

ASSESSOR FEEDBACK FORMS:

Mammography Associate Accreditation Routes

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**Mammography Associate**

**College of Radiographers Approved Qualification Route**

Thank you for agreeing to undertake this application assessment for Mammography Associate accreditation via the CoR approved qualification route.

Please complete the following feedback form when undertaking your assessment, providing comments to assist the applicant with their resubmission/next application. Please upload the form when prompted to do so at the end of your assessment.

**Please note**: If any point falls into a highlighted ‘No’, or if confidentiality is breached, please defer the application at the end of the assessment.

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| **Applicant Name:** |
| **Role Details & Scope of Practice** | **Yes** | **Part**  | **No**  | **Comments**  |
| Key employment details provided, including name of employer and dates of employment. |[ ] [ ] [ ]   |
| There is an accurate overview of their current role and practice setting, describing their main duties and responsibilities.  |[ ] [ ] [ ]   |
| An agreed written scope of practice has been attached to the application |[ ]   |[ ]   |
| Role details relate to the written scope of practice for which accreditation is being sought.  |[ ]   |[ ]   |
| Describes any significant achievements, or competencies achieved whilst in this employment relevant to their role. |[ ] [ ] [ ]   |
| **Qualification(s)** | **Yes** | **No**  | **Comments**  |
| A CoR approved FHEQ level 4 mammography associate qualification has been added to the application\*. |[ ] [ ]   |
| The qualification was obtained *within the last three years*. |[ ] [ ]   |
| The qualification is applicable and relevant to the scope of practice for which accreditation is being sought  |[ ] [ ]   |
| A certificate for the above qualification has been added to the application |[ ] [ ]   |
| **19 Mammography Associate Learning Outcomes** | \***Applicants that have successfully completed a CoR approved FHEQ level 4 qualification for Mammography Associates will automatically be accepted as having fulfilled the 19 Mammography Associate Level 4 Learning Outcomes.** |
| **Manager Declaration** | **Yes** | **No** | **Comments** |
| Must be completed by suitable person: Line Manager/ Practice Educator (HCPC/GMC/NMC/RCT registered). |[ ]  ☐ | Completed by (enter name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line Manager [ ]  Practice Educator [ ]  Other [ ]  Please Specify: |
| Assessor Overall Decision: PASS [ ]  DEFER [ ]  |
| Assessor Name: |
| Date of Assessment: |

**Mammography Associate**

**College of Radiographers Non-Approved Qualification Route**

Thank you for agreeing to undertake this application assessment for mammography associate accreditation via the CoR non-approved qualification route. This route is for applicants who are currently working in a mammography associate role and who hold a CoR non-approved FHEQ level 4 qualification for mammography associates or who have completed a CoR approved qualification more than 3 years ago.

Please complete the following feedback form when undertaking your assessment, providing comments to assist the applicant with their resubmission/next application. Please upload the form when prompted to do so at the end of your assessment.

**Please note**: If any point falls into a highlighted ‘No’, or if confidentiality is breached, please defer the application at the end of the assessment.

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| **Applicant Name:** |
| **Role Details & Scope of Practice** | **Yes** | **Part**  | **No**  | **Comments**  |
| Key employment details provided, including name of employer and dates of employment. |[ ] [ ] [ ]   |
| There is an accurate overview of their current role and practice setting, describing their main duties and responsibilities.  |[ ] [ ] [ ]   |
| An agreed written scope of practice has been attached to the application |[ ]   |[ ]   |
| Role details relate to the written scope of practice for which accreditation is being sought.  |[ ]   |[ ]   |
| Describes any significant achievements, or competencies achieved whilst in this employment relevant to their role. |[ ] [ ] [ ]   |
| **Qualification(s)** | **Yes** | **No**  | **Comments**  |
| Has successfully completed a CoR non-approved FHEQ level 4 qualification for mammography associates.(or has completed a CoR approved qualification that was obtain more than 3 years ago) |[ ] [ ]   |
| The qualification is applicable and relevant to the scope of practice for which accreditation is being sought  |[ ] [ ]   |
| A certificate for the above qualification has been added to the application |[ ] [ ]   |
| Has included further learning or development in addition to their level 4 qualification. |[ ] [ ]   |
| **Critical Narrative with verified CPD** | **Yes** | **Part** | **No** | **Comments** |
| Critical narrative provides a critical evaluation of the learning and development undertaken and how these activities have developed applicant’s knowledge, skills, and ability to work as a mammography associate. |[ ] [ ] [ ]   |
| There is consideration and supporting evidence of how their learning has or will improve the service they provide/benefit service users. |[ ] [ ] [ ]   |
| Minimum of **6 pieces of verified** CPD have been linked to the critical narrative |[ ]   |[ ]   |
| Minimum 6 pieces of verified CPD have been **completed within the last two years prior** to submission of the application. |[ ]   |[ ]   |
| The linked verified CPD records demonstrate a broad range of activities undertaken as CPD and comprehensively support the critical narrative.  |[ ] [ ] [ ]   |
| Action plans/further learning has been identified. |[ ] [ ] [ ]   |
| A reflective model has been used effectively throughout. |[ ] [ ] [ ]   |
| **19 Mammography Associate Learning Outcomes** | **Yes** | **No** | **Comments** |
| Overall, the critical narrative clearly evidences how the applicant meets all 19 mammography associate learning outcomes. |[ ] [ ]   |
| **Manager Declaration** | **Yes** | **No** | **Comments** |
| Must be completed by suitable person: Line Manager/ Practice Educator (HCPC/GMC/NMC/RCT registered). | [ ]  |[ ]  Completed by (enter name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line Manager [ ]  Practice Educator [ ]  Other [ ]  Please Specify: |
| Assessor Overall Decision: PASS [ ]  DEFER [ ]  |
| Assessor Name: |
| Date of Assessment: |

Mapping of reflections to Mammography Associate learning outcomes

Note for Assessor: Please use this document to check for coverage of the learning outcomes within the applicant’s verified CPD records. Check off the relevant learning outcomes against each piece of verified CPD by clicking on the check box provided.

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| The 19 Learning Outcomes | Verified CPD Reflections | This is an initial accreditation and there are 6 pieces of verified CPD (minimum). | Yes [ ]  | No [ ]  |
|  |  | This is a re-accreditation and there are 6 pieces of verified CPD (minimum). | Yes [ ]  | No [ ]  |
|  | 1 | 2 | 3 | 4 | 5 | 6 |  |  |
| [MA.01] Appropriately prepare mammography equipment and environments for routine mammography examinations. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.02] Appropriately identify and prepare individuals (both physically and psychologically) for routine mammography, gaining valid informed consent prior to examination. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.03] Use appropriate physical principles concerning radiation, it’s emission, propagation and interaction with matter to operate mammography equipment safely and effectively within protocol e.g. appropriately adjusting and setting of exposure factors. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.04] Demonstrate an understanding of the relationship between anatomy, pathophysiology and the imaging process of routine mammography, to position individuals accurately and employ effective immobilisation to achieve high quality images. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.05] Apply effective interpersonal and communication skills, demonstrating care and compassion, to ensure successful completion of routine mammography examinations and positive patient experience. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.06] Manage self to work individually, and collaboratively as part of the multidisciplinary breast care team to deliver person-centred care referring to an appropriate member of the team when necessary. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.07] Appraise own work, being able to assess the technical quality of mammographic images produced and interpersonal interactions. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.08] Use information management and technology systems effectively, maintaining comprehensive and accurate records. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.09] Advise individuals of the results process and give any necessary additional information within the scope of your responsibility. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.10] Practise safely and effectively adhering to relevant national breast screening standards of performance e.g. NHSBSP standards, within relevant legal, ethical, professional, managerial and local frameworks and protocols. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.11] Maintain the health and safety of all individuals in the working environment in line with current legislation and ionising radiation regulations. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.12] Participate in routine quality control processes including undertaking mammography equipment testing within protocol and responding appropriately to the results. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.13] Demonstrate personal accountability through continuing professional development and reflection, recognising and responding appropriately to strengths and limitations and own knowledge, skills, and attributes. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.14] Ensure own actions promote equality, diversity and inclusion of all individuals attending for routine mammography and within the multidisciplinary team. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.15] Understand the importance of maintaining own mental and physical health making use of supervision and pastoral care provision where necessary. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.16] Engage in effective health promotion as part of own role within the multidisciplinary breast care team. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.17] Evidence compliance with basic life support techniques, infection control, safe moving and handling, and other mandatory training requirements. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.18] Recognise signs and indicators of abuse, safeguarding individuals in accordance with legal and organisational requirements. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |
| [MA.19] Appropriately support others, offering advice, guidance and experiential knowledge to trainees, students, new staff and others where needed, to enable a safe and effective workforce in routine mammography. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |

Additional columns for use where more than 6 pieces of verified CPD have been provided.



**Mammography Associate**

**College of Radiographers Re-accreditation Route**

Thank you for agreeing to undertake this application assessment for mammography associate re-accreditation. This route is for applicants who have previously been awarded CoR mammography associate accreditation and are now at the end of their two-year accreditation window and are due to renew. They must also be currently working in a mammography associate role.

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**Please note**: If any point falls into a highlighted ‘No’, or if confidentiality is breached, please defer the application at the end of the assessment.

|  |
| --- |
| **Applicant Name:** |
| **Role Details & Scope of Practice** | **Yes** | **Part**  | **No**  | **Comments**  |
| Key employment details provided, including name of employer and dates of employment. |[ ] [ ] [ ]   |
| There is an accurate overview of their current role and practice setting, describing their main duties and responsibilities.  |[ ] [ ] [ ]   |
| An agreed written scope of practice has been attached to the application |[ ]   |[ ]   |
| Role details relate to the written scope of practice for which accreditation is being sought.  |[ ]   |[ ]   |
| Describes any significant achievements, or competencies achieved whilst in this employment relevant to their role. |[ ] [ ] [ ]   |
| **Qualification(s)** | **Yes** | **No**  | **Comments**  |
| Has entered details of their mammography associate qualification.  |[ ] [ ]   |
| A certificate for the above qualification has been added to the application. |[ ] [ ]   |
| Details of further qualifications and /or learning and development gained since their last accreditation have been provided. |[ ] [ ]   |
| Further qualifications/learning and development undertaken since their last accreditation are applicable and relevant to the scope of practice for which accreditation is being sought.  |[ ] [ ]   |
| Certificates for the above *further* qualifications/learning and development have been added to the application.  | [ ]  |[ ]  **N/A**[ ]  |  |
| **Critical Narrative with verified CPD** | **Yes** | **Part** | **No** | **Comments** |
| Critical narrative provides a critical evaluation of the learning and development undertaken and how these activities have developed applicant’s knowledge, skills, and ability to work as a mammography associate. |[ ] [ ] [ ]   |
| There is consideration and supporting evidence of how their learning has or will improve the service they provide/benefit service users. |[ ] [ ] [ ]   |
| Minimum of **6 pieces of verified** CPD have been linked to the critical narrative |[ ]   |[ ]   |
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| **19 Mammography Associate Learning Outcomes** | **Yes** | **No** | **Comments** |
| Overall, the critical narrative clearly evidences how the applicant meets all 19 mammography associate learning outcomes. |[ ] [ ]   |
| **Manager Declaration** | **Yes** | **No** | **Comments** |
| Must be completed by suitable person: Line Manager/ Practice Educator (HCPC/GMC/NMC/RCT registered). | [ ]  |[ ]  Completed by (enter name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line Manager [ ]  Practice Educator [ ]  Other [ ]  Please Specify: |
| Assessor Overall Decision: PASS [ ]  DEFER [ ]  |
| Assessor Name: |
| Date of Assessment: |

Mapping of reflections to Mammography Associate learning outcomes

Note for Assessor: Please use this document to check for coverage of the learning outcomes within the applicant’s verified CPD records. Check off the relevant learning outcomes against each piece of verified CPD by clicking on the check box provided.

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| The 19 Learning Outcomes | Verified CPD Reflections | This is an initial accreditation and there are 6 pieces of verified CPD (minimum). | Yes [ ]  | No [ ]  |
|  |  | This is a re-accreditation and there are 6 pieces of verified CPD (minimum). | Yes [ ]  | No [ ]  |
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| [MA.19] Appropriately support others, offering advice, guidance and experiential knowledge to trainees, students, new staff and others where needed, to enable a safe and effective workforce in routine mammography. |[ ] [ ] [ ] [ ] [ ] [ ]   |  |

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