to set up a membership record for each student; and each student completing an application and direct debit form (for continuing years).
- For all continuing and final year students, membership is £4.00 per month / £48 per year – included in this package.
- Visit by SCoR professional officer or regional officer within first two months of starting course.
- In continuing and final years, two further visits to students are made by the professional body.
- Students maintaining membership for the whole of their education programme receive six months' complimentary full membership on qualifying
- A welcome booklet and pack for all year one students taking up membership at the start of their programme, delivered by Professional or Regional/National Officer during initial student talk.
- Students receive an electronic (digital) subscription to Synergy News (monthly publication of news and current events relevant to the profession; current issues affecting the practice of radiographers; information on national councils and regional committees, networks, and special interest groups; and features of general interest to the profession). Students are actively encouraged to make contributions to Synergy News.
- An electronic (digital) subscription to Imaging and Therapy Practice is also provided, featuring practice-related topics and a range of continuing professional development opportunities. Students are encouraged to contribute their best work to this publication.
- Opportunity to purchase a subscription to printed Synergy News and Imaging & Therapy Practice at a significantly reduced rate.
- Students also receive a monthly e-zine, *StudentTalk*, with content particularly relevant to students. Again, student contributions are welcomed.
- *Radiography*, the profession's peer reviewed journal, is published quarterly and full access to this is provided through the members' section of www.sor.org/learning/library-publications.
- Electronic access to all other publications in the Society and College of Radiographers' digital document library accessed through www.sor.org/learning/document-library.
- Full access to the website www.sor.org with dedicated sections for students and a wide range of briefings, advice and guidance material (some student specific), resources to support practice, career planning advice, learning resources, on-line job advertisements

(available from the time they are placed) and on-line access to all publications and journals produced by the SCoR.

- Full access to CPD Now, the Society of Radiographers web-based continuing professional development tool, again through the website.
- Opportunity to follow the profession on Twitter - http://twitter.com/SCoRMembers, @SCoRMembers.
- Substantially discounted rates for conferences run by SCoR (generally, charges levied are at cost only and a student rate is set for each conference individually).
- A designated membership team as a first port of call, and access to a team of professional and regional officers who can provide expert advice on educational, workplace, and personal related issues.
- Indemnity insurance and certificates for clinical placements (including electives and overseas placement with the exception of North America and Canada) that are part of the University's approved education programme.
- Indemnity insurance for part-time employment as a radiography helper or, when appropriate, as an accredited assistant practitioner (subject to this being annotated in the individual's Society of Radiographers' record).
- Access to a structure that encourages and supports student involvement in the profession at regional and national level, and in policy development forums. This includes opportunities to:
    - Attend the Annual Student Conference.
    - Become a member of the Student Working Party which advises on the Annual Student Conference programme.
    - Become an office-holder in the relevant regional committee (RC) or national council (NC)
    - Be part of an RC/NC delegation at the Society of Radiographers' (SoR) Annual Delegate Conference (SoR Members' policy advisory conference).
    - Be nominated to be an observer in attendance at the UK Council of SoR.
- Opportunities to join and participate in any of the national networks facilitated by the SCoR (e.g., Equalise, the SoR's equality network).
- Opportunity and encouragement to engage with special interest groups recognised by SCoR.
- Access to the Society of Radiographers' Benevolent Fund, according to its rules.
- Other benefits as they arise from the Society of Radiographers' students' working party (which has a remit to review and enhance benefits for students, and enable active student engagement in the profession).
- Lobbying on student matters and concerns collectively at UK governmental level and in the four countries of the UK (e.g., on finances, career structures, career development opportunities, etc.).

5 Assistant practitioner education programmes

The number of approved assistant practitioner programmes has fallen again this year. The number of requests from service providers for assistant practitioner programme information has again increased indicating that there is still a demand from clinical practice. The CoR recognises that education providers are not able to develop and run programmes for small and annually inconsistent numbers of students. Not all of the assistant practitioner programmes approved by the CoR are currently running.

5.1 Approval/re-approval of Assistant Practitioner programmes

During the year 2014-2015 the College of Radiographers approved five programmes as shown in Table 1.

Education Institution	Award
Birmingham City University	FdSc Radiotherapy
	FdSc Health & Social Care (Diagnostic Radiography)
	Cert HE Health & Social Care (Mammography)
	FdSc Health & Social Care (Mammography)
Kingston University & St Georges, University of London	FdSc Breast Imaging

Table 1 Table showing the education institutions that had programmes approved leading to College of Radiographers' voluntary accreditation and registration as accredited assistant practitioners during 2014-2015.

Assistant practitioners who successfully complete one of these programmes are eligible to apply for accredited assistant practitioner status and inclusion on the public voluntary register of assistant practitioners (College of Radiographers, n.d.).

Recruitment, retention and completion data from assistant practitioner programmes do not fall within the scope of this report.

6 Pre-registration programmes

The programme data collected via the annual monitoring survey relates to pre-registration programmes. These programmes normally constitute the majority of the work undertaken by Approval and Accreditation Board assessors, however, this year there were only five programmes approved. Programmes that were approved by Chair's action following the June 2015 AAB will be reported in next year's AAB annual report.

6.1 Approvals/re-approvals of pre-registration programmes

The number of pre-registration programmes approved each year varies depending on the education providers' re-validation cycle. Standard Approval and Accreditation Board approval lasts for five years. The Board is sympathetic to education providers who request an extension of one year to enable the programme to fit with their institution cycles which can be six years, or with other programmes they run.

The table below shows a comparison of the number of pre-registration programmes approved in previous years. It includes both undergraduate and postgraduate approvals leading to eligibility to apply for registration with the Health and Care Professions Council.

Speciality	Number of programmes approved 2012-2013	Number of programmes approved 2013-2014	Number of programmes approved 2014-2015
Diagnostic radiography	6	6	3
Therapeutic radiography	3	4	2

Table 2 Table comparing pre-registration approvals during the academic years 2012-2015.

The five programmes which were approved in 2014-2015 are listed overleaf.

Education Institution	Award
Glasgow Caledonian University	BSc (Hons) Diagnostic Radiography
	BSc (Hons) Radiotherapy and Oncology
University of Liverpool	PgD in Radiotherapy
Teesside University	BSc (Hons) Diagnostic Radiography
Robert Gordon University	BSc (Hons) Diagnostic Radiography

Table 3 Table showing education institutions that had programmes approved leading to registration as a radiographer during the academic year 2014-2015.

6.2 Duration of pre-registration radiography programmes

In the academic year 2014-2015 there were 24 education providers offering College of Radiographers approved pre-registration programmes in diagnostic radiography. There are 14 offering approved therapeutic radiography pre-registration programmes. Table 4 shows the number of pre-registration

education programmes of 2, 3 and 4 years' duration that are currently approved. Some education providers offer both undergraduate and postgraduate programmes.

Programme duration	Number of pre-registration programmes in diagnostic radiography	Number of pre-registration programmes in therapeutic radiography
2 years (postgraduate)	2	5
3 years (undergraduate)	22	13
4 years (undergraduate – Scotland)	3	2
***undergraduate – part time**	3	2

Table 4 Number of full time and part time diagnostic and therapeutic radiography pre-registration programmes.

* The CoR has approved several part-time programmes; however, no data has been received by the CoR from these programmes for a number of years and they are not listed on the universities' websites.

6.3 College of Radiographers approved places

The CoR approves education providers and their practice placements to educate a specific number of students. The limiting factor in terms of numbers of students on each programme can be the overall placement capacity or the number of students commissioned/funded/allocated. Placements must be able to provide a supportive and high quality clinical learning environment for students. Currently the College of Radiographers does not specify how assessors check this. Practice educators and service managers report via College of Radiographers' advisory meetings and forums that the number of students placed is frequently more than they can effectively support. Clearly, the process for assessing and tracking the number of students placed needs to be enhanced and data included within the assessor's report during the approval process. This work will be carried out during 2016.

6.4 Commissioned, funded or allocated students

The commissioning, funding or allocation mechanisms are different within each of the countries of the UK.

Country	Commissioning/funding/allocation model
England	Local Education and Training Boards (LETBs) commission students. Each LETB decides on the number of students its area required. Health Education England (HEE) then aggregates, finalises and confirms this number and publishes in the autumn as an overall figure for each profession.
Wales	Students commissioned by the NHS Wales Shared Services Partnership: Workforce and Education Development Service. Individual professions are considered, including those considered shortage occupations.

Scotland	Students allocated by the Scottish Funding Council. Funding is distributed to the education providers who decide how many students to recruit based on specific workforce shortages.
Northern Ireland	Students commissioned by Department of Health, Social Services and Public Safety based on workforce policy and advice from professional bodies and other key stakeholders.

Table 5 Table showing the commissioners, funders and allocators for student education in the UK.

6.4.1 Diagnostic radiography commissioned, funded or allocated students

Commissions across the UK for diagnostic radiography were once again very variable.

Country	Increase/decrease of students
England	-16 including anomalous data +41 excluding anomalous data Total = 1008
Wales	+15 Total = 73
Scotland	-18 including anomalous data +10 excluding anomalous data Total = 96
Northern Ireland	No change Total = 78

Table 6 Table showing the increase or decrease of diagnostic radiography commissioned, funded or allocated students across the four countries. Total number of commissions per country calculated from data provided and includes anomalous or missing data.

It should be noted that one university in England submitted anomalous data indicating that only 11 students were commissioned compared to 68 the previous year.

One university programme in Scotland indicated that they had no students allocated to their BSc (Hons) programme this year. If correct, this would give a decrease of 28 students for that programme.

6.4.2 Therapeutic radiography commissioned, funded or allocated students

Therapeutic radiography commissions, allocations and funded places were far less variable. Only one education provider reported an increase in the number of students they were allocated (Scotland) to train. Three universities reported a drop and the rest remained constant. Nationally there was a reduction of two students. One university in Scotland did not provide data for this section of the 2012–2013 or 2013–2014 annual monitoring survey.

Country	Increase/decrease of students
England	+20

	Total = 373
Wales	-2 Total = 21
Scotland	-4 including anomalous data -5 excluding anomalous provider data Total = 39
Northern Ireland	No change Total = 16

Table 7 Table showing the increase or decrease of therapeutic radiography commissioned, funded or allocation students across the four countries. Total number of commissions per country calculated from data provided and includes anomalous or missing data.

The majority of the increase in English commissions was at one university which had an increase of 18 students.

One university programme in Scotland indicated that they had no students allocated to their BSc (Hons) programme this year. If correct, this would give a decrease of 13 students for that programme. The same university provided data for their postgraduate programme for the first time in three years. Therefore, it is impossible to give an accurate picture of student allocations this year in Scotland if this provider's data is included.

6.5 Applications received

This year is the first time application data have been gathered. This data will provide a useful benchmark to ascertain the effect of proposed changes to student funding in England. A summary of United Kingdom (UK) data have provided below. The full dataset can be found in Appendix A and Appendix B.

6.5.1 Diagnostic radiography applications

Data	Number of students
Applications	12060
Commissions/funding/allocations	1225
Application/commission ratio	9.84 students for each funded place

Table 8 Table showing a summary of the diagnostic radiography applications to commissions ratio for the UK.

One university in England submitted anomalous data indicating that only 11 students applied for their programme. However, the university also provided the same anomalous data for commissioned numbers (ratio equal to 1.00) so the error this creates can be ignored.

One Scottish university indicated that no students had been allocated to the programme but they received 377 applications for the programme. This means that the diagnostic radiography ratio above is probably high by approximately 0.20, based on last year's commissioned figure.

6.5.2 Therapeutic radiography applications

Data	Number of students
Applications	2760
Commissions/funding/allocations	449
Application/commission ratio	6.15 students for each funded place

Table 9 Table showing a summary of the therapeutic radiography applications to commissions ratio for the UK.

One university did not provide allocation data but did provide application data. This means that the therapeutic radiography ratio above is probably high by 0.20, based on last year's allocated figure.

6.6 Student intake

As normal, there is variation between the number of students commissioned, funded or allocated and the actual number of students who begin the programme. This variation is shown for diagnostic and therapeutic radiography in Figure 1 and Figure 2.

Respondents cited a variety of reasons for over or under recruitment of students. Where over recruitment occurred, the most common response was that more applicants achieved the necessary grades than expected.

The reasons for under recruitment were far more varied and can be themed:

- Insufficient quality applications.
- Students did not turn up at the start of the programme.
- Deferral of studies (home and international students).
- Self-funded students dropping out.
- Late offers made to students.
- Students accepting insurance offers rather than first choice.
- Late decisions by commissioners/funders.

Most worrying is that late and delayed decisions by commissioners and funders are impacting on universities' ability to recruit sufficient numbers of suitable students. The SCoR has raised this directly with commissioners following verbal feedback from the Admissions Tutors' Forum.

6.6.1 International students

If there are placements available which have not been filled by commissioned, funded or allocated students then education providers may choose to take international or other fee paying students. In previous years this has happened rarely due to commissioners/funders/allocators taking all available spaces. This year the number of diagnostic radiography students commissioned/funded/allocated increased so there were fewer opportunities to take international students.

The number of international students recruited in 2014 - 2015 is shown for diagnostic radiography in Table 10 and for therapeutic radiography in Table 11.

6.6.1.1 Diagnostic radiography international students

One education provider included potentially anomalous data which has been recognised in Table 10.

Country	2012 - 2013	2013 - 2014	2014 - 2015
England	12	11	18 including anomalous data 7 excluding anomalous data
Wales	3	3	1
Scotland	0	2	0
Northern Ireland	0	0	1

Table 10 Table showing the number of international students admitted to diagnostic radiography programmes in the academic years 2012 – 2013, 2013 – 2014 and 2014 - 2015.

The nine international diagnostic radiography students were admitted between three education institutions.

Education providers in all UK countries except Northern Ireland gained diagnostic radiography commissioned places and this may account for the reduced number of international students.

6.6.1.2 Therapeutic radiography international students

The number of international students admitted to therapeutic radiography programmes remained the same as last year.

Country	2012 - 2013	2013 - 2014	2015 - 2015
England	2	1	1
Wales	0	0	0
Scotland	0	0	0
Northern Ireland	0	0	0

Table 11 Table showing the number of international students admitted to therapeutic radiography programmes in the academic years 2012 – 2013, 2013 – 2014 and 2014 – 2015.

Spare therapeutic radiography capacity also decreased during 2014-2015 but one institution did take an international student. The corresponding diagnostic radiography programme at this institution did not take any international students.

6.7 Comparison of commissioned/funded/allocated and admitted students

Comparisons can be made with data provided via the annual monitoring survey in previous years.

6.7.1 Diagnostic radiography

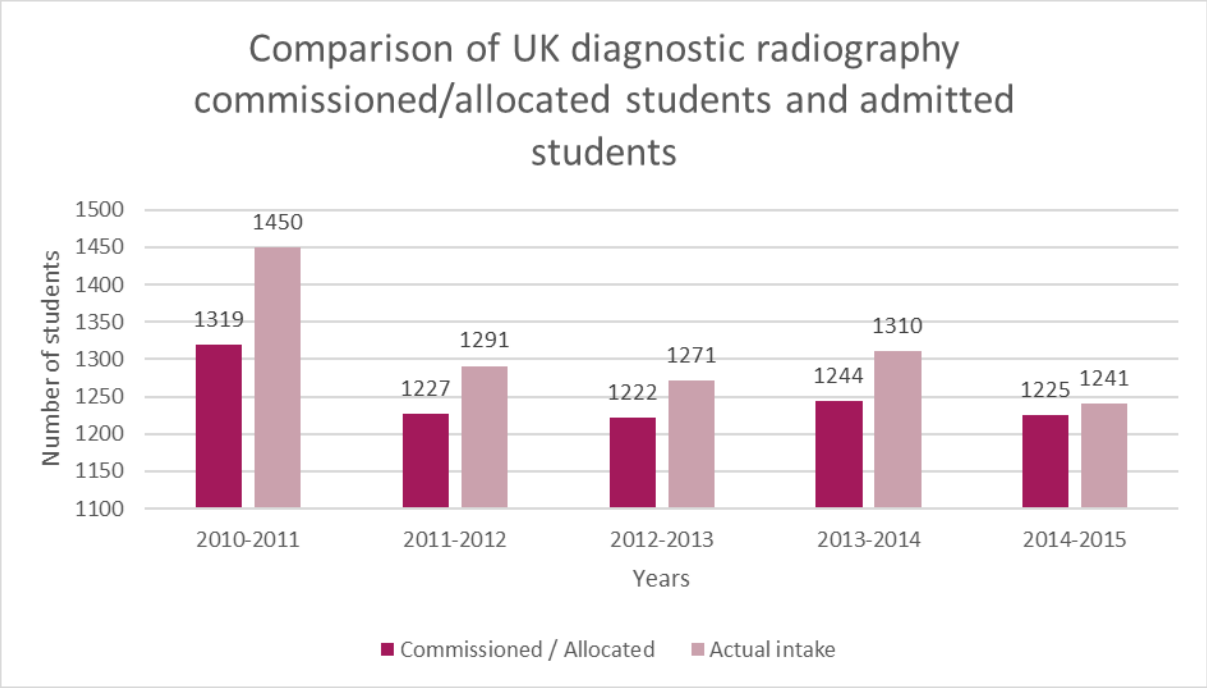

Figure 1 Chart showing the number of commissioned/funded/allocated diagnostic radiography students compared to admitted students.

In 2014–2015 more students were admitted than were funded. The difference is not explained by international students. It is not possible to say if the local commissioners/funders/allocators paid for these extra students or if the universities bore the cost of training them. One Scottish university reported that their postgraduate pre-registration programme students self-fund. This could be via a tuition fee loan and postgraduate living cost loan which are available in Scotland. However, the responses from therapeutic radiography equivalent of the self-funded diagnostic radiography programme indicate that that programme does receive funding so it is possible that some anomalous data has been provided.

6.7.2 Therapeutic radiography

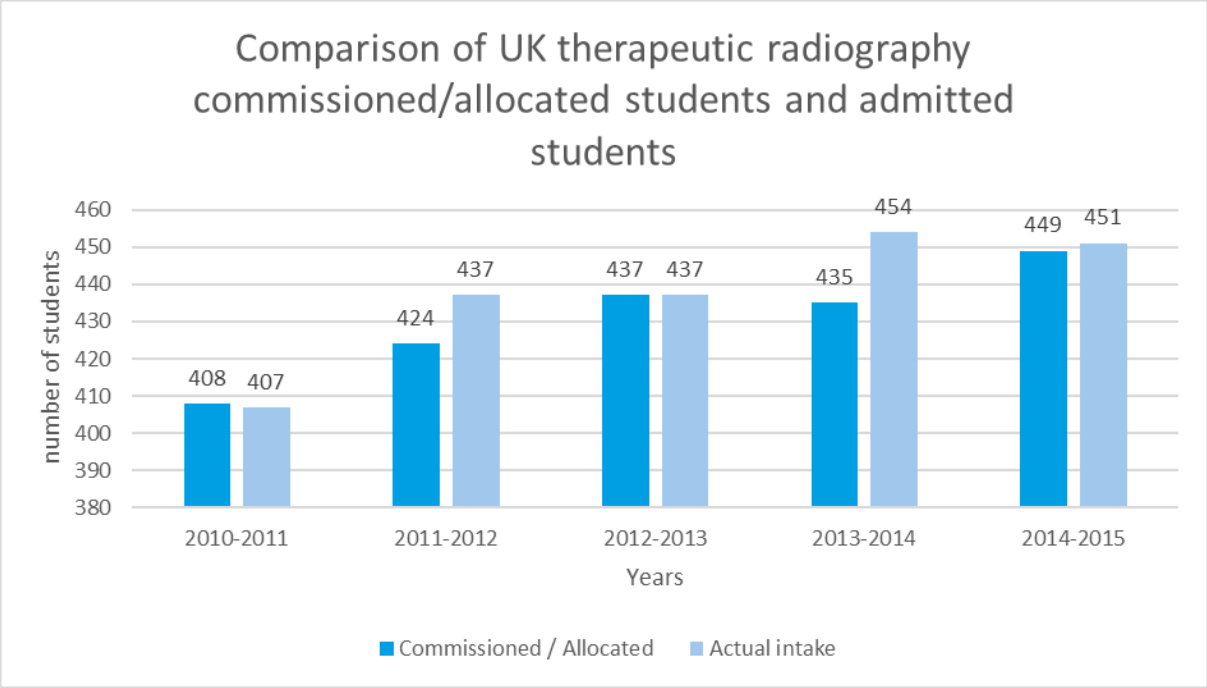

Figure 2 Chart showing the number of commissioned/funded/allocated therapeutic radiography students compared to admitted students.

As with diagnostic radiography, universities admitted more students than were commissioned/funded/allocated. The difference is less pronounced than diagnostic radiography programmes owing to the smaller numbers of students.

6.8 Student attrition from pre-registration programmes

Confident comparisons can be drawn between this year's data and the previous two years' data with regards to student attrition. However, data may not be comparable with education commissioner's data owing to differences in defining "attrition". For example, Health Education England currently uses an attrition formula that takes into account transfers between courses and education providers. The College of Radiographers does not count transfers, preferring instead to consider that a student wishing to leave one institution is attrition. If they then join the programme at another institution this may lead to strengthening of that cohort – positive attrition.

Attrition has been calculated using the following formula:

$$Attrition = \frac{S_o - (S_c + S_r)}{S_o} \times 100\%$$

S_o = Number of students starting the programme
S_c = Number of students who have completed the programme in 2013 - 2014
S_r = Number of students who were referred/deferred at the qualifying assessment board but are still due to complete.

The timing of the data gathering was the same as last year in order to try to capture all students, including those who had to re-sit assessments and were presented at autumn boards. However, at the point of data capture, there were still students who were due to qualify in the future. The data

presented in this report assumes that those still to complete the programme of education have qualified at the time of writing. The number of students who had outstanding assessments is captured in section 6.9.4.

It has been possible to include postgraduate pre-registration qualifications within the attrition calculation. It is also now possible to break attrition down into separate countries and to separate undergraduate programmes from postgraduate.

The annual survey collected data to determine pre-registration attrition from the following cohorts of students:

- 4 year BSc (Hons) starting in the academic year 2011 - 2012 in Scotland
- 3 year BSc(Hons) starting in the academic year 2012 - 2013 in the rest of the UK
- 2 year PgD starting in the academic year 2013 - 2014
- 3 year MSc starting in the academic year 2012 - 2013

An anonymised table of attrition by programme has been produced. It also shows attrition changes from last year. This table can be found in Appendix D.

6.8.1 Diagnostic radiography attrition

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	1254	1057	47	11.96 %

Table 12 Number of students that started, completed and are still to complete Diagnostic Radiography BSc (Hons) programmes in the UK leading to the total attrition for diagnostic radiography.

All diagnostic radiography education providers returned attrition data.

6.8.2 Therapeutic radiography attrition

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	427	318	17	21.55 %

Table 13 Number of students that started, completed and are still to complete Therapeutic Radiography BSc (Hons) programmes in the UK leading to the total attrition for therapeutic radiography.

All therapeutic radiography education providers returned attrition data.

6.8.3 Comparison of attrition data – diagnostic and therapeutic radiography

Attrition data can be compared directly with the 2012 – 2013 and 2013 – 2014 Approval and Accreditation Board reports (College of Radiographers, 2015, College of Radiographers, 2016) and shown in Figure 3. As it is not known how attrition data prior to this were calculated and what anomalies, if any, existed, only broad comparisons with previous years are possible.

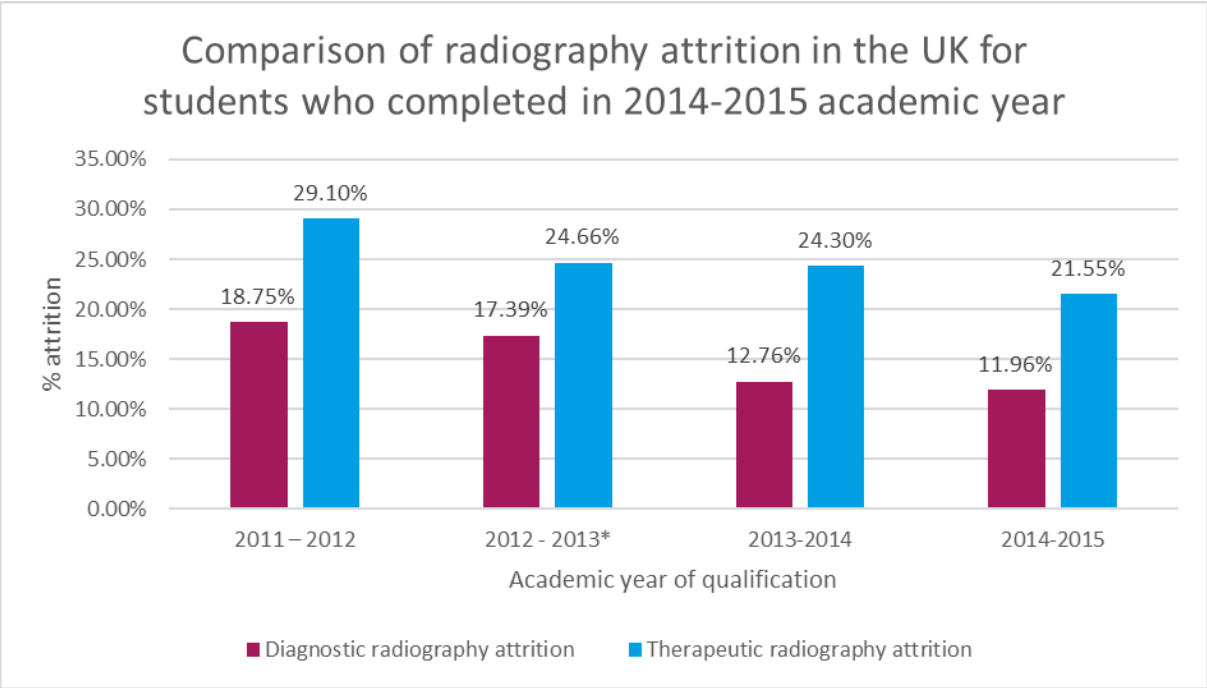

*Figure 3 Chart showing comparison of radiography attrition. *BSc (Hons) data only*

Both diagnostic and therapeutic radiography attrition continues to decrease. However, therapeutic radiography remains worryingly high but the reduction is more pronounced than last year.

6.8.4 Reasons students did not complete pre-registration programmes

All data presented in this section come from the AAB survey. The Society and College of Radiographers also surveys students and recent graduates and asks them why other students left the programme (Society and College of Radiographers, 2014). Analysis and comparison of the two surveys is outwith the scope of this report and only the AAB data will be considered and presented in Figure 4 below and Figure 5 overleaf.

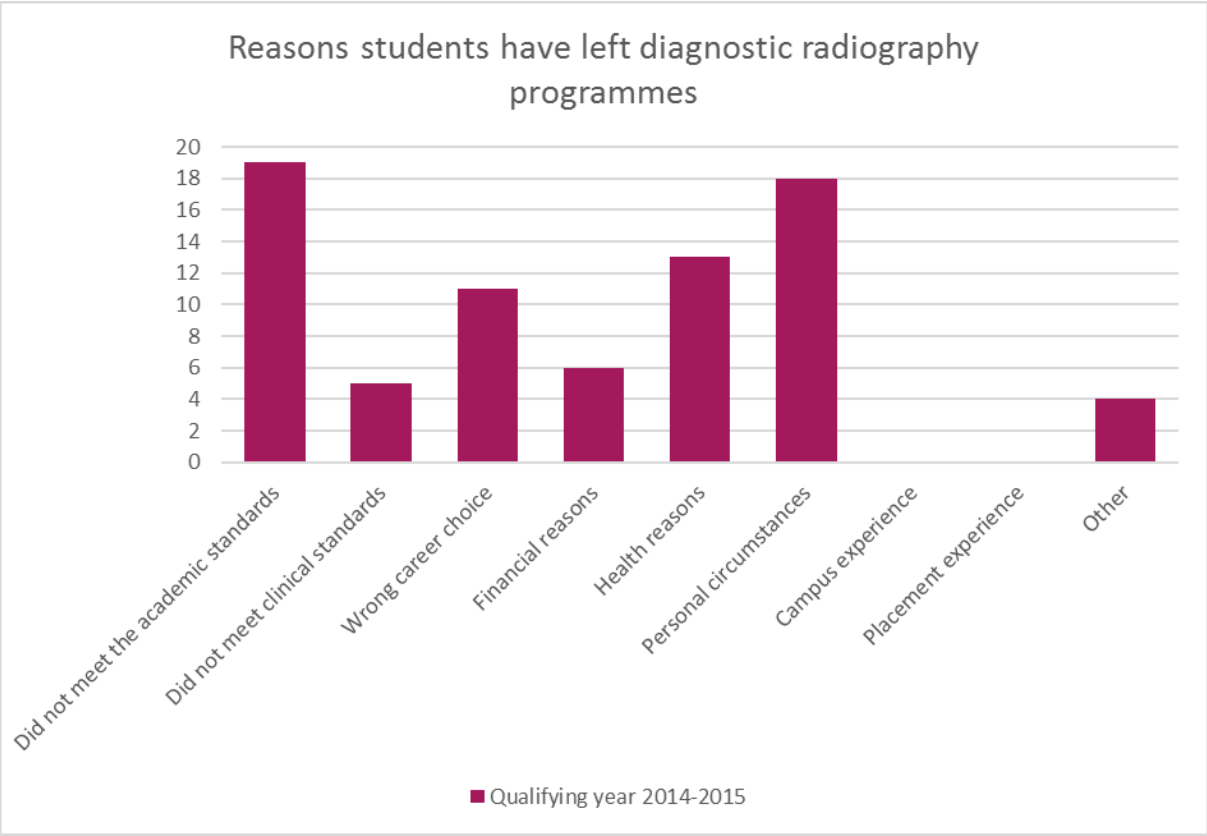

Figure 4 Chart showing the number and reasons students did not complete diagnostic radiography programmes

Once again the most prevalent reason for students to leave diagnostic programmes is that they did not meet the academic standards, followed by personal circumstances. Health reasons is the third most prevalent reason that students did not complete the programme.

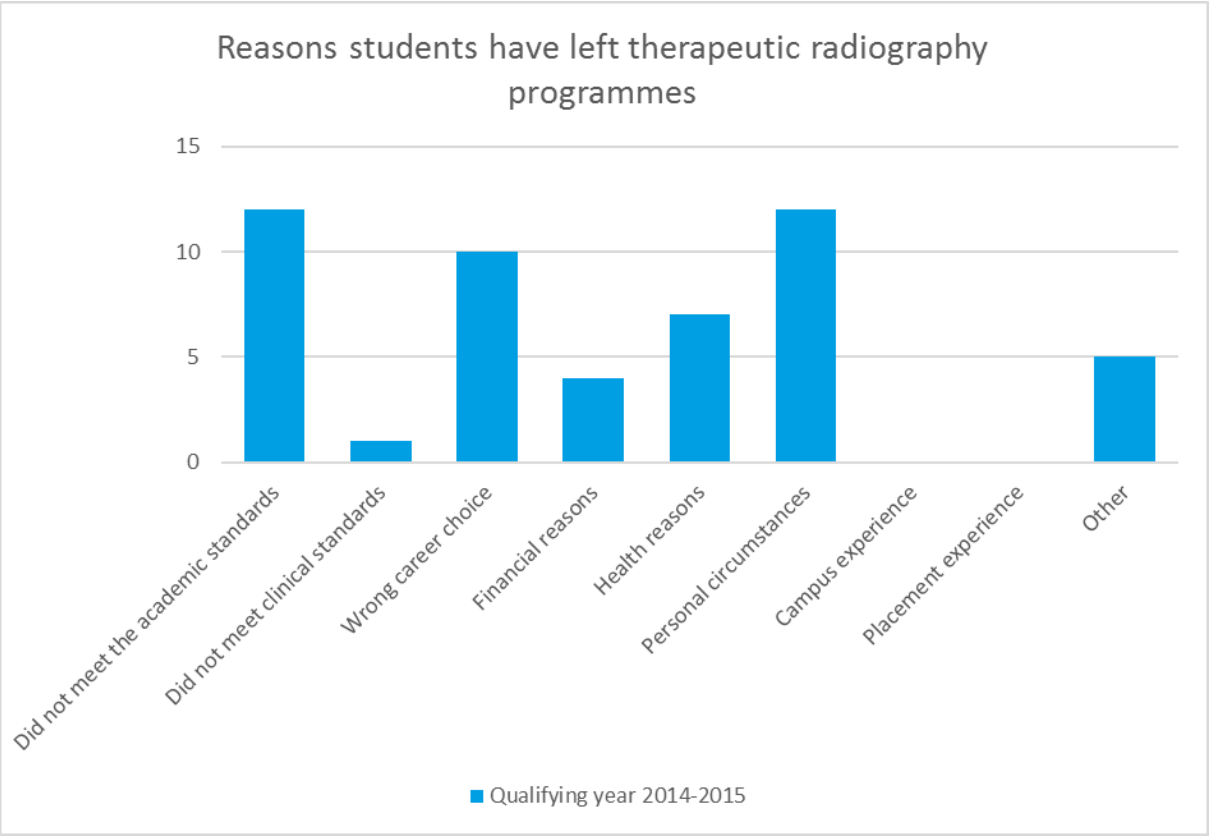

Figure 5 Chart showing the number and reasons students did not complete therapeutic radiography programmes

The therapeutic data shows similarities to the diagnostic data. Not meeting the academic standards and personal circumstances are the most prevalent reasons, followed by wrong career choice.

There are several points to note regarding the diagnostic and therapeutic radiography data:

- It is tertiary information. It would be very challenging to obtain the primary reason students have left from the ex-students themselves. Obtaining the data from the course leader via the Annual Survey is the best alternative.
- The Annual Survey does not ask specifically about bullying and it was not mentioned in any of the "other" responses. However, published evidence suggests that real or perceived bullying and placement experience is *still* a problem (Society of Radiographers, 2016b).
- It is recognised that students *very rarely* leave due to one single reason. It is usually a combination of issues that eventually make students decide to leave the programme. Consequently, Figure 4 and Figure 5 do not show the number of students who left due to each reason.
- "Other" responses include fitness to practise and leaving the programme to join a different one.

When students defer the year they count as attrition for this year but next year will count as an addition to that cohort.

6.8.5 Successful strategies for reducing attrition

Many successful student retention strategies have been implemented during or prior to the 2014 - 2015 academic year. The annual monitoring survey has captured this data for several years. Once again, respondents provided information about both campus and placement strategies.

There are seven broad themes of support that emerged from the responses for campus strategies. Some examples have been included under the most common themes:

- Selection and admissions
    - Keeping applicants warm
    - Increasing tariff points
    - Programme information
    - Enhanced selection process
- Programme and placement information
    - Multiple pre-placement visits
- Student support
    - Tracking and monitoring of at risk students
    - Personal tutors
    - Student support department
    - Additional tutorials
- Teaching, learning and assessment
    - Variety of different methods
    - Formative assessment
    - Quick feedback
    - Timetabled study time
- Student involvement in curriculum and delivery
- Campus facilities
- Special projects

There are six broad themes of support that emerged from the responses for placement strategies:

- Practice educator
    - Practice educator courses
    - Practice educators, mentors and supervisors
- Communication and liaison
    - Visits from programme team
    - Increased communication between campus and clinical staff
- Student support
    - Tracking and monitoring of at risk students
- Placement facilities
    - Library access
    - Accommodation
- Teaching, learning and assessment
    - Clinical tutorials
    - Small group work and seminars

    - Formative assessment
    - Placement rotation
- Information
    - Information at admissions stage
    - Induction workshops

These themes are similar to those reported in previous years in the main, however, teaching methods both on campus and placement were mentioned more frequently this year.

The College of Radiographers provides an accreditation system for practice educators, the Practice Educator Accreditation Scheme (PEAS). All the allied health professions (AHP) professional bodies have worked together to create joint guidance for practice placements and these were published in spring 2016 (Health and Care Professions Education Leads Group, 2016). The CoR PEAS is currently being integrated into CPD Now and should be live by autumn 2016.

Full, verbatim, responses returned in the annual monitoring survey can be found in Appendix C.

6.9 Completion from pre-registration programmes

According to the data submitted by the education providers, 1057 diagnostic radiographers had qualified at the point of submission and 318 therapeutic radiographers.

All education providers completed this section. However, some submitted classification figures which do not correspond with the completion figures submitted, i.e., the sum of the degree classifications do not equal the number of students that completed. The figures as reported have been included in this report but readers should note the discrepancies.

	Completions	**Awards**	**Not eligible to apply for registration**
Diagnostic radiography	1057	1047	2
Therapeutic radiography	318	312	0

Table 14 Number of completions and awards at the time of data submission.

6.9.1 Diagnostic radiography degree classification

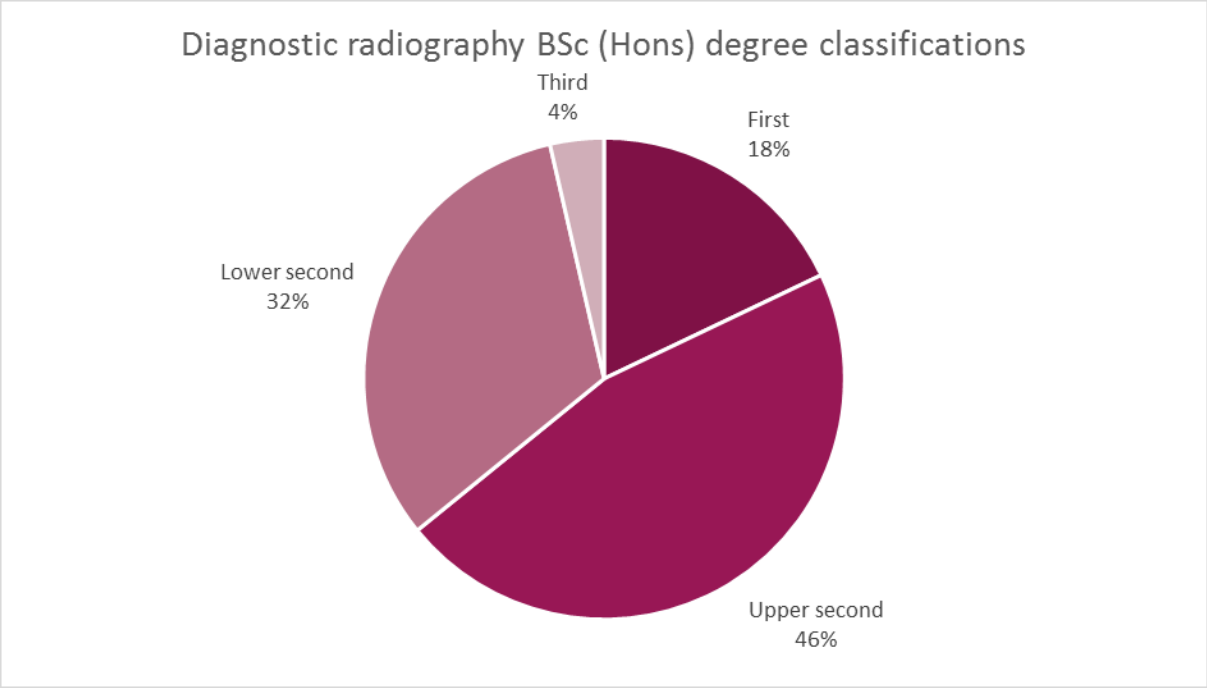

Figure 6 Chart showing distribution of degree classifications for diagnostic radiography BSc (Hons) degrees

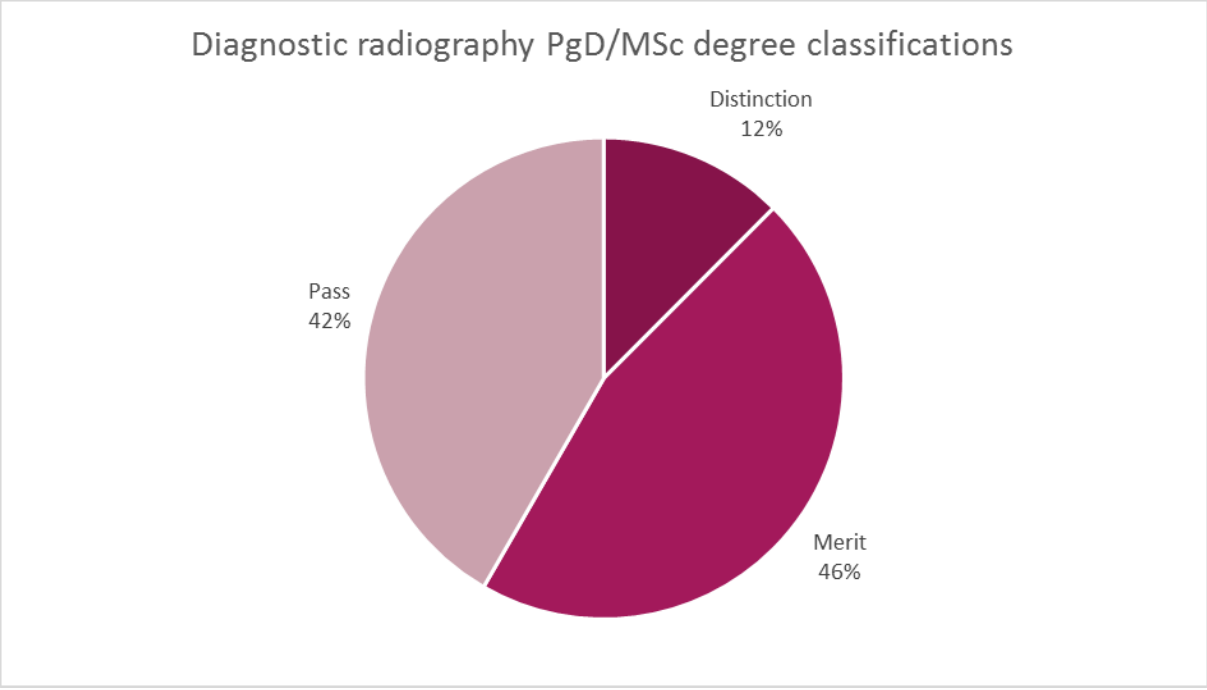

Figure 7 Chart showing distribution of degree classifications for diagnostic radiography PgD/MSc degrees

6.9.2 Therapeutic radiography degree classification

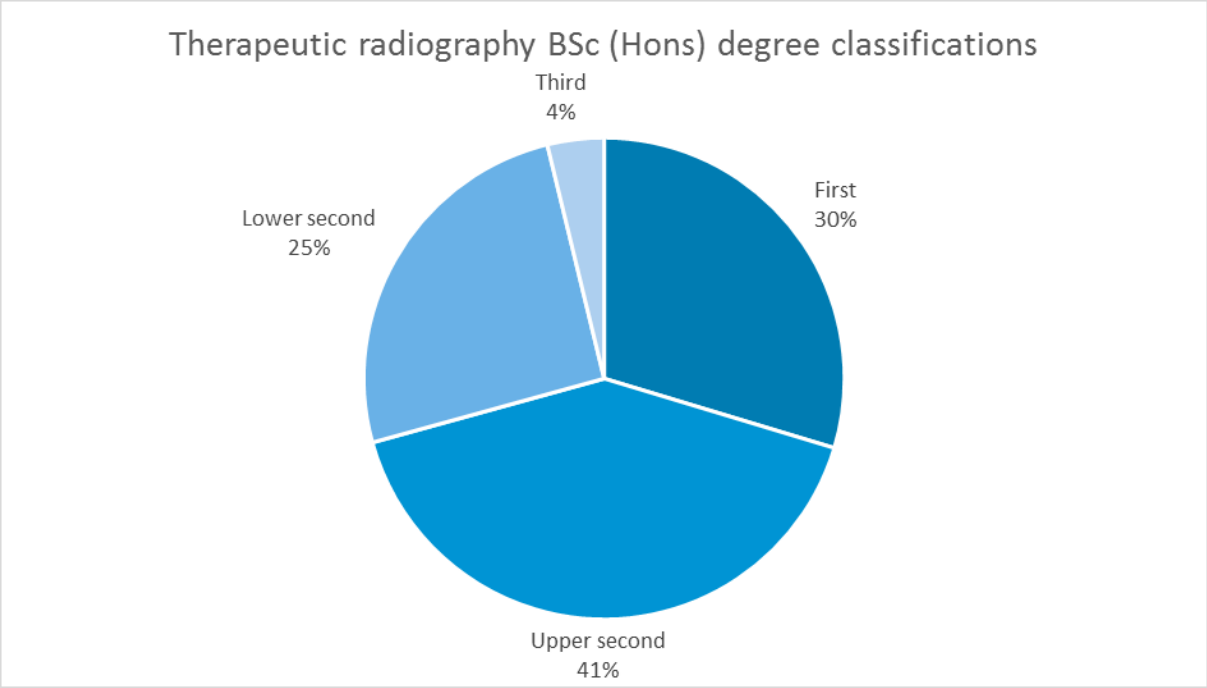

Figure 8 Chart showing distribution of degree classifications for therapeutic radiography BSc (Hons) degrees

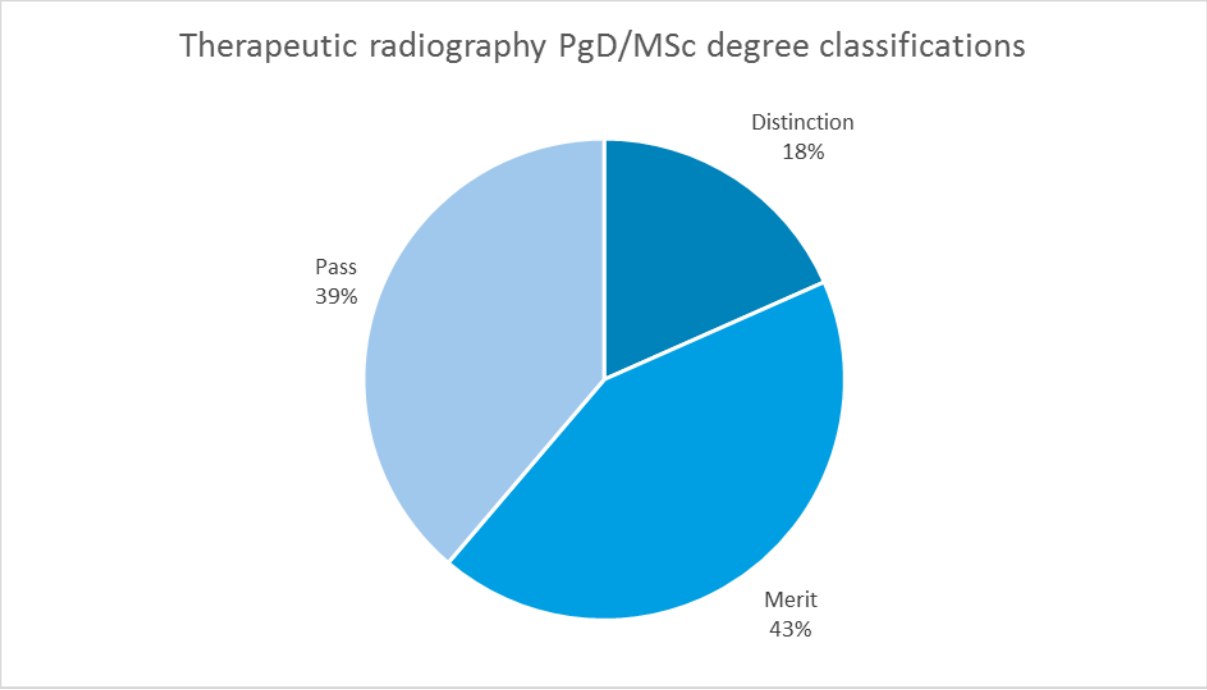

Figure 9 Chart showing distribution of degree classifications for therapeutic radiography PgD/MSc degrees

6.9.3 Comparison of degree classifications with previous years

Undergraduate degree classifications are presented in Figure 10 and Figure 11. Postgraduate classifications are presented in Figure 12 and Figure 13.

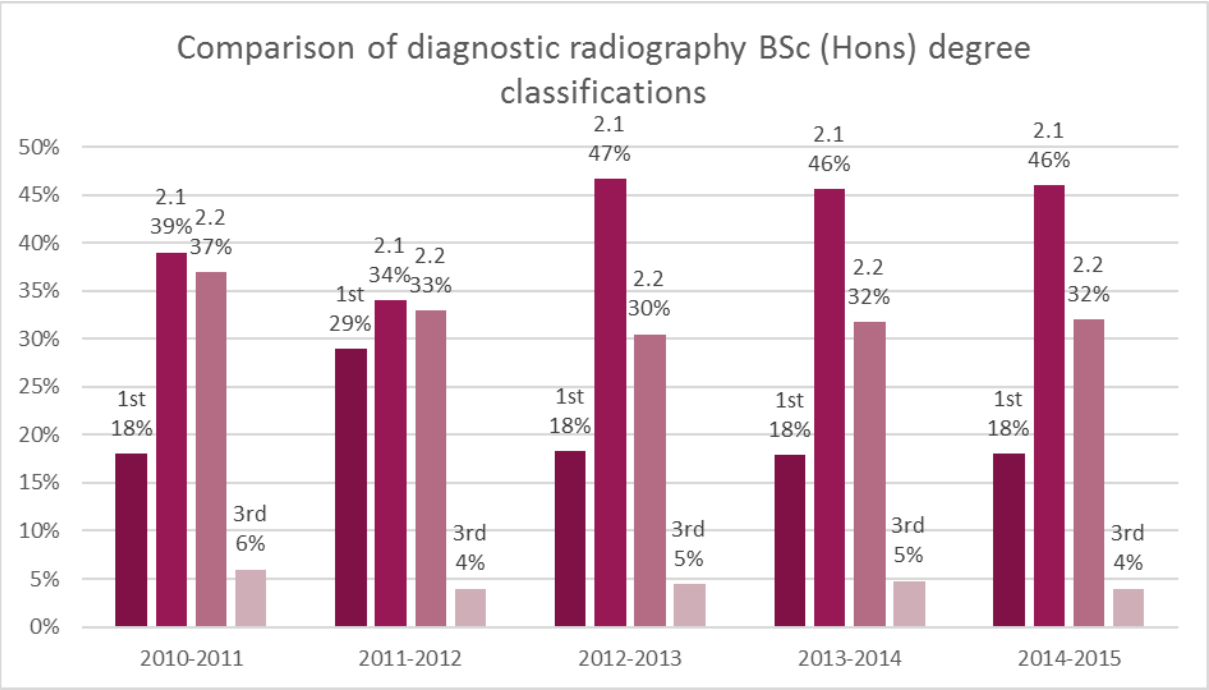

Figure 10 Chart showing five-year comparison of degree classifications for BSc (Hons) diagnostic radiography programmes

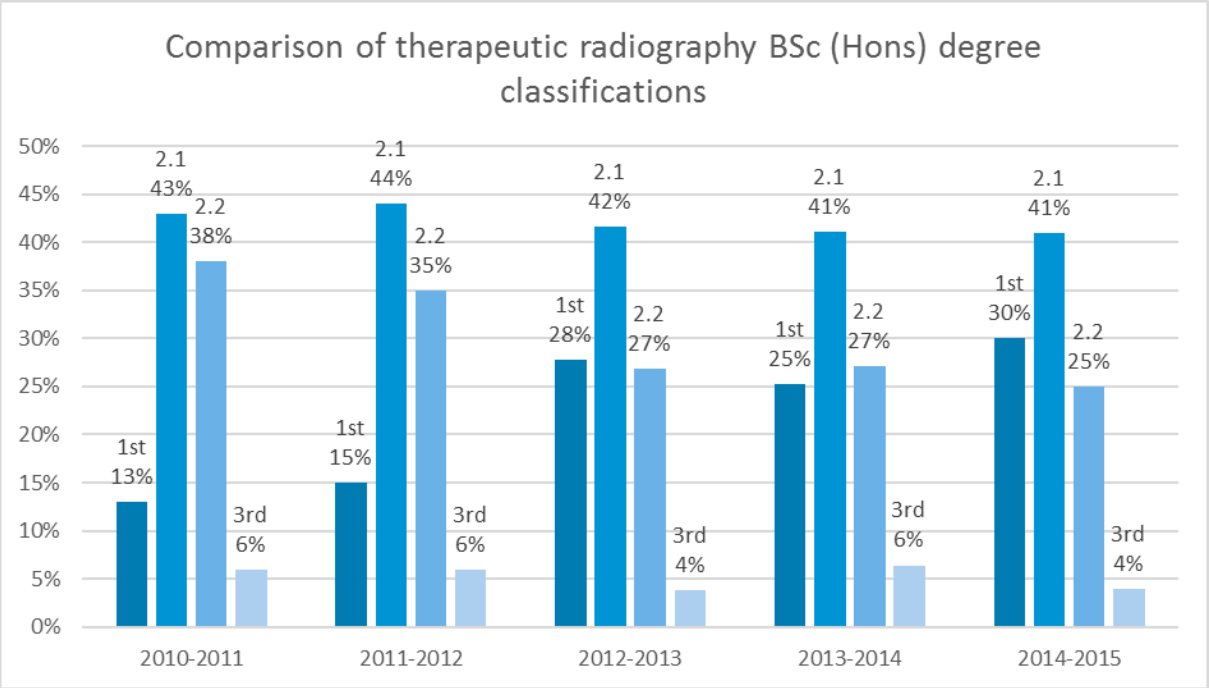

Figure 11 Chart showing five-year comparison of degree classifications for BSc (Hons) therapeutic radiography programmes

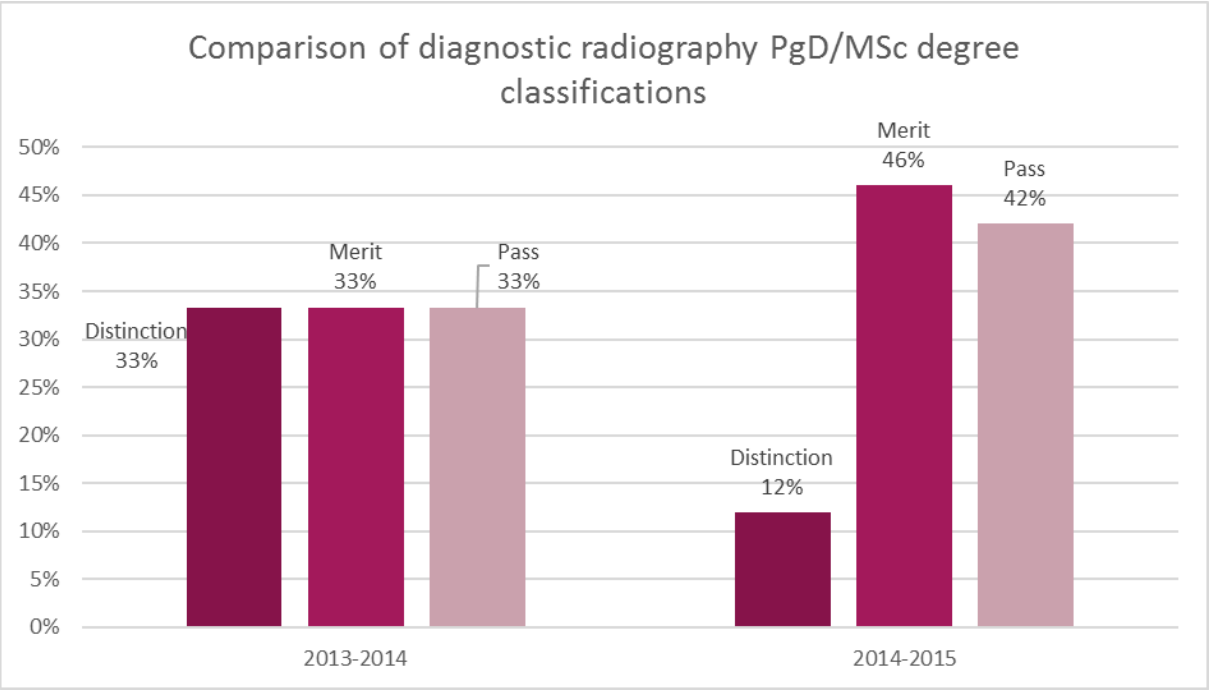

Figure 12 Chart showing two-year comparison of postgraduate degree classifications for diagnostic radiography programmes

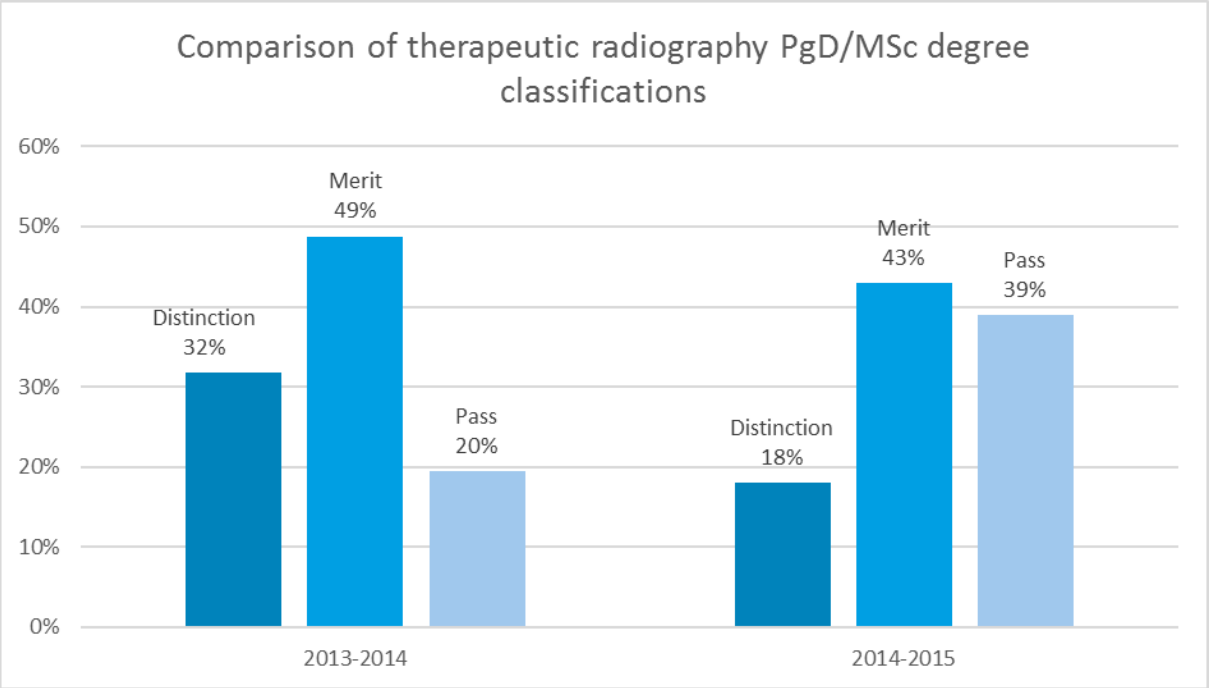

Figure 13 Chart showing two-year comparison of postgraduate degree classifications for therapeutic radiography programmes

6.9.4 Students still to complete

Despite the deadline for data submission being mid-December, there were still students who had not completed their degree at the point of submission. Reasons for late completion were not collected.

Programme	Number of students still to complete
Diagnostic radiography	47
Therapeutic radiography	17

Table 15 Table showing the number of students still to complete at the point the annual monitoring survey was completed.

6.10 Staff establishments

The staff establishment data provided will be used to provide information to commissioners, funders and allocators and to raise awareness of radiography education and the need for suitable and sufficient educators both on campus and in placements.

The following data consider full time equivalent (FTE) numbers rather than individual numbers. The staff/student ratios have been calculated from the number of students who started the programme and do not take attrition into account.

Staff/student ratios have been calculated and expressed in decimal format, i.e., 0.10 represents a staff/student ratio of 10:100 or $\frac{10}{100}$.

The College of Radiographers does not make recommendations regarding staff/student ratios but during the approval process Assessors will enquire about the sufficiency of the number of campus and practice educators.

6.10.1 Campus staff

Campus lecturing staff have responsibility for administration and delivery of pre-registration radiography programmes. The annual survey question asked “How many full time equivalent (FTE) members of staff are primarily employed in delivering this course on campus?” The aim of this question was to clarify the data received from the education providers. It is recognised that staff from other disciplines will input into radiography programmes but it is important that the core course team numbers are reported in order to identify areas where there may be links; for example, between the staff/student ratio and attrition and retention.

These data have only been collected for the last two years which is insufficient to draw firm conclusions or links to attrition.

The list of anonymised and randomised staff/student ratios can be found in Appendix E.

6.10.1.1 Diagnostic radiography staff/student ratios

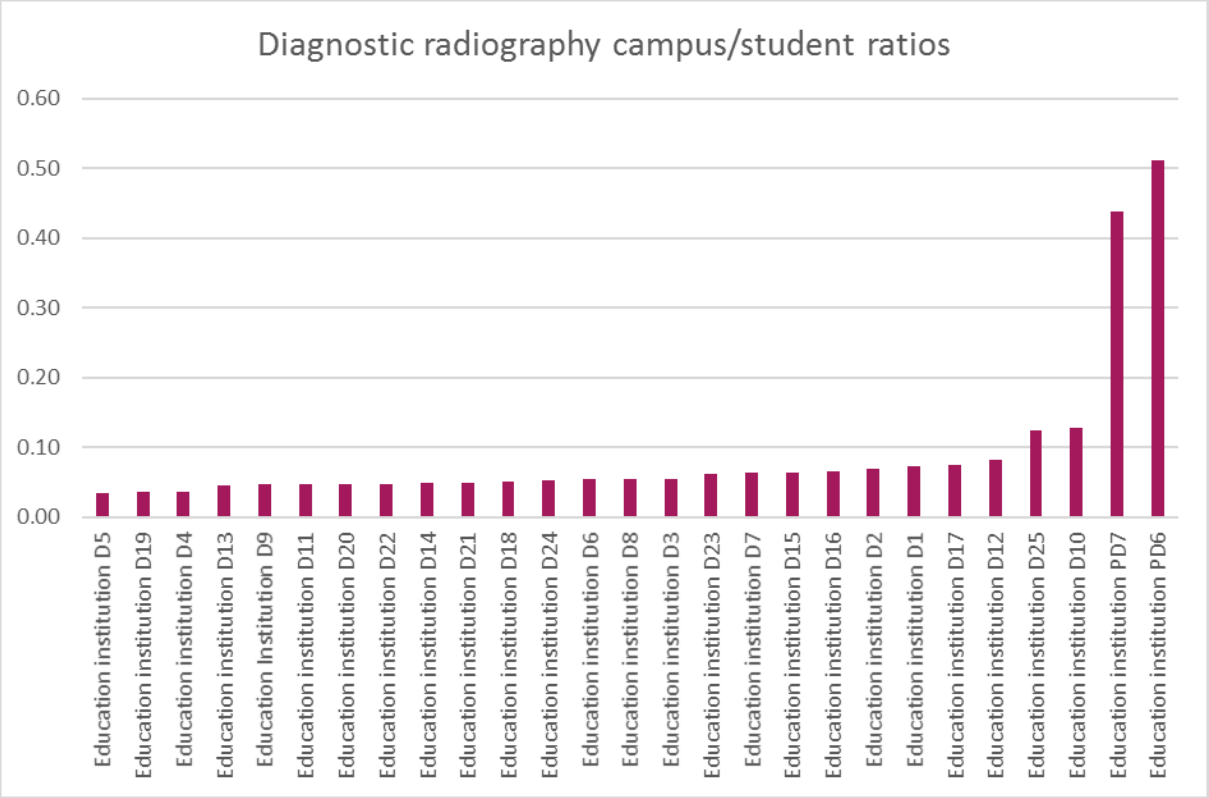

Figure 14 Chart showing the campus staff/student ratios for pre-registration diagnostic radiography programmes.

Diagnostic radiography staff/student ratios vary from 0.03 (3 members of staff for every 100 students) to 0.51 (51 members of staff for every 100 students). However, the two programmes with the highest ratios are postgraduate pre-registration programmes. The highest ratio for an undergraduate pre-registration programme is 0.13 (13 members of staff for every 100 students). Only one of the universities with the lowest staff/student ratios also has some of the poorest student retention. This is a change from last year's data which showed that three of the universities with the lowest staff/student ratios also had the greatest attrition.

6.10.1.2 Therapeutic radiography staff/student ratios

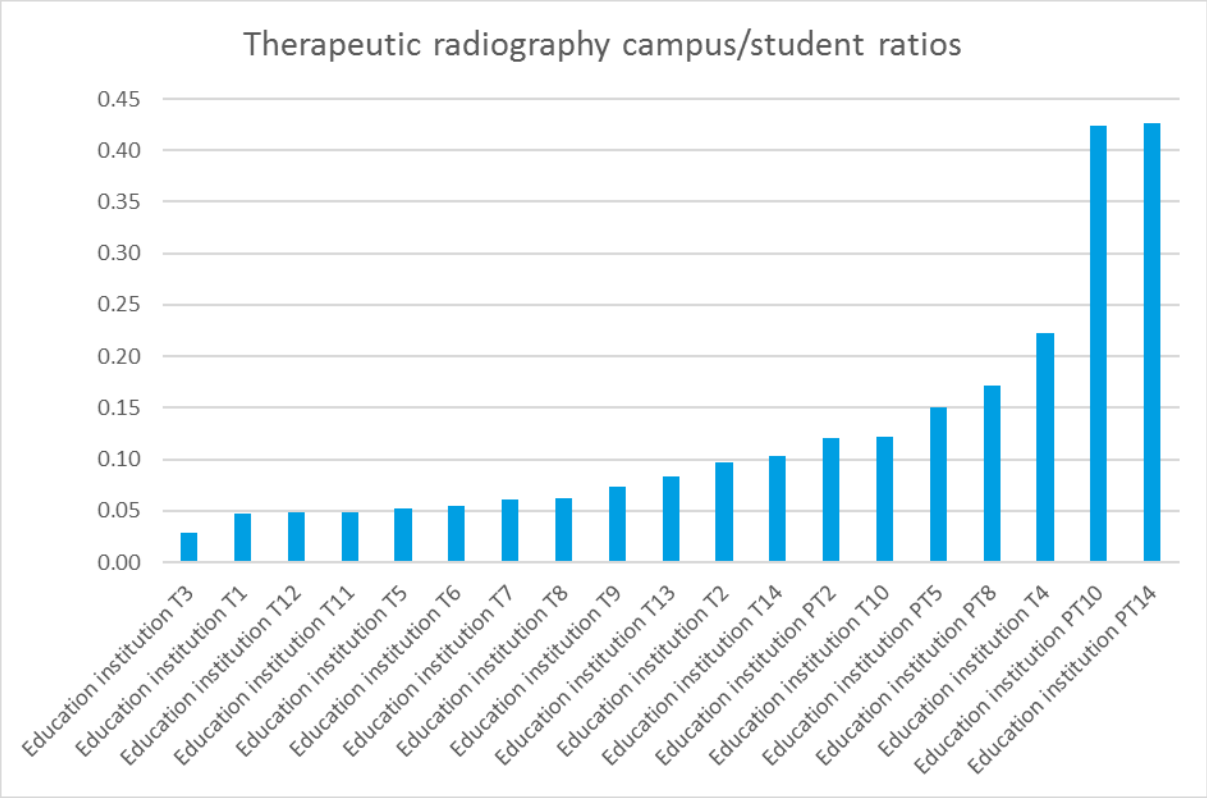

Figure 15 Chart showing the campus staff/student ratios for pre-registration therapeutic radiography programmes.

Therapeutic radiography staff/student ratios have a larger range, from 0.03 (3 members of staff for every 100 students) to 0.43 (43 members of staff for every hundred students). The programmes with the largest staff/student ratios are postgraduate programmes with a small number of students.

Similar to diagnostic radiography, only two of the institutions with the lowest staff/student ratio also have some of the poorest student retention. Again, no conclusions can be drawn without further research.

6.10.1.3 Practice educators

A clear definition of a practice educator was given in the annual monitoring survey.

> A practice educator is based in the clinical department. The role supports students and facilitates their learning. It may be referred to as: clinical lecturer, practice facilitator, practice teacher, lecturer practitioner, clinical educator for example. It does not include daily supervisors, assessors, or mentors.

The College of Radiographers acknowledges that many different titles are used for this role. The term "practice educator" is used throughout College documentation and is further defined:

> The term 'Practice Educator' is used to describe the identified practitioner in practice placement who facilitates student learning face to face on a daily basis and generally has responsibility for the formative and/or summative assessment (College of Radiographers, 2011, p7).

The annual monitoring survey did not ask who funded practice educator posts, or if they were accredited by the College of Radiographers.

At Annual Delegates' Conference (ADC) 2016, a motion was passed calling for all universities applying for CoR approval to demonstrate that each clinical department/placement has at least one member of staff that has undergone or is working towards practice educator training and accreditation (Society of Radiographers, 2016a). This recommendation will be implemented during the refresh of CoR approval documentation.

6.10.1.4 Diagnostic radiography practice educator/student ratios

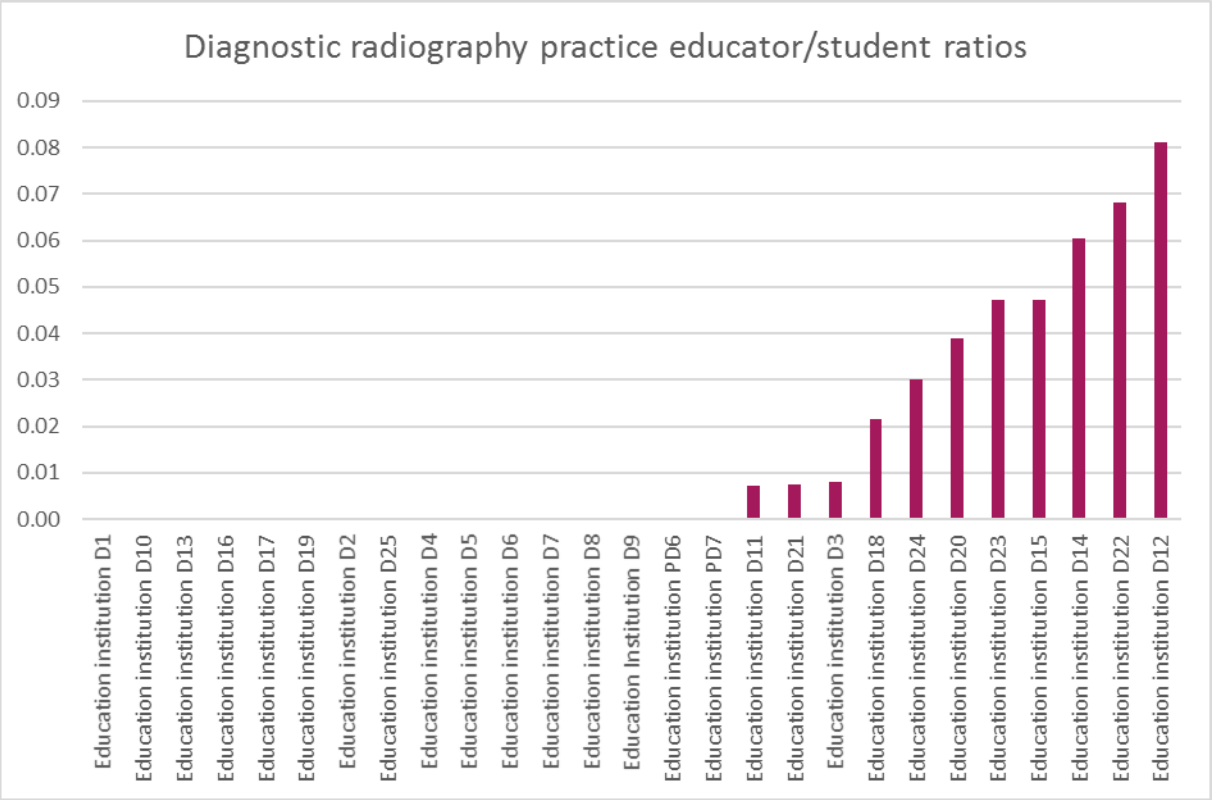

Figure 16 Chart showing the practice educator/student ratios for pre-registration diagnostic radiography programmes.

Worryingly, 16 out of 27 programmes report that they have no practice educators supporting students while they are on placement. This is fewer than last year. Even the programme with the highest ratio reports that it is just 8 per 100 students.

6.10.1.5 Radiotherapy practice educator/student ratios

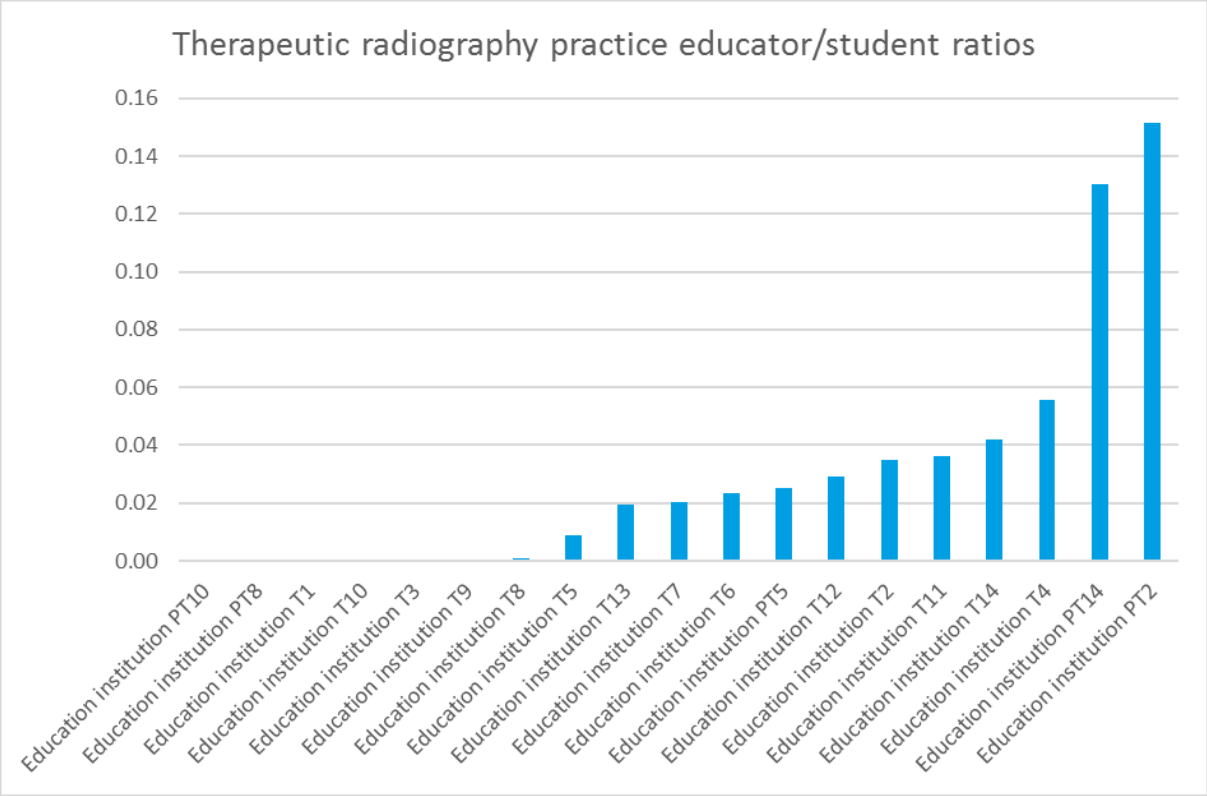

Figure 17 Chart showing the practice educator/student ratios for pre-registration therapeutic radiography programmes.

Therapeutic radiography programmes report 12 out of 19 having practice educators in place, a reduction since last year. The modal value is 0.02 (2 practice educators for every 100 students). As with diagnostic radiography, this is a worryingly low value which appears to be getting lower.

7 Post-registration programmes

7.1 Approvals/re-approvals of post-registration programmes

The Approval and Accreditation Board considered a variety of post-registration programmes. The figures in Table 16 are programmes which lead to qualifications at Framework for Higher Education Qualifications (FHEQ) level 7 or Scottish Credit and Qualifications Framework (SCQF) level 11 and above, i.e., Postgraduate Certificate/Diploma and MSc/MA.

Speciality	Number of approvals/re-approvals
Diagnostic radiography including CT, MRI etc.	4
Breast imaging	1
Nuclear medicine/DEXA	
Therapeutic radiography	2
Practice Educator Accreditation Scheme	
Others including professional and interprofessional provision	1

Table 16 Table showing number of post-registration, post graduate programmes approved in this academic year.

8 Short courses

Short courses are designed to provide opportunities for individuals to update their knowledge and skills and may also assess or confirm competence. It is likely that a short course will have wide general appeal but it cannot be tailored to the learning or developmental needs of an individual. Additionally, it is unlikely that a short course would attract academic credit and as such is unlikely to make a significant contribution to a postgraduate award.

8.1 Approvals/re-approvals of short courses

The short courses considered by the Approval and Accreditation board have been mainly post-registration programmes. However, some programmes are suitable for the unregistered workforce, or those not registered by the Health and Care Professions Council such as assistant practitioners or dental nurses. The approval period for short courses is two years.

The number and variety of short courses approved in 2014 - 2015 is shown in Table 17.

Speciality	Number of approvals/re-approvals
Diagnostic radiography	
Breast screening	1
IV administration	8
Dental radiography	1
Ultrasound	2
Nuclear medicine/DEXA	
Therapeutic radiography	
Others including interprofessional provision	2

Table 17 Table showing number of short courses approved this academic year.

9 Accreditation schemes

The College of Radiographers runs five accreditation schemes:

- Assistant practitioner accreditation
- Continuing professional development accreditation (CPD Now accreditation)
- Practice educator accreditation
- Advanced practitioner accreditation
- Consultant practitioner accreditation

9.1 Assistant practitioner accreditation

From 1st January 2014 all assistant practitioners have had to apply for accreditation through CPD Now. From this date, the number of accredited assistant practitioners has been presented to the Approval and Accreditation Board, but not names, owing to the volume of successful applications.

Approval and Accreditation Board	Number of assistant practitioners presented
November 2014	101
February 2015	106
June 2015	76
Total	**283**

Table 18 Number of assistant practitioners accredited and presented to the Approval and Accreditation Board between 1st September 2014 and 31st August 2015.

Clinical imaging and mammography assistant practitioners made up the majority of the applications.

The majority of the applications during this period were initial applications. Assistants who have completed College of Radiographers' approved programmes have simply to fill in details of their work area and scope of practice and attach their education certificate. Those who have not completed an approved programme must complete six pieces of relevant continuing professional development (CPD). All re-accreditation applicants must evidence twelve pieces of relevant CPD.

The quality of the CPD reviewed was mostly good or very good. To date, only a *very* small number of assistant practitioners have been deferred due to poor quality CPD. However, as the majority were initial applications who did not need to present CPD, they have not received feedback on how to record good quality reflections and evaluations. The re-accreditation period in two years' time will give a better picture of assistant practitioner and their attestors' knowledge and understanding of CPD.

Assistant practitioner applications will be sent to Assessors to review once appropriate CoR resources are in place.

9.2 Continuing professional development accreditation (CPD Now accreditation)

Those gaining CPD accreditation are not presented to the Approval and Accreditation Board.

This accreditation is a completely automatic process whereby practitioners of all tiers can gain accreditation if they complete twelve pieces of CPD over the course of two years which meet at least six CPD Now framework outcomes. Members' CPD Now records are not reviewed by The College of Radiographers but we reserve the right to audit the records of those who have gained this accreditation.

9.2.1 CPD Now

The number of logins to CPD Now has increased by 63.30 % this year. The number of users has increased from 8,626 to 15,110 (75.17 %). This is equivalent to 54% of the total SoR membership at the end of the year. This includes retired members, student members and those on payment breaks. However, the user figures are based on unique internet protocol (IP) addresses. If a member logs in from home and work this would be recorded as two users.

The chart below show the number of logins (sessions) over the last two years.

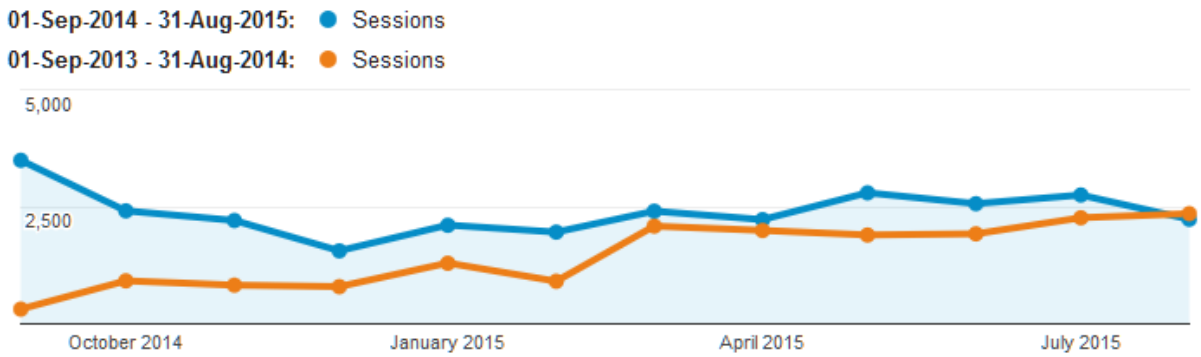

Figure 18 Chart showing the number of logins (sessions) to CPD Now between 1st September 2014 and 30th August 2015 (blue) compared to the same period in the previous year (orange).

9.3 Practice educator accreditation scheme

Accredited practice educators are not presented to the Approval and Accreditation Board at present but their details are held on a register at the College of Radiographers. This register is not publicly available at present.

There were 19 practice educators accredited between 1st September 2014 and 31st August 2015. The majority of these were accredited via the approved programme route.

9.4 Advanced practitioner accreditation

Advanced practitioner accreditations are presented to the Approval and Accreditation Board.

Approval and Accreditation Board	Number of advanced practitioners presented
November 2014	5
February 2015	3
June 2015	5

Table 19 Number of advanced practitioners accredited and presented to the Approval and Accreditation Board between 1st September 2014 and 31st August 2015.

9.5 Consultant practitioner accreditation

Consultant practitioner accreditations are presented to the Approval and Accreditation Board.

Approval and Accreditation Board	Number of advanced practitioners presented
November 2014	2
February 2015	3
June 2015	5

Table 20 Number of consultant practitioners accredited and presented to the Approval and Accreditation Board between 1st September 2014 and 31st August 2015.

10 Continuing professional development event/resource endorsement

Event/resource endorsements are not presented to the Approval and Accreditation Board.

Events and resources are endorsed against one or more of the twenty-three CPD Now framework outcomes. All applications could be endorsed against at least two outcomes and most of them against more.

Applications were received from a variety of education providers including universities, equipment manufacturers, NHS and independent providers of healthcare and private companies. One hundred and nine applications were received and endorsed for events held within this period. This is an increase of more than 21 % on the previous year.

It is the College's vision that endorsements will be reviewed by Assessors. CoR resources have been made available to support this in the near future.

10.1 Health and Care Professions Council

The relationship with the Health and Care Professions Council (HCPC) continued to be maintained and productive. During this period, the HCPC began the process to review the Standards of Education and Training. This process is still ongoing.

10.2 Interprofessional engagement

The College of Radiographers continues to engage with interprofessional organisations, including the Allied Health Professions Education Leads, Professional Associations Research Network and UK Interprofessional Group CPD Forum. These relationships are a valuable source of information and provide excellent networking opportunities for the organisation.

The College is part of the Allied Health Professions Education Leads Sub-group which formulated practice education guidance (Health and Care Professions Education Leads Group, 2016).

11 References

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Appendices

Appendix A Application/commissioned, funded or allocated places – diagnostic radiography

Education institution	Application/commissioned, funded or allocated places
Education institution D10	19.48
Education institution D4	15.36
Education institution D18	15.35
Education institution D11	14.29
Education institution D2	12.98
Education institution D1	12.74
Education institution D3	12.48
Education institution D16	12.39
Education institution D23	11.82
Education institution D24	11.68
Education institution D14	9.45
Education institution D17	9.29
Education institution D8	8.74
Education institution D15	8.38
Education institution D13	8.33
Education institution D20	8.05
Education institution D7	7.97
Education institution D21	7.61
Education institution PD6	7.40
Education institution D25	6.41
Education institution D5	6.14
Education Institution D9	5.57
Education institution D19	5.36
Education institution D22	4.13
Education institution PD7	3.13

Anomalous data have been removed.

D = Diagnostic radiography programme

Diagnostic and radiotherapy programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are *not* the same EI.

EI numbers are the same as previous years.

Appendix B Application/commissioned, funded or allocated places – therapeutic radiography

Education institution	Application/commissioned, funded or allocated places
Education institution T13	9.81
Education institution T12	7.88
Education institution T9	7.41
Education institution T6	7.30
Education institution T5	7.24
Education institution T8	6.73
Education institution T3	6.60
Education institution T7	6.56
Education institution T11	6.48
Education institution T1	6.29
Education institution PT5	4.58
Education institution T4	4.50
Education institution T14	4.43
Education institution T2	4.21
Education institution PT2	2.20
Education institution PT8	2.17
Education institution PT10	2.14
Education institution PT14	1.14

Anomalous data have been removed.

T = Therapeutic radiography programme

Diagnostic and radiotherapy programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are *not* the same EI.

EI numbers are the same as previous years.

Appendix C Successful strategies developed by education institutions for improving retention of pre-registration students

The strategies listed below are quoted verbatim from the annual monitoring survey responses. Both diagnostic and therapeutic radiography responses are listed.

Campus

- Close personal support.
- Increased activity in pre-arrival regarding career and course choice; increased rigour of selection processes; increased emphasis on student emotional resilience and managing student expectation; increased support on campus between student peers; increased student involvement in identifying where changes can be made, and the solutions to problems. We have been involved for the last 4 years in the National HEA [Higher Education Academy] project 'What Works? - student retention and success' that is now (Nov 2015) at evaluation and write up stage.
- None relevant to this cohort's issues.
- None relevant to this cohort's issues [same EI as above].
- Monthly Programme management meetings with student representation. Regular student/staff forum. Student evaluation per placement. Improved pastoral care and meeting summary available to student on SIMS. Increased use of practical X-ray room.
- Targeted support is provided prior to assessments and specific feed-forward sessions are delivered by all module leaders to ensure that students build on knowledge and skills to promote successful transition through the programmes. For students who are 'at risk' - they are required to meet with their programme director and a specific plan of support is developed with the students to take into account their personal circumstances.
- Any student who fails is invited to meet with the Module Leader and a bespoke support plan put in place; Students with more than 2 fails are invited to meet with the Programme Leader for support & guidance, if appropriate.
- EI strategy

  1. To enhance the quality of the student learning experience by creating a supportive and inspiring learning environment through all stages of the student life cycle

     - Students have course handbook and full timetable for the year with details of assessment briefings and submission dates.
     - Students undergo induction programme: tour of facilities, meet with student union, meet with students from previous years enabling insight into lived educational / practice experiences.
     - Many classes are activity based with group work in order to improve socialisation.
     - Timetabled free study time.
     - Students have an initial timetabled meeting with their personal tutor and thereafter as necessary to discuss progress, but no less than once per term (academic terms only).
     - Visited by liaison tutor while on clinical placement once per three weeks
       - Member of staff with a remit of student support has been identified.
       - Personal Tutor provision has been reviewed at an institutional level.

        - Delivery is through a range of learning methods including lectures, student led seminars, CBL, workshops. Mix of tutor led, self-directed and independent study. Supporting material is placed on StudySpace.

    2. To improve the students' experience of assessment and feedback

        - Varied summative and formative assessment offers scope for creativity, e.g. free choice of project, oral and poster presentations, action learning sets.
        - Communication with students during the modules and prior to assessments is via email and StudySpace as well as face to face contact and enables continuing and individual support.
        - Feedback is given within 4 weeks of submission in written or aural mode.

    3. To recognise and build on the skills, resources, community and personalisation afforded to students through the internet and web-based and personal technologies

        - Staff input materials on StudySpace and communicate with students via email.
        - Staff and students have undergone training with respect to navigating StudySpace and web e- based library resources.

    4. To ensure that appropriate and innovative use is made of educational technologies

        - The use of the virtual learning environment has been pioneered and integrated in most of the professional modules and supports experience in practice placement.
        - Study space is the main vehicle through which documents, teaching material, schedules and announcements are conveyed to students.

- Support from Occupational Health, Student Wellbeing team and increased support from personal tutors.
- Personal Academic Tutor system. Effective Learning Service. Failing students highlighted to PL's and PAT's.
- A careful selection process ensures that the right candidates are selected and that it is the right course for them. We also have a 'traffic light' system which allows us to identify students who may be failing early on and implement action plans to allow the students the best chance of success.
- Continue with range of teaching/assessment methods to ensure there is 'something for everyone'. Close relationship with Study Skills and Access Unit, to ensure appropriate support for all students, as/when required.
- Early warning traffic light system for highlighting concerns regarding students.
- Enhanced the University and Faculty induction programme which included increased support for students to help with the transition to studying in higher education.
- Values based recruitment. Personal tutor support. Weekly drop in sessions with the academic team.
- Student interviews, student personal tutors, additional sessions for those struggling with specific topics, peer assisted learning.
- Personal tutor support for all 3 cohorts, early pickup for academic fails and monitoring of attendance to pick up risk students.
- More advice & information at admissions stage to help applicants make informed, focused & realistic decisions about WHICH course to study and WHERE to study.

    - Personal tutor meetings upon return to years 2 & 3 to review previous academic year & identify accomplishments and any support needs.
    - Early response system to student absence in lectures: students with 2 or more absences are emailed. They are supportive in nature to check why they are absent, whether they have external issues affecting their studies and whether additional help & support is required.
    - Student mentoring schemes.
    - All modules have formative assessment activities to help students identify their learning needs & preparation for their summative assessment.
    - Increased use of interactive learning activities (for example, quizzes, 'Socrative' app, debates, workshops) to enhance student learning & engagement.
    - Student representation on committees at programme, institute & school level.
    - Nominated member of staff to support & liaise with student representatives, and to identify any key issues in-between committee meetings.
- Support and understanding of students' situations. Academic adviser system (personal tutor) monitoring attendance.
- Strong pastoral care support from tutors. Open door policy. University wide support services available.
- Increased the admissions tariff and more targeted recruitment strategies. Additional support sessions and emphasised the feedback mechanism following assessments.
- We have now introduced two induction dates into the department before the first clinical placement begins. Reiterated at end of year meetings and induction how important it is to seek advice from personal tutor when difficulties arise.
- Enhanced studies advice.
- After the admissions issue for this cohort, a regime was put in place to ensure that offers were followed up to maximise the cohort attendance.
- Increased activity in pre-arrival regarding career and course choice; increased rigour of selection processes; increased emphasis on student emotional resilience and managing student expectation; increased support on campus between student peers; increased student involvement in identifying where changes can be made, and the solutions to problems. We have been involved for the last 4 years in the National HEA project 'What Works? - student retention and success' that is now (Nov 2015) at evaluation and write up stage.
- We have a well-established personal tutoring system in place to help students who are struggling in all aspects of university life. The second year students run a student-led buddy system with the new intake to help them develop academic skills and find their way in the university. As a school we have recently instigated a promotional campaign highlighting the facilities available from the Student Support Centre at the university with an emphasis on wellbeing.
- Further improved tracking of performance and student support. Better student/learning facilities. Transparent and detailed feedback.
- Interviewing potential students, support sessions for struggling students, referral to learning support and student wellbeing services.
- EI strategy

1. To enhance the quality of the student learning experience by creating a supportive and inspiring learning environment through all stages of the student life cycle

- Students have course handbook and full timetable for the year with details of assessment briefings and submission dates.
- Students undergo induction programme: tour of facilities, meet with student union, meet with students from previous years enabling insight into lived educational / practice experiences.
- Many classes are activity based with group work in order to improve socialisation
- Timetabled free study time.
- Students have an initial timetabled meeting with their personal tutor and thereafter as necessary to discuss progress, but no less than once per term (academic terms only).
- Visited by liaison tutor while on clinical placement once per three week
    - Member of staff with a remit of student support has been identified.
    - Personal Tutor provision has been reviewed at an institutional level.
    - Delivery is through a range of learning methods including lectures, student led seminars, CBL, workshops. Mix of tutor led, self-directed and independent study. Supporting material is placed on StudySpace.

2. To improve the students' experience of assessment and feedback

- Varied summative and formative assessment offers scope for creativity, e.g. free choice of project, oral and poster presentations, action learning sets.
- Communication with students during the modules and prior to assessments is via email and StudySpace and well as face to face contact and enables continuing and individual support
- Feedback is given within 4 weeks of submission in written or aural mode.

3. To recognise and build on the skills, resources, community and personalisation afforded to students through the internet and web-based and personal technologies.

- Staff input materials on StudySpace and communicate with students via email
- Staff and students have undergone training with respect to navigating StudySpace and web e- based library resources

4. To ensure that appropriate and innovative use is made of educational technologies

- The use of the virtual learning environment has been pioneered and integrated in most of the professional modules and supports experience in practice placement
- Study space is the main vehicle through which documents, teaching material, schedules and announcements are conveyed to students.

- Closer monitoring of student engagement with the course and proactive personal tutorials for students at risk. Directing them to the Student Support Centre which opened at the beginning of the last academic year.
- Students introduced to Student Support services at enrolment and encouragement to engage.
- Personal Academic Tutors. Effective Learning Service. Failing students highlighted to PL's and PAT's.

- Numerous support systems, attendance monitoring process has been introduced to identify any non-attending students who may be struggling with the programme.
- The programme continues to support students to develop as independent learners and encourage the development of resilient practices. There is a strong focus on personal and professional development that encourages students to be proactive in their learning and develop an ability to accept and act on constructive criticism. We provide a comprehensive induction at level 4; this allows students to build their confidence with academic skills, this includes preparatory work for the first submission. Throughout the students' training we offer practical support for example with study skills but also pastoral support with referrals where appropriate. Attendance is recorded in academic with the Course Leader reviewing records and monitoring student engagement. Follow up meetings can then be held to address any issues as soon as they arise. We have been able to offer specific tailored support if appropriate. We have an academic tutor system that offers additional support and guidance from a named member of the academic team; this is available to all students. We hold regular student progression and monitoring meetings that look at the students' performance, attendance and engagement across the whole of the programme rather than individual modules. This year we have introduced recognition of individual students that are performing well in academic or clinical. The Course Leader emails them to congratulate them on their performance and encourage progression; this is seen to be a motivational tool for students who are doing well on the programme. This ultimately may have a positive effect on the cohort as a whole.
- Early placement opportunity to support transition from campus to practice and consolidate learning. Extensive use of simulation suite to support transition to practice. Peer mentoring scheme using VERT Enhanced approach to personal tutoring. Establishment of cohort forum meetings. Engagement of student body in decision making where appropriate. Establishment of links with local cancer charity to provide opportunity for voluntary work and team building during induction and beyond, supporting the development of a sense of belonging to the institution and to the course.
- Since this time, the recruitment and admission process has changed (an English and Maths test is undertaken on the day of interview) and the points tariff required for entry to the programme has been increased.
- Support and understanding of the students' situation, academic advisers for each student who meet up with them on a regular basis to monitor their progress maintaining close monitoring of attendance.
- See [previous programme] same strategies.
- Peer assisted learning and year 3 mentoring of year 1 students. Personal tutor allocation - students remain with same tutor throughout the programme.
- Personal tutor study framework comprises group study skills sessions and individual progress review meetings throughout the year. Open door policy - if personal tutor is not available, other members of the course team are available to meet any student experiencing difficulties.
- An insight night is held on campus each year allowing potential applicants to explore the profession in more depth and meet with current students.
- Student support initiatives, structured academic personal tutor group sessions focusing on essay skills etc., peer assisted learning scheme radiotherapy society etc.

- Highlighting the importance of personal tutor meeting before there are issues, support from the UWE Well-Being service which students can self-referral for counselling and mentors if needed. Advising students to seek academic advice from Student Advisors and also the programme leader at the earliest opportunity.

Placement

- Support of clinical tutor team in liaison with university staff.
- Regular personal tutor support and visits from academic staff members; use of 'Cause for concern' form to highlight lower level issues that need action before they escalate; introduction of placement rotations; continued input from clinical staff to the recruitment and selection interviews; increased emphasis on student emotional resilience and managing student expectation.
- None relevant to this cohort's issues.
- None relevant to this cohort's issues [same EI as above].
- Increased support from clinical colleagues. Participation in clinical management meetings. Implementation of associate clinical lecturers. Promotion of supervisors and assessors course at the university for clinical staff.
- Ongoing liaison between link lecturers and clinical staff ensure that any potential issues with students are identified at the earliest opportunity and students are given the change to develop areas of weakness in a supportive manner.
- Students have at least 1 meeting with their Studies Advisor per Trimester, to ensure there is communication. Where a student needs further guidance this is identified and any issues supported.
- Practice placement partners attend clinical liaison meetings quarterly and feedback on student preparedness, student behaviours and support required. In addition, the following strategies have been put in place:
    - All students have personal tutor and a clinical liaison tutor.
    - All students are visited regularly (usual every 3 weeks) when in practice by a member of the academic team
    - Practice placements have library and IT facilities that enable access to web-based university services.
- Regular meetings with link tutor, and Course Director to discuss placement issues.
- Clinical Liaison Groups Post Clinical Tutorials.
- Visiting lecturers visit the students periodically on placement. Clinical Liaison Officers are all radiographers with a special interest in student development. They facilitate the student experience.
- Ensure students know at selection visit about the geographical area we cover, and the range of placements on offer. Ensure students are aware of placement costs. Continue to work very closely with clinical staff, to try and enhance the student experience, wherever possible.
- Early warning traffic light system for highlighting concerns regarding students.
- The regular meetings with our clinical supervisors have been enhanced to include opportunities for staff development and sharing of good practice. For example, University disability staff have led a seminar for clinical supervisors with regards to supporting students

with disabilities. This has been followed up by University disability staff visiting placements to assist the clinical supervisors in the development of placement support plan.

- Monthly visits by the academic team to clinical placements. Training of new clinical supervisors and introduction of practice learning facilitator roles.
- Clinical tutor visits and close partnership working with Trusts.
- Students have mentors who support their learning. Clinical staff attend regular meetings at the university so that they are aware of student issues and university requirements. Cause for concern forms to raise issues early and allow support action plans to be instigated
- EI strategy
    - Induction workshops in our clinical skills room to prepare students for their first clinical placement block (covering: equipment; infection control; routine CXR; expectations of new students in the imaging department; how they can integrate as part of the imaging team).
    - Lecturer Practitioners & Clinical Tutors support students on a day-to-day basis on clinical placement.
    - Clinical Co-ordinator ensures parity of clinical education & experience, and supports the Lecturer Practitioners & Clinical Tutors.
    - Weekly feedback to students on placement to encourage them in their skills & abilities and to identify & support any gaps in skills or knowledge.
- Supporting students having a clinical tutor system in place link tutor system in place (academic staff visit students on placement).
- Clinical concerns form and close links with practice partners. Visits made by clinical tutor.
- Dedicated clinical tutors in each placement site. Very few students stated clinical as the reason for leaving the programme.
- More induction days.
- Organised accommodation for students who are placed at the furthest hospitals which has helped.
- Small group work and increased seminars.
- We have maintained the 3 clinical link visits which have been shown to reduce the numbers of students leaving due to placement issues. The ones who do not complete the course due to clinical competency failure are supported through the 2nd opportunity at practice.

Appendix D Randomised and anonymised attrition data figures

Data based on responses to annual survey 2014 - 2015. Negative attrition indicates programmes that have reported more students completing than originally started e.g., students joining the programme in the continuing years.

Position	Education institution	2014 – 2015 attrition	Position change from last year
1	Education institution D18	-5.88%	↑1
2	Education institution D12	-1.82%	↑14
3=	Education institution D3	0.00%	↑24
3=	Education institution PT10	0.00%	↑36
3=	Education institution PT2	0.00%	↑21
3=	Education institution T1	0.00%	↑30
7	Education institution D19	2.08%	↑23
8	Education institution T2	2.50%	↓-5
9	Education institution D8	3.85%	↔0
10	Education institution D1	4.00%	↓-4
11=	Education institution D21	5.56%	↑18
11=	Education institution D6	5.56%	↑8
13	Education institution D7	6.25%	↑5
14	Education institution D17	7.14%	↓-1
15	Education institution D13	8.04%	↑13
16	Education institution D20	8.33%	↑9
17	Education institution D2	9.09%	↑5
18	Education institution D4	9.43%	↓-4
19=	Education institution PD6	10.00%	↓-19
19=	Education institution PT14	10.00%	↑18
21	Education institution D22	10.42%	↓-9
22	Education institution D14	10.64%	↓-1
23	Education institution PT8	11.11%	↓-20
24	Education institution D24	12.20%	↓-2
25	Education institution D10	12.50%	↑10
26	Education institution T13	13.64%	↓-20
27	Education institution T14	15.63%	↑9
28	Education institution D16	18.18%	↓-23
29	Education institution D11	20.00%	↓-28
30	Education Institution D9	20.59%	↔0
31	Education institution T8	21.88%	↓-17
32	Education institution D15	22.50%	↓-7
33	Education institution PD7	22.86%	↓-24
34	Education institution T7	23.53%	↓-14
35	Education institution D5	24.41%	↓-1
36	Education institution D23	27.27%	↓-19
37	Education institution T12	28.21%	↓-5
38	Education institution T11	28.57%	↑2
39	Education institution D25	29.63%	↓-28
40	Education institution T9	30.00%	↑2
41=	Education institution PT5	33.33%	↑2
41=	Education institution T10	33.33%	↑4
41=	Education institution T5	33.33%	↑2
44	Education institution T6	34.21%	↓-3
45	Education institution T3	36.36%	↓-7
46	Education institution T4	40.00%	↓-40

D = Diagnostic radiography programme

T = Therapeutic radiography programme

Diagnostic and radiotherapy programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are *not* the same EI.

EI numbers are the same as previous years.

Appendix E Randomised and anonymised staff/student ratios

Data based on responses to annual survey 2014 - 2015. Education institutions have been allocated the same codes as in other appendices. Data are presented for BSc (Hons) programmes only due to the overlap of staff between these programmes.

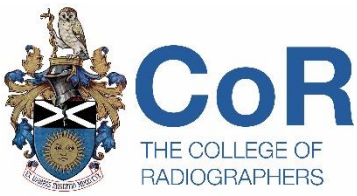
Education institution	Staff/student ratio
Education institution T3	0.03
Education institution D5	0.03
Education institution D19	0.04
Education institution D4	0.04
Education institution D13	0.05
Education Institution D9	0.05
Education institution D11	0.05
Education institution D20	0.05
Education institution D22	0.05
Education institution T1	0.05
Education institution D14	0.05
Education institution T12	0.05
Education institution T11	0.05
Education institution D21	0.05
Education institution D18	0.05
Education institution D24	0.05
Education institution T5	0.05
Education institution D6	0.05
Education institution D8	0.05
Education institution T6	0.05
Education institution D3	0.05
Education institution T7	0.06
Education institution D23	0.06
Education institution T8	0.06
Education institution D7	0.06
Education institution D15	0.06
Education institution D16	0.07
Education institution D2	0.07
Education institution D1	0.07
Education institution T9	0.07
Education institution D17	0.07
Education institution D12	0.08
Education institution T13	0.08
Education institution T2	0.10
Education institution T14	0.10
Education institution T10	0.12
Education institution D25	0.12
Education institution D10	0.13
Education institution T4	0.22

D = Diagnostic radiography programme

T = Therapeutic radiography programme

Diagnostic and radiotherapy programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are *not* the same EI.

Larger numbers represent fewer students per member of staff.



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