

Approval and Accreditation Board

*Annual Report 1st September
2017 – 31st August 2018*



CoR

THE COLLEGE OF
RADIOGRAPHERS

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1 Foreword

The College of Radiographers (CoR) is pleased to present the Approval and Accreditation Report for 2017–18.

The academic year 2017–18 has been another busy period for the College of Radiographers' Approval and Accreditation Board (AAB). The AAB continues to work to ensure consistently high standards for the review of pre-registration programmes, continuing professional development (CPD) programmes, postgraduate programmes and short education programmes. During this period, there were a significant number of applications to increase practice placement numbers, and careful review took place to ensure that equality in placement standards was achieved. The AAB is pleased to support programmes with their development of academic and practice placement standards.

The AAB works with CoR Assessors and gratefully acknowledges the dedication that they show. Assessors' commitment to the review process ensures that approved and accredited programmes and courses have a consistent standard of excellence and clinical relevance. Assessors also act as a valuable resource for support and advice for education providers.

Apprenticeship development started in England for therapeutic and diagnostic radiographers and the CoR was integral to this development. To date, all apprenticeship developments have taken place in England. There still appears to be little appetite from employers in Wales, Northern Ireland and Scotland to develop pre-registration therapeutic and diagnostic radiographer apprenticeship standards.

During 2017–18, the difficulty that arose in the previous academic year regarding recruitment into therapeutic radiography programmes has continued; this appears to have been particularly acute in England. Recruitment into diagnostic radiography programmes was not as challenging and university targets were largely met (a number of universities entered clearing for therapeutic and diagnostic radiography programmes). The Higher Education Funding Council for England (HEFCE), now the Office for Students, was provided with money to fund innovative research projects looking at ways to enhance awareness of and recruitment to therapeutic radiography in England.

The College of Radiographers provided online live tutorials on CPD, CPD Now and accreditation for members. This was particularly helpful to members as diagnostic and therapeutic radiographers were required to undergo CPD audit for the Health and Care Professions Council (HCPC), with a deadline of February 2018. To support radiographers, CPD Now had a user interface update. In order to further support radiography staff, healthcare professional bodies and trade unions began working together to develop a joint CPD principles document.

The College, through the AAB, has continued to undertake accreditation and re-accreditation of assistant practitioners, advanced practitioners and consultant practitioners. These processes, carried out by AAB assessors, ensure the continuation of high standards of the quality of care to service users who attend radiotherapy or imaging services.

As previously, I would like to thank all the higher education institutions who have provided data regarding their courses; this is very useful to individual organisations as they review their own provision during their internal quality review processes.

Erica Chivers
Chair of the Approval and Accreditation Board

2 Introduction

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 Pre-Registration Survey constitute a significant proportion of the report. 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 CoR. The data gathered are used by the CoR to inform workforce 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 support both on placement and campus.

These data provide a mainly quantitative overview of the position of radiographic education within the United Kingdom (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 diagnostic and therapeutic radiography community.

This report is almost identical to last year's in structure and data presentation. Changes have been made to some of the survey questions and these changes will be highlighted in the text of the report. As with any data-gathering exercise, there are limitations to the conclusions that can be drawn. However, in the interests of clarity and transparency, the limitations have been highlighted with the intention of improving comprehensive data gathering in future years.

Not all pre-registration education providers have returned data for inclusion within this report. Those who did not provide any data were:

Diagnostic radiography programmes

Kingston University & St George's, University of London – BSc (Hons)

University of Bradford – BSc (Hons)

University of Teesside – BSc (Hons)

All therapeutic radiography programmes provided data.

The College has approved several part-time BSc (Hons) programmes, but not all of these ran this year. Similarly, not all postgraduate diploma or master's pre-registration programmes ran.

Some providers have submitted anomalous or partial data. Where anomalous or partial data has been provided this year or previously, and where it affects year-on-year comparisons, this has been highlighted within the relevant sections of the report. Anomalous data throws into question the reliability and thus the usefulness of the data to both education providers and external stakeholders.

The AAB and the education team at the College 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 that 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.

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 and fund pre-registration education and practice placements; it 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.

2.1 Key points

1. There is variability in the number of UCAS points prospective students need to be accepted onto both diagnostic and therapeutic radiography pre-registration programmes.
2. Applications to therapeutic radiography programmes for entry in the 2017-18 year fell.
3. Attrition from therapeutic radiography programmes has increased.
4. Almost half of diagnostic radiography programmes have no practice educators supporting students on placement.

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 of diagnostic and therapeutic radiography during the 2017–18 academic year, which ran from 1 September 2017 to 31 August 2018.

Data were collected via the online survey system Survey Monkey®. Each pre-registration programme leader was sent an email with a link to access the survey and a copy of the questions. This enabled them to collect the relevant data prior to filling in the survey.

The data deadline was mid-January this year (2019). This date was chosen to ensure that all education providers' final progression boards had taken place and to give programme leaders ample opportunity to gather the required data. However, there were still some students recorded as not having yet completed their programmes. Each year the education team at SCoR endeavours to make those questions related to retention and completion as clear as possible; further clarification on what cohort deferred students belong to will be provided again for the 2018–19 survey.

Students and newly qualified diagnostic and therapeutic radiographers were surveyed by the CoR and data from that survey are published in the *Analysis of students and recent graduates survey 2017* (Society and College of Radiographers, 2018). Comparisons and discussion around similarities and differences between the results from that survey and those presented here are outwith the scope of this report.

Student attrition data are anonymised within this report. Education providers should be able to recognise their own data; if unable to recognise their own data, they can contact the Professional and Education department at SCoR and ask for the randomised code assigned to them that is used within this report: PandE@sor.org.

4 Services to education institutions and students

The College provides many services to both education institutions and students. Most education provider services are dealt with by the Professional and Education team while students initially fall under the remit of the Student Membership Officer.

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 changes to the fees charged for approval and education services. Education providers who take advantage of the Annual Inclusive Package were able to make use of the following services:

- Consultancy and advice on proposed education developments and provision, and on curriculum developments.
- College approval 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 CPD programmes per year (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 on 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.
- 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, etc.).
- On request, and subject to availability, presentations or lectures by 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 that have not purchased 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. The fee for this package was not increased within 2017–18. It includes all the previously listed services of the Annual Inclusive Package as well as membership for all students.

This package includes the following services:

- Year one students: complimentary membership of SoR, subject to the university supplying sufficient personal details for each student to enable set up of membership records and each student completing membership application and direct debit forms (for continuing years).
- For all continuing and final year students: a membership fee of £4 per month / £48 per year is included in this package.
- Visit by a SCoR professional officer or regional/national officer within the first two months of course commencement.
- Two further visits to students by a SCoR officer in continuing and final years.
- Students maintaining membership for the whole of their education programme will 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 the initial student talk.
- An electronic (digital) subscription for all students to *Synergy News* (a 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 & Therapy Practice* is also provided, featuring practice-related topics and a range of CPD opportunities. Students are encouraged to contribute their best work to this publication.
- Opportunity to purchase a subscription to printed copies of *Synergy News* and *Imaging & Therapy Practice* at a significantly reduced rate.
- Students also receive a monthly e-zine, *Student Talk*, 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 the Society publication library (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 CPD tool, again through the website.

- Opportunity to follow the profession on Twitter® - <http://twitter.com/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 issues.
- Indemnity insurance and certificates for clinical placements (including electives and overseas placements, 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 SoR membership 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 a RC/NC delegation at the Society of Radiographers' 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 Society of Radiographers' equality network).
- Opportunity and encouragement to engage with special interest groups recognised by the SCoR.
- Access to the Society of Radiographers' Benevolent Fund, according to its rules.
- Other benefits as they arise from the Society of Radiographers' Student 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

Assistant practitioners continue to be in demand in imaging departments. There are assistant practitioners in radiotherapy departments, but demand is lower.

In England, the Healthcare Assistant Practitioner apprenticeship standard is available for delivery. No education providers have sought College approval of Framework for Higher Education Qualifications (FHEQ) level 5 programmes related to the apprenticeship.

5.1 Approval/re-approval of assistant practitioner programmes

During 2017–18, the College approved two programmes related to assistant practitioners and one assistant practitioner to practitioner bridging programme, shown in Table 1.

Education institution	Programme type	Award
Robert Gordon University	Changes to programme documentation only	Diploma of Higher Education Radiographic Studies
Cardiff University	Full approval	Certificate of Higher Education in Assistant Radiographic Practice – imaging and mammography routes
University of Derby	Short course initial approval and changes to programme documentation	Assistant practitioner to radiographer bridging programme

Table 1 Table showing education institutions that had programmes related to assistant practitioners approved during the academic year 2017–18.

6 Pre-registration programmes

Programme data collected via the annual survey relates to pre-registration programmes. Each education provider should submit data for every programme they have had approved by the College. However, it is acknowledged that some programmes that have been approved have never run, or have ceased to run within the lifetime of the approval. Table 2 shows a breakdown of all CoR approved pre-registration programmes.

	BSc (Hons) full time	BSc (Hons) part time	PgD / MSc (all full time)
Diagnostic radiography	26	3	5
Therapeutic radiography	14	3	6

Table 2 Table showing the type and number of pre-registration programmes approved by the CoR.

Pre-registration programmes constitute the majority of the work undertaken by AAB Assessors. This year (2017–18) there were six diagnostic radiography and four therapeutic radiography programmes approved by the College.

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. AAB 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.

Table 3 shows a comparison of the number of full pre-registration programmes approved in this and previous years. It includes both undergraduate and postgraduate approvals leading to eligibility to apply for registration with the HCPC. This table does not include requests for approval of additional placements, new campus facilities or approval extensions.

Modality	Number of programmes approved 2013–14	Number of programmes approved 2014–15	Number of programmes approved 2015–16	Number of programmes approved 2016–17	Number of programmes approved 2017–18
Diagnostic radiography	6	3	6	3	4
Therapeutic radiography	4	2	5	3	2

Table 3 Table comparing full pre-registration programme approvals during the academic years 2013–17.

Details of education providers who had complete pre-registration programmes approved, approval extended or adapted are shown in Table 4.

Education institution	Award
Canterbury Christ Church University	BSc (Hons) Diagnostic Radiography – full approval
Keele University	BSc (Hons) Radiography (Diagnostic Imaging) – full approval
University of the West of England	BSc (Hons) Diagnostic Imaging – rescind AAB condition relating to elective placements
	BSc (Hons) Radiotherapy and Oncology – rescind AAB condition relating to elective placements
University of Hertfordshire	BSc (Hons) Radiotherapy and Oncology – full approval
	BSc (Hons) Diagnostic Radiography and Imaging – full approval
University of Liverpool	BSc (Hons) Diagnostic Radiography – one-year extension to existing approval
	BSc (Hons) Radiotherapy and Oncology – one-year extension to existing approval
Ulster University	BSc (Hons) Diagnostic Radiography and Imaging – full approval
	BSc (Hons) Radiotherapy and Oncology – full approval

Table 4 Table showing education institutions that had full pre-registration programmes approved, approval extended or adapted during the academic year 2017–18.

Education providers with CoR approved programmes are required to obtain approval by the College for new campus facilities and additional placements or placement sites. Table 5 shows the education providers who had new placements or facilities approved during 2017–18.

Education institution	Approval granted
University of Suffolk	BSc (Hons) Diagnostic Radiography – increase in placements
Cardiff University	BSc (Hons) Diagnostic Radiography and Imaging – increase in placements
University of Derby	BSc (Hons) Diagnostic Radiography – increase in placements
	MSc Diagnostic Radiography – increase in placements
Teesside University	BSc (Hons) Diagnostic Radiography – increase in placements
University of Exeter	BSc (Hons) Medical Imaging (Diagnostic Radiography) – new placement sites
Glasgow Caledonian University	BSc (Hons) Diagnostic Imaging – new and increase in placements
	BSc (Hons) Radiotherapy and Oncology – new and increase in placements
Sheffield Hallam University	BSc (Hons) Diagnostic Radiography – increase in placements

Table 5 Table showing education institutions that had additional placements, new campus facilities or changes in module credits approved during the academic year 2017–18.

6.2 Duration of pre-registration radiography programmes

In the academic year 2017–18 there were 25 education providers offering CoR approved pre-registration programmes in diagnostic radiography. This is an increase of one from the previous academic year.

There were 14 education providers offering approved therapeutic radiography pre-registration programmes.

Table 6 shows the number of full- and part-time pre-registration education programmes that are currently approved. Some of these programmes may not have run during 2017–18. 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 or 3 years (full-time postgraduate)	5	6
3 or 4 years (full-time undergraduate)	26	14
> 3 or 4 years (part-time undergraduate)	3	3

Table 6 Table showing the number of full time and part time diagnostic and therapeutic radiography pre-registration programmes available during the academic year 2017–18.

6.3 College of Radiographers approved placements

The College approves education providers and their placement partners 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 additionally in Scotland, Northern Ireland and Wales the number of students funded/allocated. Placements must be able to provide a supportive and high-quality clinical learning environment for students. Currently the College does not specify how Assessors check this, though the *Quality Standards for Practice Placements* (College of Radiographers, 2012) must be adhered to. Best practice includes audit and review of the clinical learning environment and the provision of practice educators. Audit should include 360° feedback from the education provider, placement manager and students as a minimum.

In England, students have no longer been commissioned by Health Education England (HEE) since 1 August 2017. However, placements are still commissioned by them and funded through the Education and Training Tariff (ETT). Most imaging and radiotherapy departments report being unable to access the ETT as it is paid to the top-level finance department rather than the placement department. The Society and College have been raising awareness of the ETT for a number of years with department managers, practice educators and education providers. HEE has recognised the problem and is piloting ‘place-based’ tariffs in a small number of sites from the academic year 2018 (Health Education England, n.d.)

The College mandates in the *Quality Standards for Practice Placements* (College of Radiographers, 2012) that there must be robust placement agreements between the education provider(s) and the placement host. The College also mandates that the quality of the placement and the support provided must be audited at least annually.

6.4 Commissioned, funded or allocated students

The commissioning, funding or allocation mechanisms are different within each of the countries of the UK (Table 7). In England, commissioning of students, but not placements, ceased on the 1 August 2017.

Country	Commissioning/funding/allocation model
England	<p>Until 31 July 2017 HEE geographies commissioned students and funded placements through the ETT.</p> <p>From the 1 August 2017 HEE commissioned and funded placements only. Education providers are free to decide how many students they have capacity and resources for to accept onto the programmes. However, the number of placements can still be a limiting factor.</p>
Wales	<p>Students are commissioned by the NHS Wales Shared Services Partnership: Workforce and Education Development Service. Individual professions are considered, including those considered shortage occupations.</p>
Scotland	<p>Students are 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.</p>
Northern Ireland	<p>Students are commissioned by the Department of Health, Social Services and Public Safety based on workforce policy and advice from professional bodies and other key stakeholders.</p>

Table 7 Table showing the commissioners, funders and allocators for student education in the UK.

Data about commissioned, funded or allocated places was not collected. The decision was taken to stop collecting this data because:

- Data from education providers in Scotland have been inconsistent or anomalous year-on-year.
- There is no commissioning of students in England.
- The value of data that could be collected from education providers in Northern Ireland and Wales is limited to those education institutions only, and they already have the data with which to compare year-on-year.

6.5 UCAS points

This is a new section in the report. It is intended to enable education providers to compare their admission points requirements with those of other education providers. The University and College Admissions Service (UCAS) points system changed in September 2017, so 2017–18 was a good year to start recording these points. Perhaps due to this change, there were a few anomalous submissions. Where anomalous tariff points are likely to have been submitted, these have been noted.

A full list of the UCAS points accepted by education providers can be found in Appendix A and Appendix B.

6.5.1 Diagnostic radiography admission points

Diagnostic radiography admission points were reported to range from 102 to 280 points. However, it is likely that 280 points refers to the old tariff system, so this value has been removed from the median and mode values below. The range is more likely to be 102 to 128 points.

The median points value was 120 points.

The mode points value was 120 points. Twelve universities had this points requirement.

6.5.2 Therapeutic radiography admission points

Therapeutic radiography admission points were reported to range from 102 to 300 points. However, as with diagnostic radiography, there are likely to be some old tariff points included. The range is more likely to be 102 to 120 points

The median points value was 120 points.

The mode points value was 120 points. Seven universities had this points requirement.

6.6 Applications received

A summary of UK data has been provided below, followed by country-specific data. The full dataset can be found in Appendix C and Appendix D.

Data has been presented as reported by education providers. Where anomalous data has been provided, this has been noted.

6.6.1 Diagnostic radiography applications – UK

It appears as though there has been a significant decrease in diagnostic radiography applications; however, it must be remembered that data for three diagnostic radiography programmes was not submitted. Without a full data set year-on-year it is not possible to draw any conclusions regarding applications to diagnostic radiography programmes and the data in Table 8 should be viewed with caution.

Data	2014–15	2015–16	2016–17	2017–18
Applications	12,060 (likely to be higher)	13,228	12,505 (likely to be higher)	10,314 (likely to be higher)
Commissions/funding /allocations	1,225 (likely to be higher)	1,377	1,319 (likely to be higher)	Not collected
Application to commission ratio	9.84 students for each funded place (likely to be higher)	9.61 students for each funded place	9.48 students for each funded place (unable to determine the actual ratio due to missing and anomalous data)	Not collected

Table 8 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for diagnostic radiography in the UK during the academic years 2014–18.

6.6.2 Diagnostic radiography applications – England

Data	2014–15	2015–16	2016–17	2017–18
Applications	10,193 (likely to be higher)	11,365	10,476 (likely to be higher)	8,429 (likely to be higher)
Commissions/funding /allocations	1,008 (likely to be higher)	1,120	1,072 (likely to be higher)	Not collected
Application to commission ratio	10.11 students for each funded place (likely to be higher)	10.15 students for each funded place	9.77 students for each funded place (unable to determine the actual ratio due to missing and anomalous data)	Not collected

Table 9 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for diagnostic radiography in England during the academic years 2014–18.

It is impossible to determine if applications in England have increased or decreased due to missing data. Table 9 presents figures based on the data that were submitted.

6.6.3 Diagnostic radiography applications – Wales

Data	2014–15	2015–16	2016–17	2017–18
Applications	751	745	774	800
Commissions/funding /allocations	73	94	100	Not collected
Application to commission ratio	10.29 students for each funded place	7.93 students for each funded place	7.74 students for each funded place	Not collected

Table 10 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for diagnostic radiography in Wales during the academic years 2014–18.

All education providers in Wales submitted data so it is clear to see in Table 10 that there has been an increase of 3.36 % in applications for diagnostic radiography programmes.

6.6.4 Diagnostic radiography applications – Scotland

Data	2014–15	2015–16	2016–17	2017–18
Applications	918	918	1,016	873
Commissions/funding /allocations	96 (likely to be higher)	115	99 (likely to be higher)	Not collected
Application to commission ratio	9.56 students for each funded place (likely to be lower)	7.98 students for each funded place	10.26 students for each funded place (likely to be lower)	Not collected

Table 11 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for diagnostic radiography in Scotland during the academic years 2014–18.

Applications for diagnostic radiography in Scotland decreased this year, as shown in Table 11. While applications during the 2016–17 academic year may have been higher than normal, for 2017–18 the number of applications has dipped to below those in preceding years. The reduction in the last year is 14.07 %.

6.6.5 Diagnostic radiography applications – Northern Ireland

Data	2014–15	2015–16	2016–17	2017–18
Applications	198	200	239	212
Commissions/funding /allocations	48	48	48	Not collected
Application to commission ratio	4.13 students for each funded place	4.17 students for each funded place	4.98 students for each funded place	Not collected

Table 12 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for diagnostic radiography in Northern Ireland during the academic years 2014–18.

Applications in Northern Ireland have decreased since last year but remain above those in preceding years as shown in Table 12. The reduction in the last year is 11.30 % but the increase compared to 2015–16 is 6 %.

6.6.6 Therapeutic radiography applications – UK

All therapeutic radiography education providers in the UK provided data so it is possible to say with confidence that the number of applications has decreased by 32.18 % since 2016–17, as shown in Table 13

Data	2014–15	2015–16	2016–17	2017–18
Applications	2760	2,761	2,738	1,857
Commissions/funding /allocations	449 (likely to be higher)	478	468 (likely to be higher)	Not collected
Application to commission ratio	6.15 students for each funded place (likely to be lower)	5.78 students for each funded place	5.85 students for each funded place (unable to determine the actual ratio due to anomalous data)	Not collected

Table 13 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for therapeutic radiography in the UK during the academic years 2014–18.

6.6.7 Therapeutic radiography applications – England

Data	2014–15	2015–16	2016–17	2017–18
Applications	2,125	2,145	2,186	1336
Commissions/funding /allocations	373	385	388	Not collected
Application to commission ratio	5.89 students for each funded place	5.41 students for each funded place	5.63 students per funded place	Not collected

Table 14 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for therapeutic radiography in England during the academic years 2014–18.

Application data was received from all education providers in England. It shows that applications have decreased by 38.88 % since 2016–17, as shown in Table 14.

6.6.8 Therapeutic radiography applications – Wales

Data	2014–15	2015–16	2016–17	2017–18
Applications	206	129	129	133
Commissions/funding /allocations	21	22	22	Not collected
Application to commission ratio	9.81 students for each funded place	5.86 students for each funded place	5.86 students for each funded place	Not collected

Table 15 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for therapeutic radiography in Wales during the academic years 2014–18.

Applications for therapeutic radiography in Wales have increased by 3.10 % since 2016–17 as shown in Table 15.

6.6.9 Therapeutic radiography applications – Scotland

Data	2014–15	2015–16	2016–17	2017–18
Applications	324	347	274	255
Commissions/funding /allocations	39 (likely to be higher)	55	42 (likely to be higher)	Not collected
Application to commission ratio	8.31 students for each funded place (likely to be lower)	6.31 students for each funded place	6.52 students for each funded place (likely to be lower)	Not collected

Table 16 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for therapeutic radiography in Scotland during the academic years 2014–18.

Applications for therapeutic radiography in Scotland have decreased by 6.93 % since 2016–17 as shown in Table 16.

6.6.10 Therapeutic radiography applications – Northern Ireland

Data	2014–15	2015–16	2016–17	2017–18
Applications	105	140	149	133
Commissions/funding /allocations	16	16	16	Not collected
Application to commission ratio	6.56 students for each funded place	8.75 students for each funded place	9.31 students for each funded place	Not collected

Table 17 Table showing the number of applications; commissions, funding and allocations; and the application to commissions ratio for therapeutic radiography in Northern Ireland during the academic years 2014–18.

Applications in Northern Ireland have decreased by 10.74 % since 2016–17 as shown in Table 17.

6.7 Student intake

Although applications have been variable across the UK, it is the student intake that gives an indication of future workforce provision.

In this report, no comparison is made between the number of students commissioned, funded or allocated for the reasons detailed in section 6.4.

In contrast to data collected during the 2016–17 annual survey, most providers indicated reasons for their over or under recruitment of students compared to university set targets.

Diagnostic radiography programme providers reported reasons for over recruitment as being mostly due to increased applications and to more applicants meeting the necessary entry grades than expected. “Other” reasons for over and under recruitment were diverse, and sometimes complex, and included university policies to over recruit. It is outwith the scope of the annual survey to

investigate impacts of over recruitment on clinical placements. However, there has been an increase in education providers seeking CoR approval for new and increased placements.

Therapeutic radiography programme providers reported a greater proportion of “insufficient applications” than diagnostic radiography providers. In contrast to diagnostic programmes, therapeutic radiography providers also reported that fewer applicants achieved the necessary entry grades. However, some providers did report that more applicants achieved the necessary grades. This shows that the recruitment picture for therapeutic radiography is diverse, complex and needs further research in order to understand the UK-wide perspective.

6.7.1 International students

If there are placements available which have not been filled by UK or European Union (EU) students, then education providers may choose to take international or other fee-paying students. In previous years this has happened rarely, and 2017–18 was no exception.

The number of international students recruited in 2017–18 is shown for diagnostic radiography in Table 18 and for therapeutic radiography in Table 19.

6.7.1.1 Diagnostic radiography international students

Country	2013–14	2014–15	2015–16	2016–17	2017–18
England	11	18 including anomalous data 7 excluding anomalous data	5	8	8
Wales	3	1	0	0	0
Scotland	2	0	2	2	2
Northern Ireland	0	1	0	0	0

Table 18 Table showing the number of international students admitted to diagnostic radiography programmes across the four UK countries during the academic years 2013–18.

The number of diagnostic radiography international students admitted during 2017–18 remains constant at ten students (at five universities).

6.7.1.2 Therapeutic radiography international students

The number of international students admitted to therapeutic radiography programmes increased this year to seven students (at six universities).

Country	2013–14	2014–15	2015–16	2016–17	2017–18
England	1	1	1	1	6
Wales	0	0	0	0	0
Scotland	0	0	1	4	1
Northern Ireland	0	0	0	0	0

Table 19 Table showing the number of international students admitted to therapeutic radiography programmes across the four UK countries during the academic years 2013–18.

6.8 Student attrition from pre-registration programmes

Confident comparisons can be drawn between survey data from 2016–17 and this year’s data with regards to student attrition. However, these data may not be comparable with those reported by education funders and allocators, or placement commissioners in England, owing to differences in defining and calculating ‘attrition’. The College does not include transfers in its calculation, preferring instead to consider that a student wishing to leave one institution constitutes attrition. If that student then joins the equivalent programme at another institution this may lead to strengthening of that cohort – positive attrition.

Attrition has been calculated using the following formula:

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

S_o = Number of students starting the programme

S_c = Number of students who have completed the programme in 2017-18

S_r = Number of students who were referred/deferred at the qualifying assessment board but are still due to complete.

Data were collected using the annual survey to determine pre-registration attrition from the following cohorts of students:

- 4-year BSc (Hons) starting in the academic year 2014–15 in Scotland
- 3-year BSc (Hons) starting in the academic year 2015–16 in the rest of the UK
- 2-year PgD/MSc starting in the academic year 2016–17 in the UK

An anonymised table of attrition by programme has been produced. It also shows attrition changes compared to the previous year. This table can be found in Appendix E.

6.8.1 Diagnostic radiography attrition

Figures in Table 20 are based on submitted data only. Three education providers did not submit any data and one additional provider did not submit data related to attrition or completion.

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	1139	967	33	12.20 %

Table 20 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.

Diagnostic radiography student attrition increased last year to 17.24 % so it is good to see it decreasing to the lowest level it has been since it has been possible to make comparisons between data year-on-year.

Attrition from diagnostic radiography programmes ranges from -8 % (students gained) to 44 %.

6.8.2 Therapeutic radiography attrition

All therapeutic radiography education providers returned attrition data.

Therapeutic radiography student attrition has increased by just over 8 %. This is a significant increase in the space of just one year. Previously, attrition had been decreasing and this year represents the highest level for five years.

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	478	341	10	26.57 %

Table 21 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.

Attrition for therapeutic radiography programmes ranges from 0 % attrition to 53.13 % as shown in Appendix E.

6.8.3 Comparison of attrition data – diagnostic and therapeutic radiography

Attrition data can be compared directly with previous AAB survey reports and is shown in Figure 1.

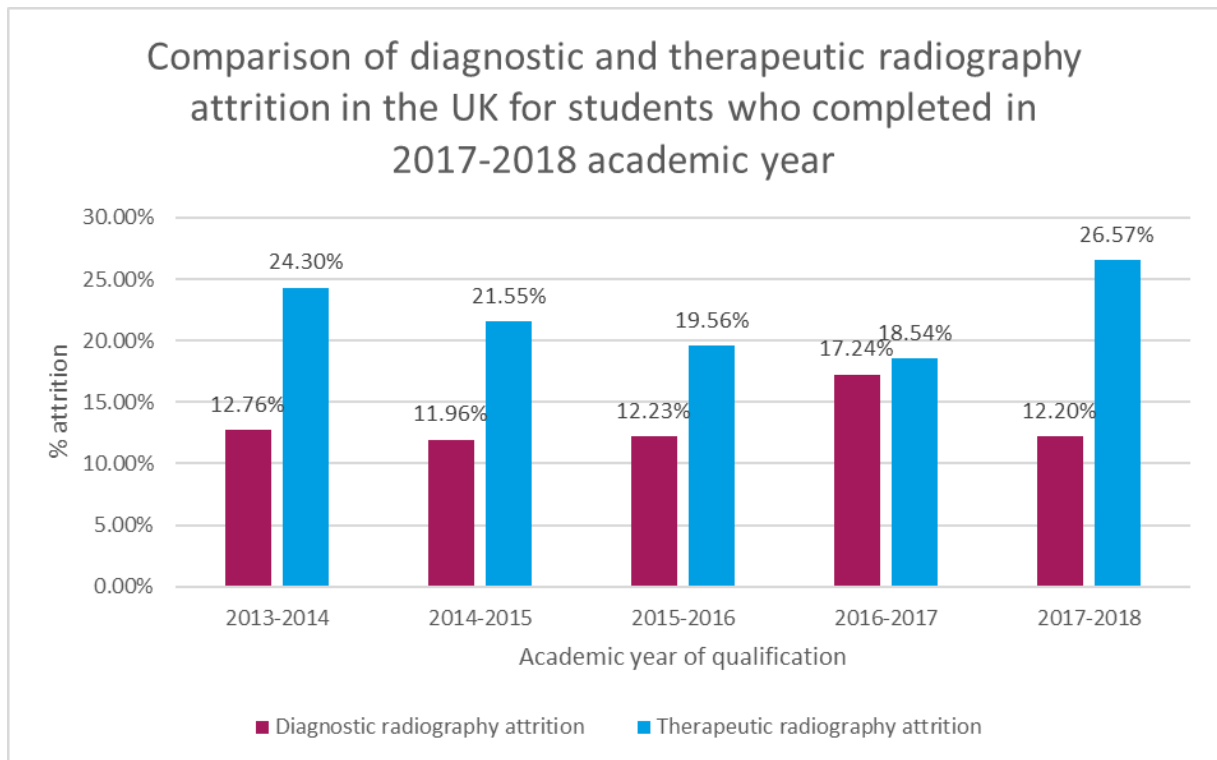


Figure 1 Chart showing a comparison of diagnostic and therapeutic radiography attrition.

6.8.4 Reasons students did not complete pre-registration programmes

All data presented in this section comes from the AAB survey. Comparison with other Society or College surveys is outwith the scope of this report. Reasons given for students leaving diagnostic and therapeutic radiography programmes are shown in Figure 2 and Figure 3.

There are several points to note regarding these 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 course leaders 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.
- 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 a programme. Consequently, Figure 2 and Figure 3 do not show the number of students who left for each reason provided.
- “Other” responses sadly included the death of a student.

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

6.8.4.1 Reasons students left diagnostic radiography programmes

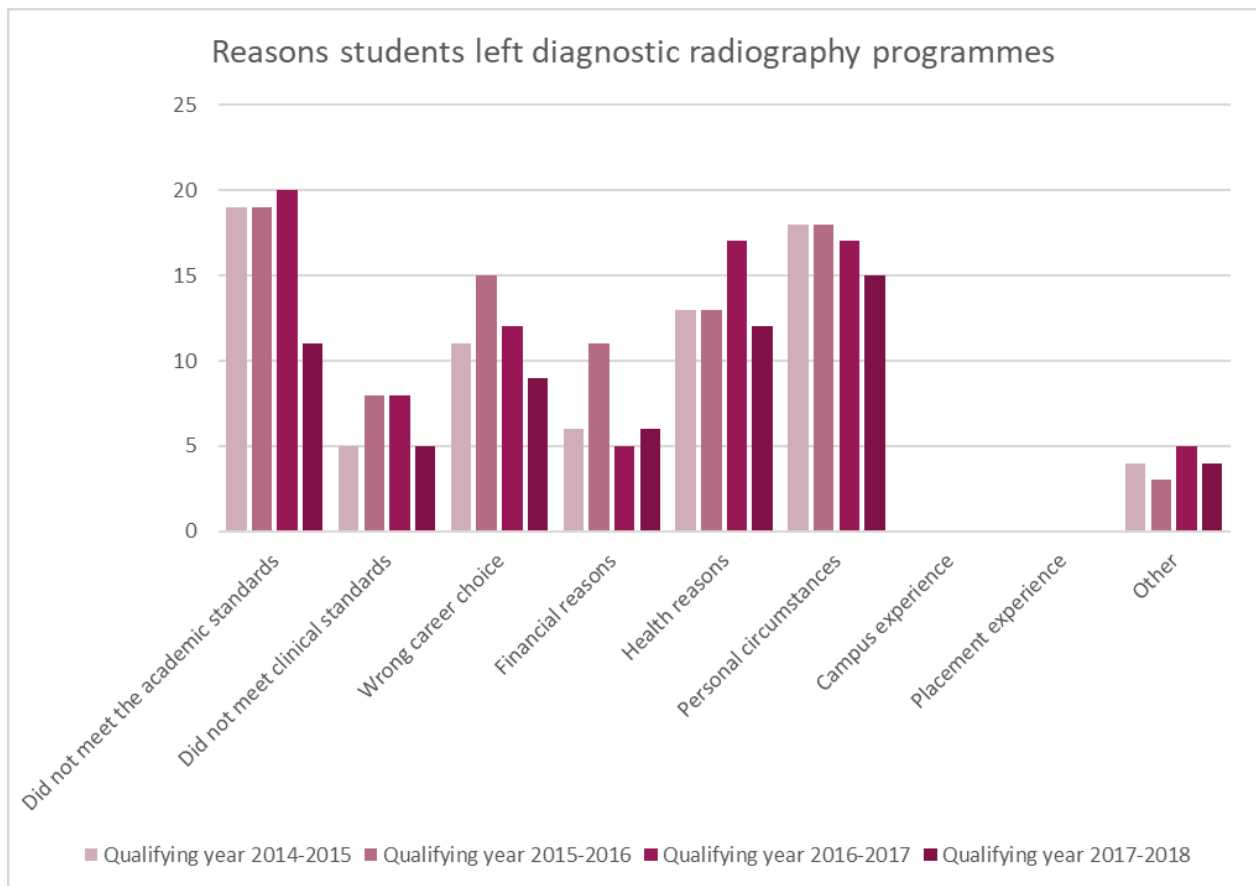


Figure 2 Chart showing the number of and reasons for students not completing diagnostic radiography programmes in the UK during the academic years 2014–18.

Unlike previous years, where failure to meet the academic standards was the most prevalent reason for students not completing diagnostic radiography programmes, this year personal circumstances and health reasons were the most common reasons given.

“Other” reasons given by diagnostic radiography education providers were:

- “No students have completed the programme as they are still finishing the programme”. Survey instructions stated that respondents should not submit data until after the final examination board. As well as skewing the attrition data, the degree classification data in section 6.9 will also be skewed. Unfortunately, this education provider submits inconstantly anomalous data each year. Next year, the education and accreditation team at the SCoR will again endeavour to ensure that the instructions are as clear as they can be.
- Students back set to a later cohort.
- One university listed several of the options given to respondents to select in the “other” section. These have not been included in the data presented in Figure 2.

6.8.4.2 Reasons students left therapeutic radiography programmes

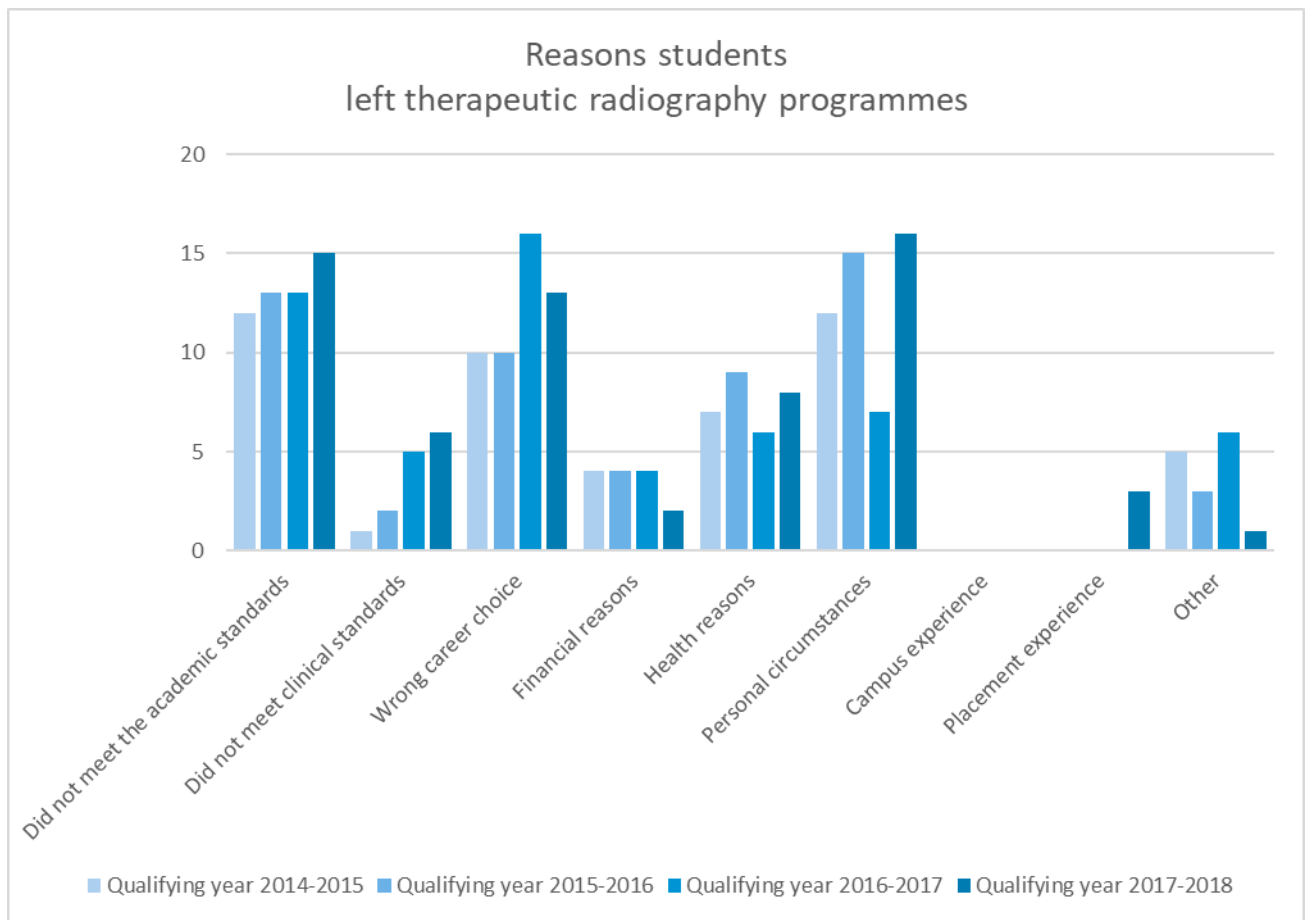


Figure 3 Chart showing the number of and reasons for students not completing therapeutic radiography programmes in the UK during the academic years 2014–18.

As in previous years, therapeutic radiography data (Figure 3) shows some differences and some similarities to the diagnostic radiography data. The most commonly reported reason for a student leaving a programme was given as personal circumstances, closely followed by not meeting academic standards and wrong career choice.

Only one university reported “other” as not being one of the given options. Sadly, this provider reported the death of a student.

6.8.5 Successful strategies for reducing attrition

In previous years, the survey has enabled respondents to enter as much text as they wished under this heading. However, this has led to a significant amount of data to analyse as some text has clearly been copied from programme documentation. Formatting does not translate well from a document to the survey and this led to difficulties identifying what the successful strategies actually were. This year, respondents were asked to give their top three retention strategies both on campus and placement in an attempt to reduce the amount of analysis time and also to provide clearer data. This strategy appears to have worked.

6.8.5.1 Campus retention strategies

Ten themes emerged from the responses for campus strategies. Some are similar to previous years, such as academic support, personal tutor and programme team support and the student voice. Several education providers included that they've found having an open-door policy to students helpful in reducing attrition.

Common themes are shown in Table 22 and the frequency of the themes for 2017–18 is shown in Figure 4.

1) Personal tutors and pastoral support <ul style="list-style-type: none"> • Personal tutor support • University-wide personal tutor system • Lecturer open-door policy • Responding to students quickly 	2) Academic advice and support <ul style="list-style-type: none"> • Academic support or named advisor(s) • Managing academic expectations • Attempting to meet students' academic needs • Negotiated learning
3) Central student support services <ul style="list-style-type: none"> • Learning and development centre • Wellbeing advice and support • Maths and science tutors • Mental health wellbeing team 	4) Enabling and engaging students with programme <ul style="list-style-type: none"> • Student voice (listening to students) • Student input into programme development • Sense of community amongst students • Student societies (RadSoc etc.)
5) Teaching, learning and delivery <ul style="list-style-type: none"> • Simulation (virtual and 'real') • Balance of academic and clinical work • Innovative teaching methods and interactive lectures • Year one delivery close to school/college experience 	6) Assessment and feedback <ul style="list-style-type: none"> • Opportunities for formative assessment and feedback • Full and effective feedback • Changes to assessment regulations • Assessment choice and variety
7) Peer support <ul style="list-style-type: none"> • Peer-assisted learning scheme • Peer mentor support 	8) Student life and university experience <ul style="list-style-type: none"> • Good, inexpensive campus life (including accommodation) • Location of campus • Campus facilities and resources
9) Pre-admission <ul style="list-style-type: none"> • Comprehensive information • Effective marketing and recruitment • Clear admissions strategy • Open nights for prospective students 	10) Other <ul style="list-style-type: none"> • Attendance monitoring to identify disengagement • Access to international conference opportunities • Publicity of student satisfaction and National Student Survey reports • Strong partnerships between clinical learning environment, campus learning environment and students

Table 22 Themes related to successful campus-based retention strategies.

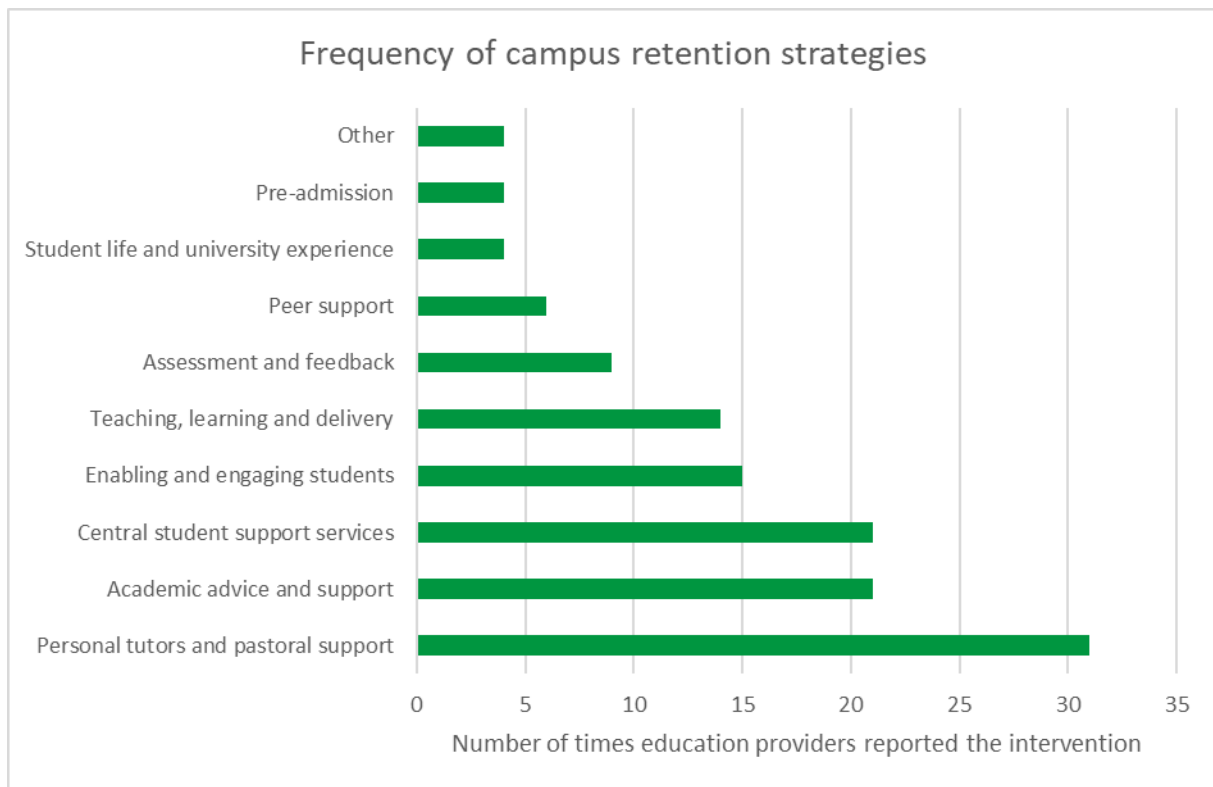


Figure 4 Campus retention strategy themes and frequency of occurrence throughout the UK during the 2017–18 academic year.

6.8.5.2 Placement retention strategies

Placement strategies have some similarities to previous years in that the provision of practice educators is the most common intervention. It is interesting to note the diverse titles used for practice-learning staff:

- Practice educator
- Mentor
- Placement learning tutor
- Clinical tutor
- Clinical liaison radiographer
- Clinical educator
- Link radiographer
- Student liaison radiographer

It is outwith the remit of this report to discuss these roles in depth; however, the accepted title for the person who is responsible for ensuring that students meet their learning outcomes and that assessments are carried out in clear, fair and transparent ways is ‘practice educator’. The practice educator should also have a significant role in liaising with the university and the placement radiographers who are supervising the students. They will be a link between the placement manager and the students. They will spend a large part of their time undertaking pastoral and academic support for students.

Common themes are shown in Table 23 and the frequency of the themes for 2017–18 is shown in Figure 5.

<p>1) Practice educators and mentors, and their training</p> <ul style="list-style-type: none"> • Provision of practice educators • Training of practice educators • Placement mentors • Clinical staff completing free practice education training 	<p>2) University link lecturers</p> <ul style="list-style-type: none"> • Regular visits from campus lecturers • Link lecturers working with placement team and practice educators
<p>3) Variety of experience</p> <ul style="list-style-type: none"> • Provision of different placements • Excellent placement centres • Student choice of placement site • Shift patterns • Flexibility regarding clinical rotations 	<p>4) Partnership between university and placement</p> <ul style="list-style-type: none"> • Strong partnerships between campus and placement teams • Regular clinical liaison meetings • Partnerships between campus lecturers, clinical educators and students
<p>5) Clinical learning environment</p> <ul style="list-style-type: none"> • Cohesive, inclusive and safe placement culture and environment • Facilitating learning in a non-judgemental way • Weekly reflection sessions with practice educator • Limiting the number of students per imaging/treatment machine • More than 50 % clinical time • Integration of students into the clinical environment • Employment prospects 	<p>6) Pre-placement preparation</p> <ul style="list-style-type: none"> • Clinical visits • Structured placement preparation • Encouraging departments to facilitate work experience • Departments running career information days with local schools
<p>7) Student support (including financial)</p> <ul style="list-style-type: none"> • Dedicated placement clerical team to ensure rapid reimbursement of expenses • Good accommodation links • Red/amber/green rating to identify issues early • Provision of study time 	<p>8) Peer support and mentorship</p> <ul style="list-style-type: none"> • Peer mentoring • Facilitating year one students' access to year three students during first placement to answer questions and alleviate anxieties • Access to student support services while on placement
<p>9) Flexibility</p> <ul style="list-style-type: none"> • Care-giving students work flexibly and can adjust hours • Choice of leave over the summer period • Local recruitment to local placements 	<p>10) Managing expectations</p> <ul style="list-style-type: none"> • Clear explanation of need for clinical rotation • Managing students' expectations of placement • Clear and comprehensive placement documents

Table 23 Themes related to successful placement-based retention strategies.

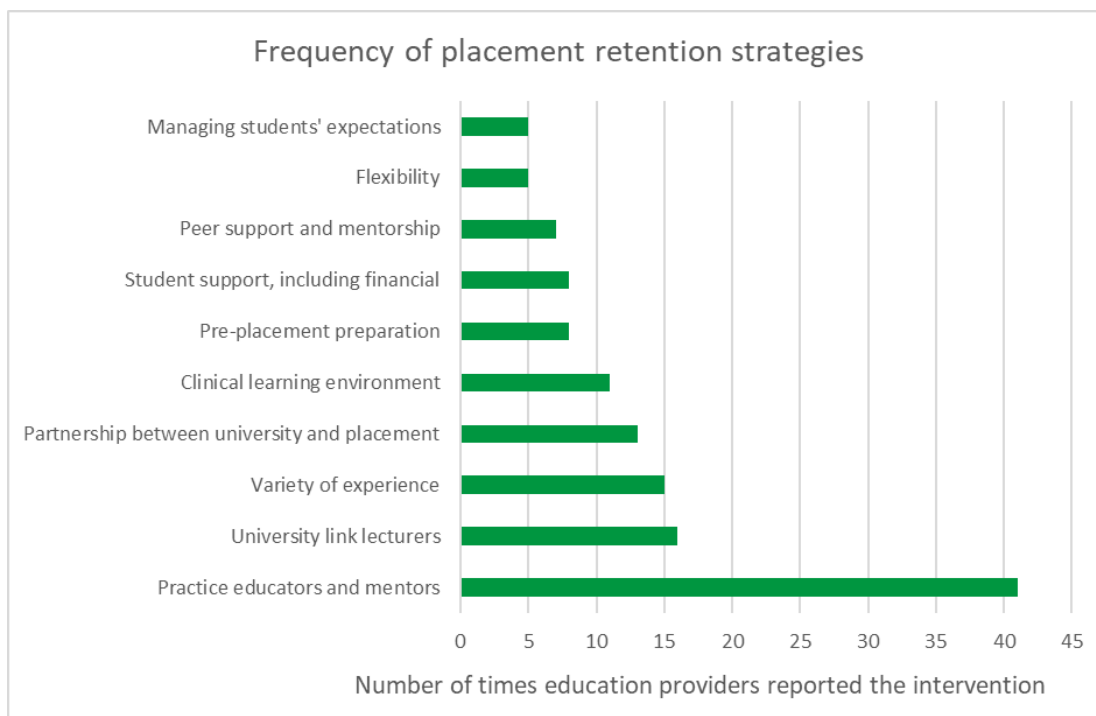


Figure 5 Placement retention strategy themes and frequency of occurrence throughout the UK during the 2017–18 academic year.

6.9 Completion from pre-registration programmes

According to data submitted by the education providers, at the point of submission 988 diagnostic radiography students and 339 therapeutic radiography students were eligible to apply for registration with the HCPC. This is a decrease for diagnostic radiography and an increase for therapeutic radiography, as demonstrated in Table 24, but it must be remembered that several diagnostic education providers did not submit data this year so the number of diagnostic radiographers potentially entering the workforce is likely to be higher.

According to the data submitted by therapeutic radiography education providers, 15 more students were eligible to apply for registration with the HCPC compared to the previous year.

Charts showing the distribution of degree classifications for diagnostic and therapeutic radiography BSc (Hons) degrees in the UK, for completion year 2017–18 are represented in Figure 6.

All education providers completed this section of the survey. However, some submitted classification figures which do not correspond with the completion figures submitted, i.e., the sum of the degree classifications does not equal the number of students that completed. In all but one data set the classification and completion figures differed only by a single student. One education provider, however, submitted data showing 35 more classifications than the number of students having completed. This data set has been removed from the degree classification charts (Figure 6 to Figure 12).

One programme submitted data for their postgraduate pre-registration diagnostic radiography programme, but they indicated that none of their students successfully completed the qualification in the year 2017-18. Consequently, there were no postgraduate pre-registration awards for diagnostic radiography students this year.

	Completion of a qualification	Awards leading to eligibility to register	Not eligible to apply for registration
Diagnostic radiography	994 (likely to be higher)	988 (likely to be higher)	6
Therapeutic radiography	341	339	2

Table 24 Number of completions and awards in diagnostic and therapeutic radiography programmes in the UK at the time of data submission.

6.9.1 Diagnostic radiography degree classification

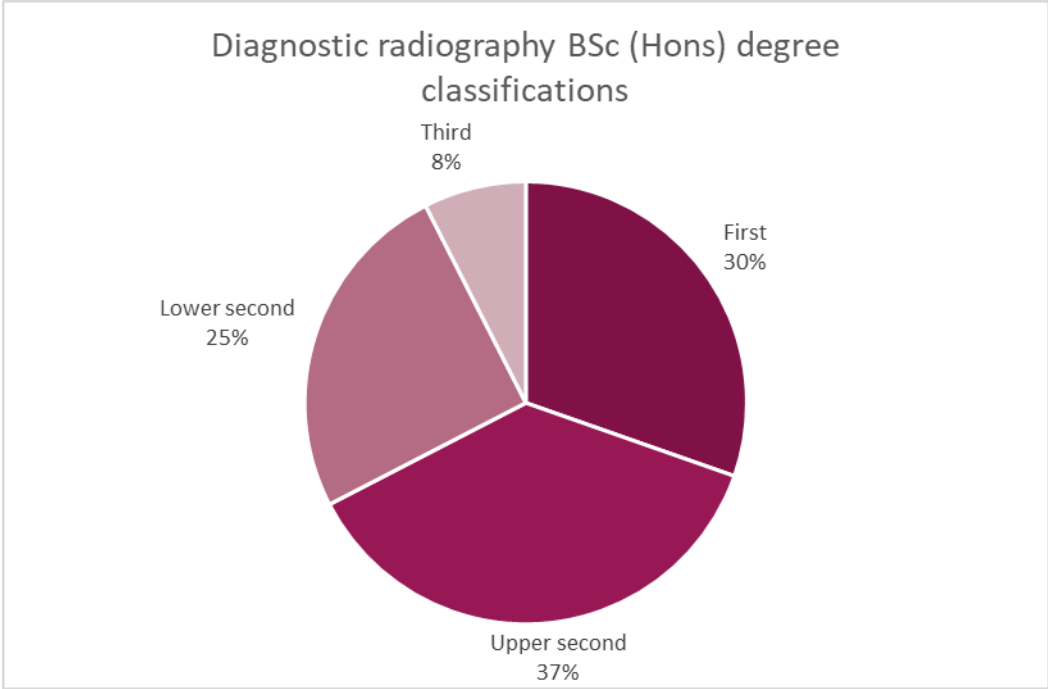


Figure 6 Chart showing distribution of degree classifications for diagnostic radiography BSc (Hons) degrees in the UK for completion year 2017–18.

6.9.2 Therapeutic radiography degree classification

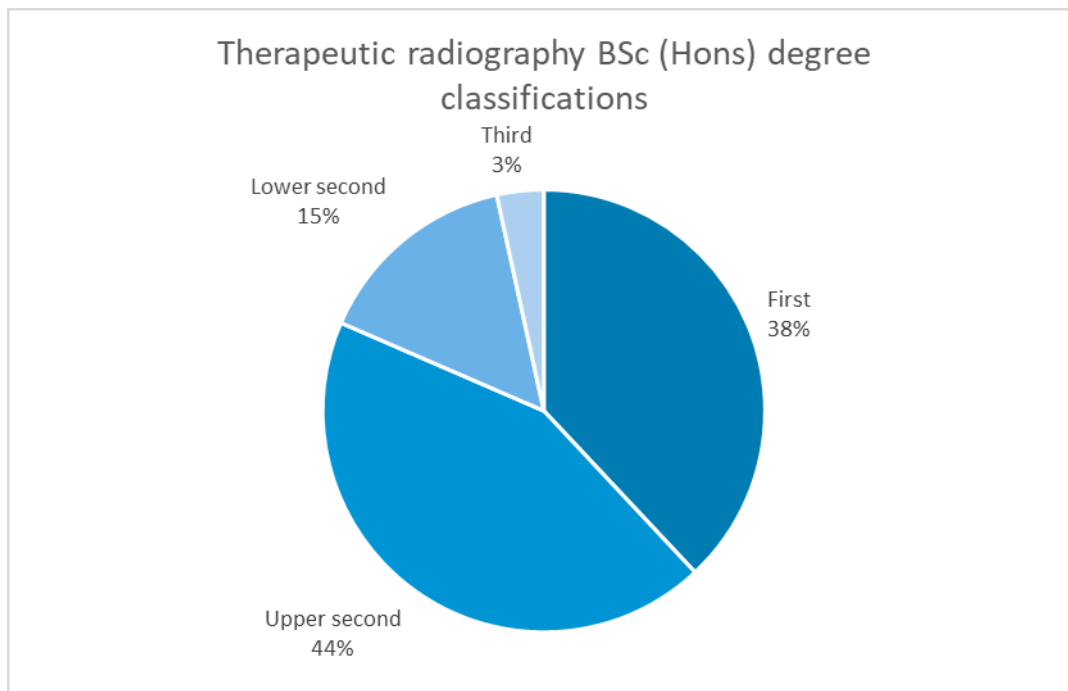


Figure 7 Chart showing distribution of degree classifications for therapeutic radiography BSc (Hons) degrees in the UK for completion year 2017–18.

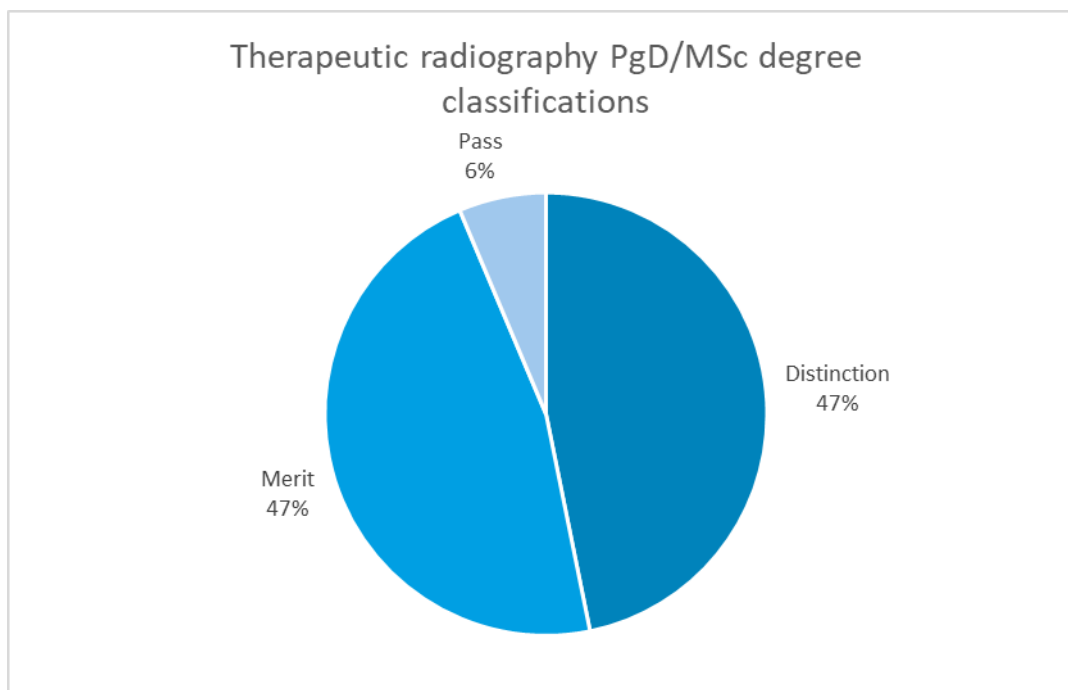


Figure 8 Chart showing distribution of degree classifications for therapeutic radiography PgD/MSc degrees in the UK for completion year 2017–18.

6.9.3 Comparison of degree classifications with previous years

Undergraduate degree classifications are presented in Figure 9 and Figure 10. Postgraduate classifications are presented in Figure 11 and Figure 12.

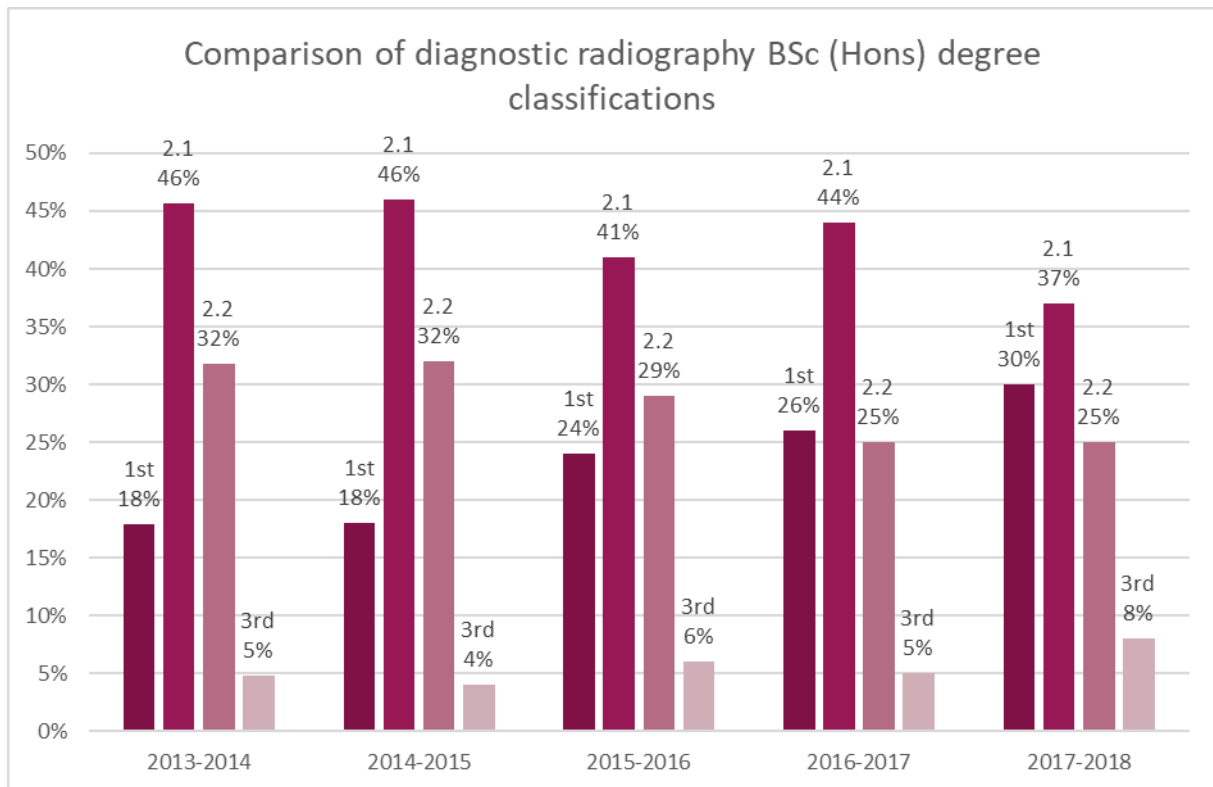


Figure 9 Chart showing degree classifications for BSc (Hons) diagnostic radiography programmes in the UK across the academic years 2013–18.

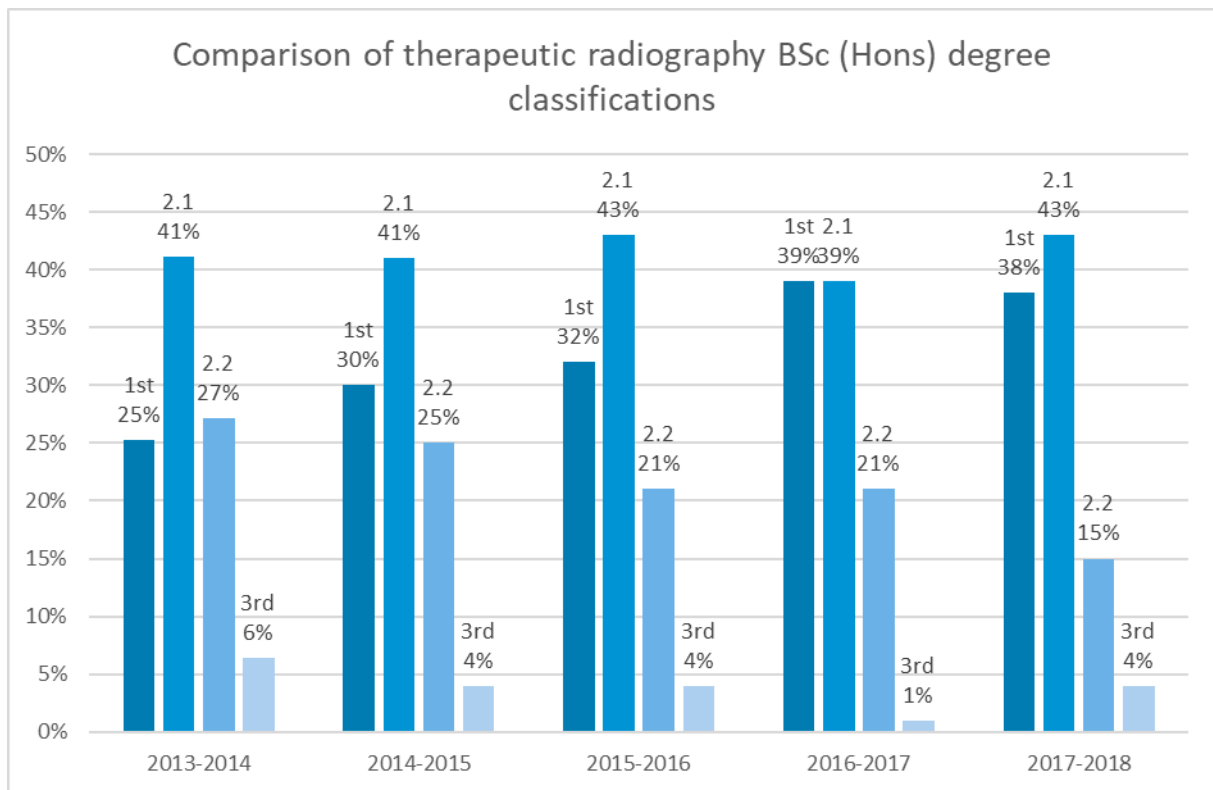


Figure 10 Chart showing degree classifications for BSc (Hons) therapeutic radiography programmes in the UK across the academic years 2013–18.

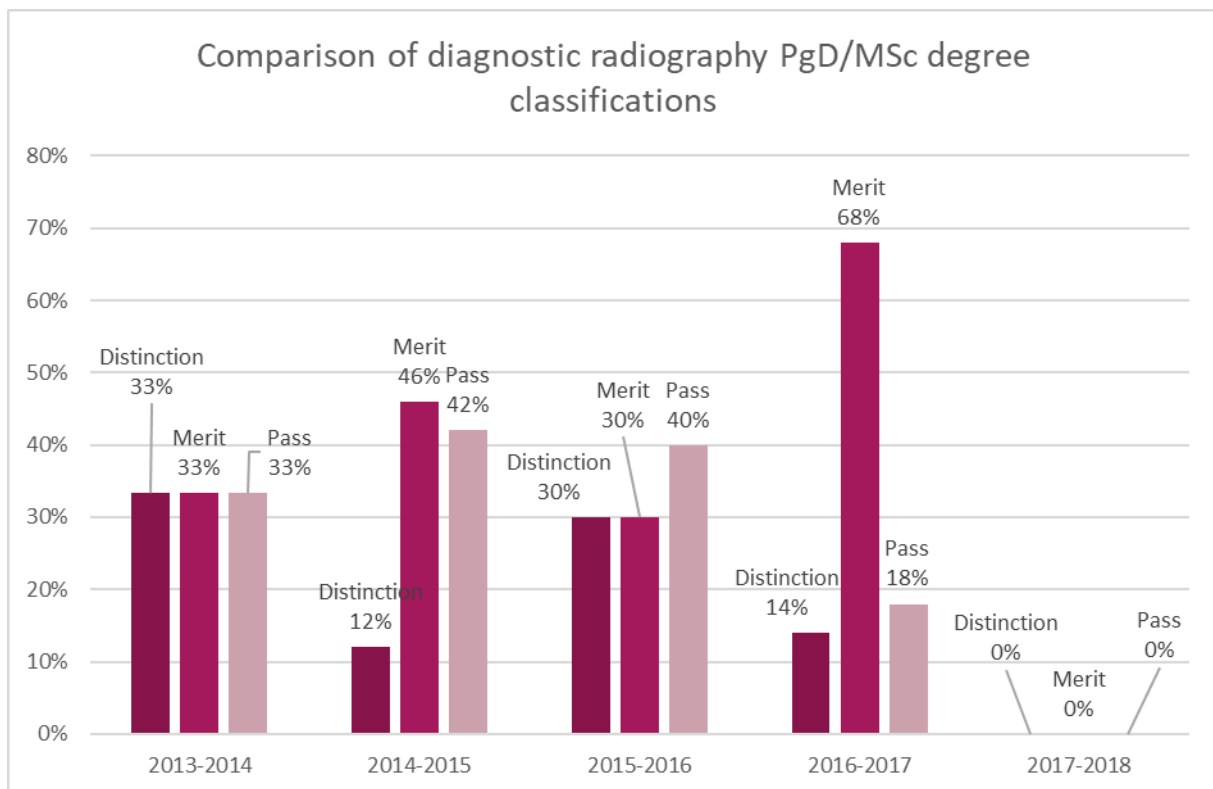


Figure 11 Chart showing postgraduate degree classifications for diagnostic radiography programmes in the UK across the academic years 2013–18.

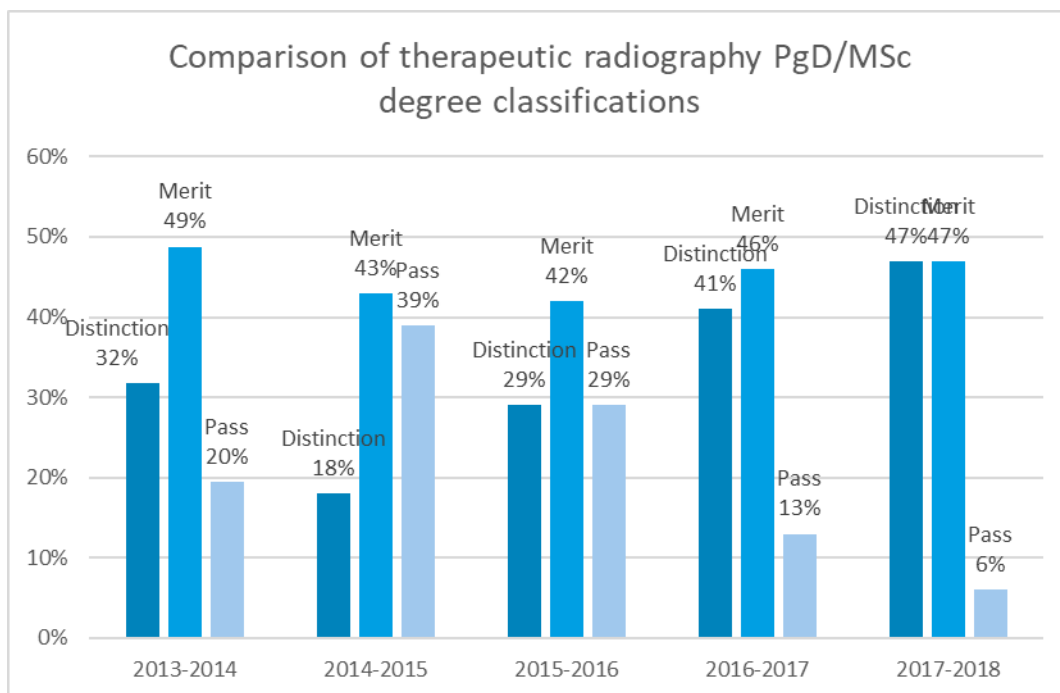


Figure 12 Chart showing postgraduate degree classifications for therapeutic radiography programmes in the UK across the academic years 2013–18.

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 included deferrals for research projects and other modules, and completion delays due to mitigating/extenuating circumstances.

As noted previously, some education providers submitted data prior to the final progression board so the data may show more students still to complete than there actually were for the 2017–2018 academic year.

Programme	Number of students still to complete
Diagnostic radiography	41
Therapeutic radiography	14

Table 25 Table showing the number of students still to complete their course at the point of annual survey completion. Data include undergraduate and postgraduate students.

6.10 Staff establishments

The staff establishment data provided will be used to inform 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 to student ratios have been calculated from the number of students who started the programme and do not take attrition into account.

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

The CoR does not make recommendations regarding staff to 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. One of the annual survey questions 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, to identify areas where there may be links; for example, a link between the staff to student ratio and attrition and retention.

The list of anonymised and randomised staff to student ratios can be found in 0 and education providers may find it useful to compare their ratio with similar-sized institutions.

6.10.1.1 Diagnostic radiography staff to student ratios

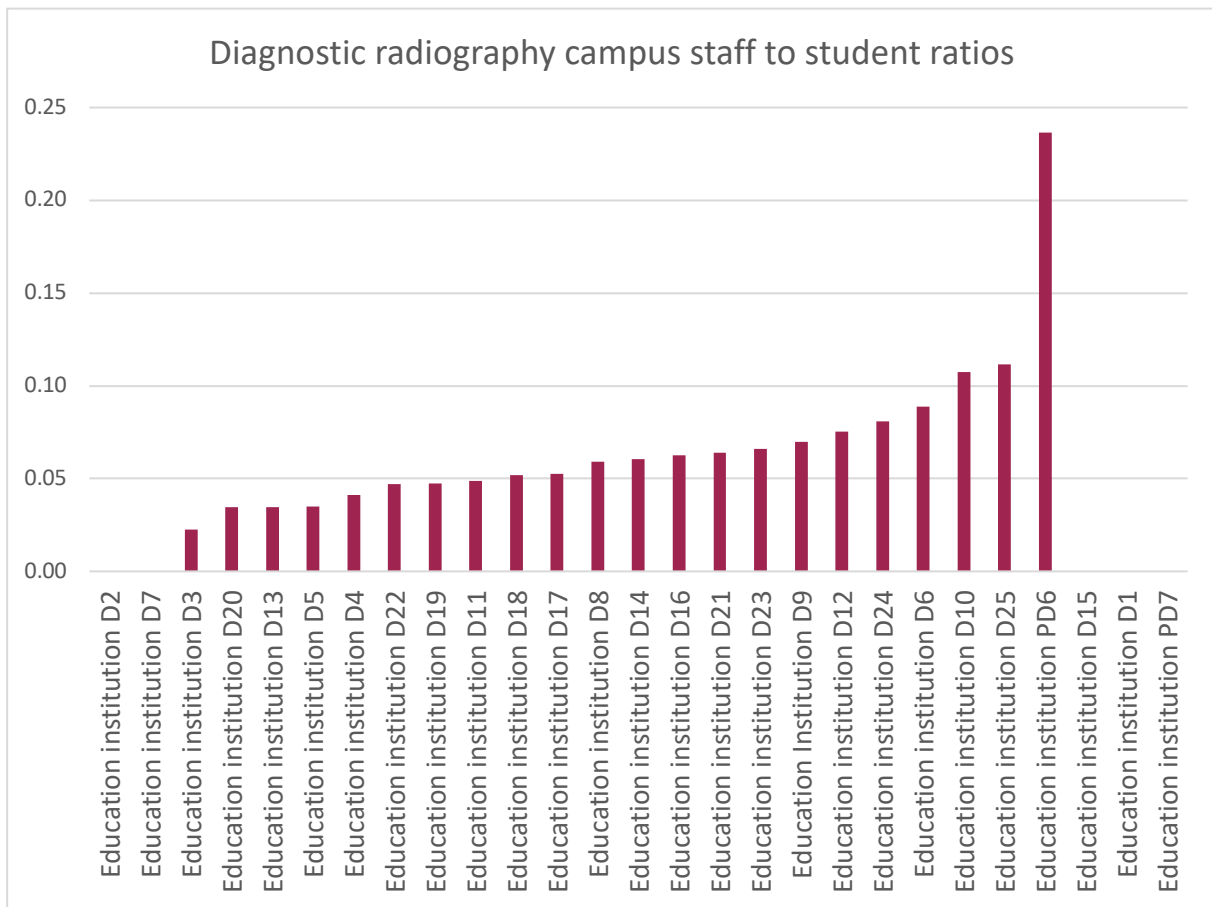


Figure 13 Chart showing the campus staff to student ratios for pre-registration diagnostic radiography programmes in the UK for the 2017–2018 academic year.

Education providers D2, D7, D15, D1 and PD7 did not submit data.

All education providers who submitted, provided data that appear to be realistic in value. Diagnostic radiography staff to student ratios vary from 0.02 (2 members of staff for every 100 students) to 0.24 (24 members of staff for every 100 students). However, the programme with the highest ratio is a postgraduate pre-registration programme with fewer students who are likely to share lecturers with undergraduate programmes. The highest ratio for an undergraduate pre-registration programme is 0.11 (11 members of staff for every 100 students).

Taking into account the likely number of lecturing staff from education providers that did not submit data, the number of diagnostic radiography lecturers is likely to have decreased (based on 2016–17 data). The highest ratio this year being 0.24 (24 members of staff for every 100 students) compared to 0.34 (34 members of staff for every 100 students) for 2016–17.

The mode value of staff to student ratio is 0.05.

Only two of the universities with among the lowest staff to student ratios also has some of the poorest student retention. This is consistent with the previous year's data, though the education provider is not the same. The university with the highest staff to student ratios also recorded no attrition. The two universities with the second highest staff to student ratios had the poorest retention. To date, no link can be inferred between the staff to student ratio and attrition.

6.10.1.2. Therapeutic radiography staff to student ratios

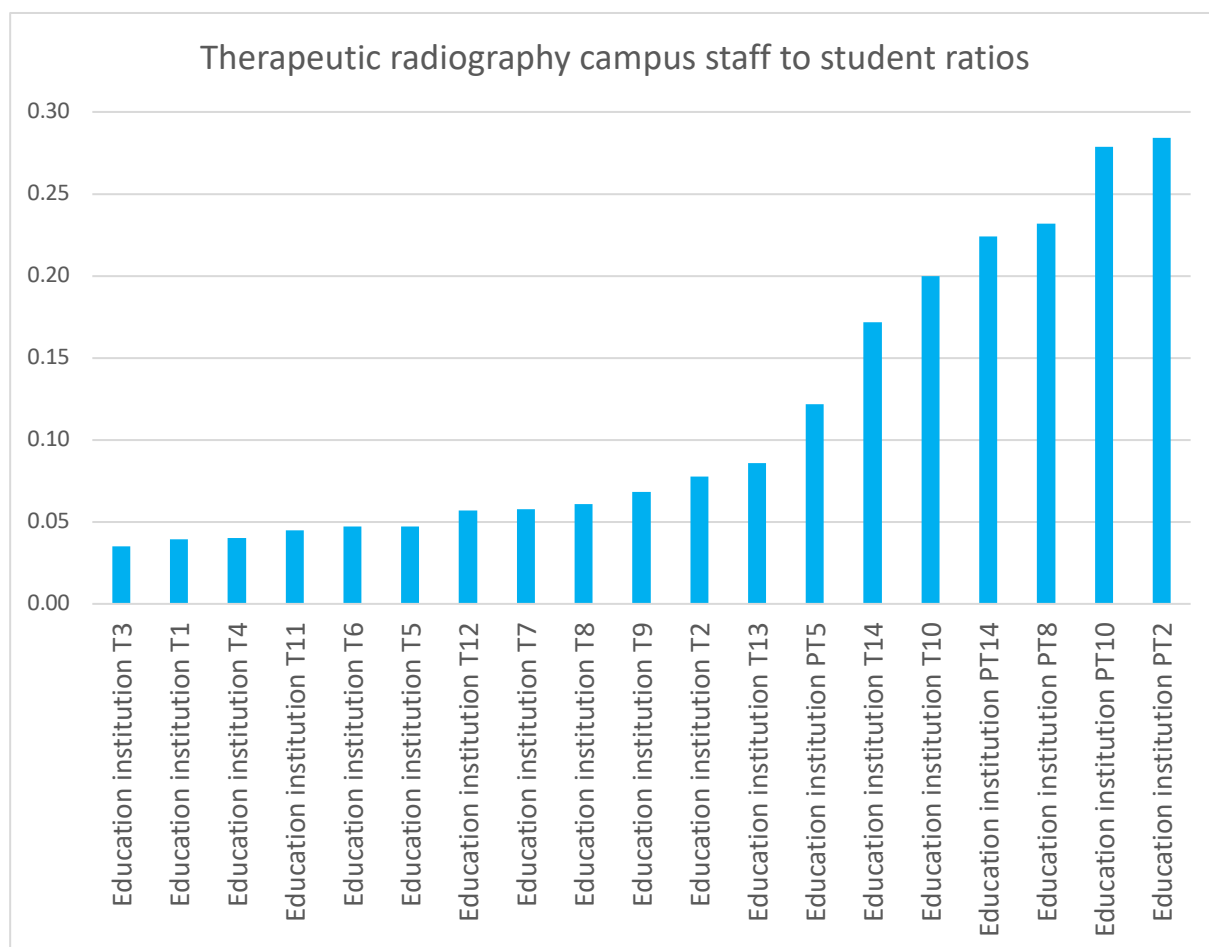


Figure 14 Chart showing the campus staff to student ratios for pre-registration therapeutic radiography programmes in the UK for the 2017–2018 academic year.

All education providers submitted data.

Therapeutic radiography staff to student ratios vary from 0.04 (4 members of staff to every 100 students) to 0.28 (28 members of staff to every 100 students). Five universities had a staff to student ratio between 0.20 (20 members of staff to every 100 students) and 0.28 (28 members of staff to every 100 students). Four of these providers with the largest staff to student ratios relate to postgraduate programmes with a smaller number of students.

The mode value of staff to student ratios is 0.04, 0.05 and 0.06.

From the data submitted by education providers, it is evident that the number of campus staff has continued to decrease from last year. Programme PT2 has reduced the number of campus-based staff from 0.51 to 0.28 full-time equivalent, PT14 has decreased from 0.44 to 0.22, T14 has reduced from 0.21 to 0.17. The CoR makes no recommendation as to the number of staff that should deliver each programme as methods of delivery can be very different between education providers. Two providers with the lowest staff to student ratio value of 0.04 (4 members of staff to every 100

students) also have attrition figures in excess of 45%. Again, these are different institutions compared to the previous academic year and no firm conclusions can be drawn without further research. However, the CoR, through the Approval and Accreditation Board, will continue to communicate with and monitor those education providers highlighted in this report.

6.10.2 Practice educators

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

A practice educator is usually a registered professional who supports learners in the workplace. They facilitate practice education alongside clinical and academic colleagues. In addition, the practice educator is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body; although it is recognised that local models of delivery and assessment will apply.

Generally, it is the practice educator who holds responsibility for ensuring that the contributing elements of practice education cover all relevant learning outcomes. (Health and Care Professions Education Leads Group, 2016)

The CoR acknowledges that many different titles are used for this role, though 'practice educator' is the most common term and is used throughout College documentation.

The annual survey did not ask who funded practice educator posts, or if the practice educators were accredited by the CoR.

6.10.2.1 Diagnostic radiography practice educator to student ratios

The charts for practice educator to student ratios are difficult to interpret due to two education providers indicating that they respectively have 200 and 60 practice educators that meet the definitions for this role, as stipulated by the College and the Health and Care Professions Education Leads group. One of these education providers is in Scotland. As there are only eight accredited practice educators for both diagnostic and therapeutic radiography located in Scotland, this education provider's assertion should be taken with a good degree of caution. The other education provider's assertion of 60 practice educators also significantly conflicts with the accreditation data held. Consequently, these two providers have been removed from Figure 15.

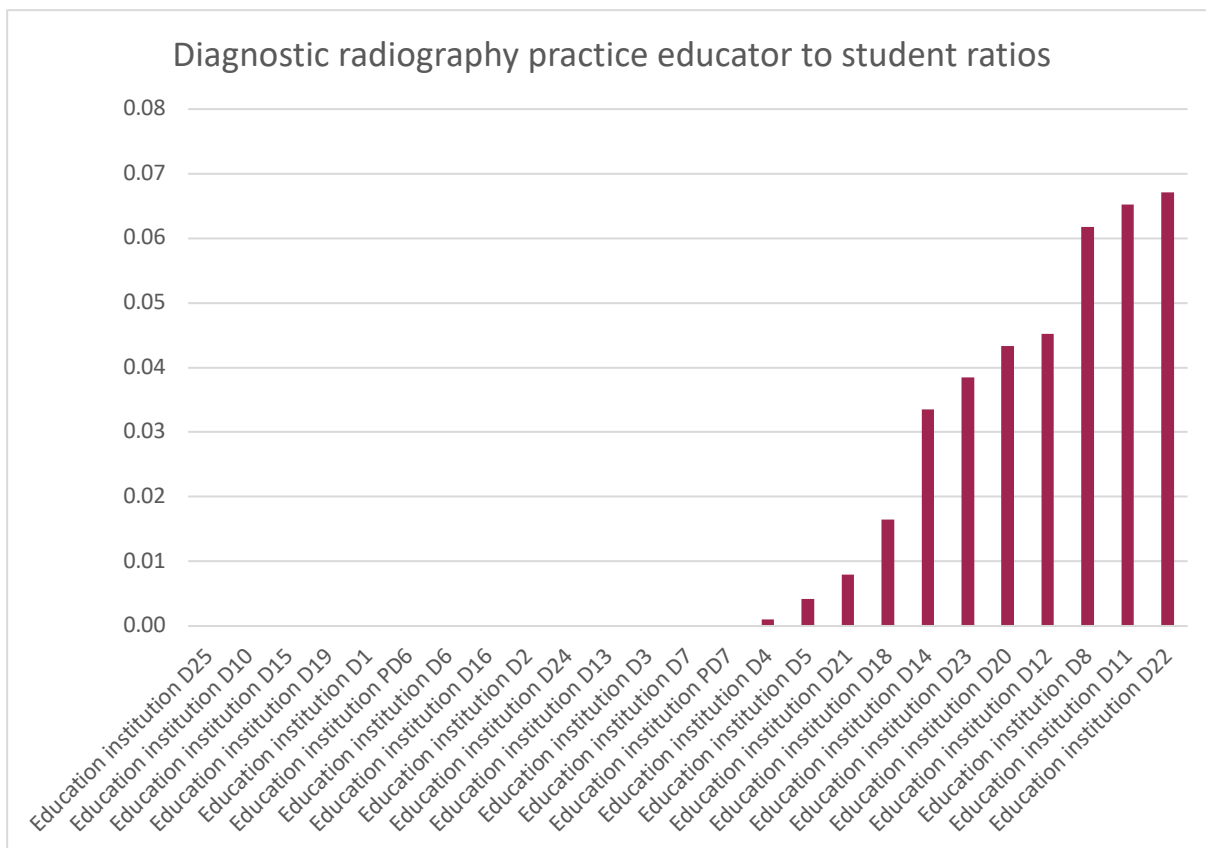


Figure 15 Chart showing the practice educator to student ratios for pre-registration diagnostic radiography programmes in the UK for the 2017–2018 academic year.

Worryingly, the mode value of practice educator to student ratios is 0.00 and has not changed since last year. There were five education providers who did not submit data – D1, D2, D7, PD7 and D15. As mentioned above, the data from two education providers was deemed unreliable and is not included in Figure 15. This leaves 9 out of 20 programmes for which education providers report there are no practice educators supporting students while they are on placement. The practice educator to student ratios range from 0.00 (no practice educators supporting students) to 0.07 (7 practice educators for every 100 students). This has decreased from last year (0.00–0.09). Given the pressures in clinical practice, this is a low number of practice educators supporting diagnostic radiography students whilst on placement, with nine programmes having students receive no support from a practice educator.

The CoR, through the Approval and Accreditation Board, will continue to communicate with and monitor those education providers highlighted in this report.

6.10.2.2 Therapeutic radiography practice educator to student ratios

More realistic figures were given for therapeutic radiography programmes this year and all are included in Figure 16.

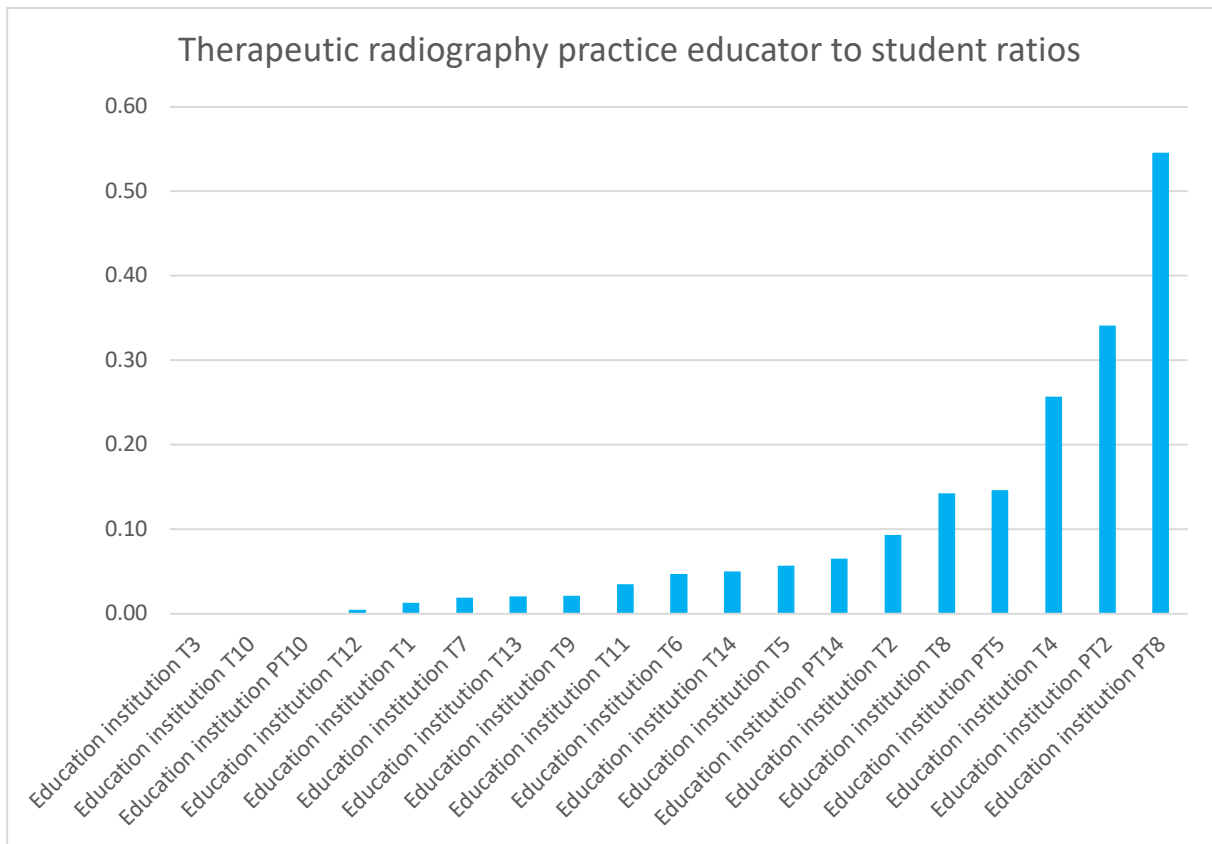


Figure 16 Chart showing the practice educator to student ratios for pre-registration therapeutic radiography programmes in the UK for the 2017–2018 academic year.

Four education providers report that they have no practice educators supporting their students, making the mode ratio value 0.00. There are less education providers with no practice educators than there were last year. The range was from 0.00 (no practice educators for every 100 students) to 0.55 (55 practice educators for every 100 students), which has increased since last year (0.00–0.19).

7 Post-registration programmes

7.1 Approvals/re-approvals of post-registration programmes

The AAB considered a variety of post-registration programmes. The figures in Table 26 are programmes which lead to qualification at Framework for Higher Education Qualifications (FHEQ) level 7 and above or Scottish Credit and Qualification Framework (SCQF) level 11 and above, i.e., Postgraduate Certificate/Diploma and MSc/MA.

Speciality	Number of approvals/re-approvals
Clinical imaging including CT, MRI, etc.	2 updates to existing approved programmes 4 extensions to existing approval period 2 new programme approvals
Breast imaging	0
Nuclear medicine/DEXA	1 update to existing approved programme
Radiotherapy	1 extension to existing approval
Practice Educator Accreditation Scheme	0
Others including professional and interprofessional provision	0

Table 26 Table showing the number of post-registration, postgraduate programmes approved by the AAB in 2017–2018.

The majority of post-registration approvals this year were related to extensions or amendments to current approvals.

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

Speciality	Number of approvals/re-approvals
Breast screening	0
Clinical imaging	1
Dental imaging	1
IV administration	0
MRI	1
Nuclear medicine/DEXA	1
Radiotherapy	0
Ultrasound (not eligible for Consortium for the Accreditation of Sonographic Education accreditation)	0
Assistant practitioner programmes leading to College of Radiographers accreditation	1 update to existing approved programmes
Others including interprofessional provision	1 practice education 1 paediatric imaging

Table 27 Table showing number of short courses approved by the AAB in 2017–2018.

9 Accreditation schemes

The CoR 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 1 January 2014 all assistant practitioners who are members of SCoR have had to apply for accreditation through CPD Now. From this date, the number of accredited assistant practitioners has been presented to the AAB, but not named, owing to the volume of successful applications.

Approval and Accreditation Board	Number of assistant practitioners presented
November 2017	48
February 2018	22
June 2018	22
Total	92

Table 28 Number of assistant practitioners accredited and presented to the AAB during 2017–2018.

9.2 Continuing professional development accreditation (CPD Now accreditation)

Those gaining CPD accreditation are not presented to the AAB.

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 that meet at least six CPD Now framework outcomes. Members' CPD Now records are not reviewed by the CoR, but we reserve the right to audit the records of those who have gained this accreditation.

9.3 Practice educator accreditation scheme

Approval and Accreditation Board	Number of practice educators presented
November 2017	9
February 2018	2
June 2018	9
Total	20

Table 29 Number of practice educators accredited and presented to the AAB during 2017–2018.

9.4 Advanced practitioner accreditation

Advanced practitioner accreditations are presented to the AAB.

Approval and Accreditation Board	Number of advanced practitioners presented
November 2017	5
February 2018	5
June 2018	4
Total	14

Table 30 Number of advanced practitioners accredited and presented to the AAB during 2017–2018.

9.5 Consultant practitioner accreditation

Consultant practitioner accreditations are presented to the AAB.

Approval and Accreditation Board	Number of consultant practitioners presented
November 2017	1
February 2018	0
June 2018	3
Total	4

Table 31 Number of consultant practitioners accredited and presented to the AAB during 2017–2018.

10 Continuing professional development event/resource endorsement

Event/resource endorsements are not presented to the AAB, but the Board maintains oversight of the endorsement process.

The CoR standards for CPD continue to be outcome based and do not ascribe to a points system or units of time. CPD is intended to result in an outcome of learning that maintains or develops practice. An event, programme or short course to be endorsed by the CoR must demonstrate that the content meets our professional body required standards for CPD and match at least two of a number of core CPD Now professional outcomes.

For the period 1 September 2017 – 31 August 2018 the CoR received 100 applications for endorsement of a range of resources including study days, annual general meetings, user group meetings, scheduled webinars, online on-demand tutorials, symposiums and conferences.

Endorsement of a resource remains valid for a period of two years unless there are any substantial changes to a programme. Substantial changes to a programme necessitate resubmission – during this period there were no resources that underwent resubmission due to change of content.

Of the 100 submissions, 23% (23 applications) were deferred for a variety of reasons including incomplete information on the application form, lack of strategy to support reflection, or no evidence of support or signposting toward further study. Of the 23 deferred applications, 5 were not resubmitted.

The number of applications for 2017–18, in comparison with previous years, remains within the normal range of applications and deferrals. The lowest number of applications was received in 2007 (50 submissions) and the highest in 2011 (135 submissions).

Challenges for the endorsement team have included the late submission of applications, changes to names of resources, and the unauthorised use of the CPD Now logo and associated wording on promotional material for events that have not undergone the endorsement process. These issues are dealt with on a case by case basis. In the extreme, this year the SCoR Director of Professional Policy wrote to a senior management team to reinforce the CoR endorsement policy. Overall, however, the majority of submissions are carefully worded, well designed and provided on a timely basis for consideration.

Tracy O'Regan

Professional officer for clinical imaging and research

11 Health and Care Professions Council

The relationship with the Health and Care Professions Council (HCPC) continued to be maintained and productive with CoR and HCPC working with new diagnostic radiography education providers to ensure that pre-registration programmes were of high quality and that students could expect an excellent learning experience both on campus and placement.

12 Interprofessional engagement

In November 2017 the health professional bodies and trade unions began to update the publication *A joint position statement on continuing professional development for health and social care practitioners* (Joint Health and Social Care Professional Bodies and Unions, 2007). The aim of this work was to update the document to reflect the growing number of regulated professions within the UK and the demands on these health and social care professionals and associated support staff in the need to deliver high quality safe patient care. The document was published in January 2019.

Once again SCoR worked with the National Association of Educators in Practice (NAEP) to put on a very well attended interprofessional conference for those with an interest in practice education and especially practice educators. The number of diagnostic and therapeutic radiographers attending and presenting continued to grow and the excellent work and research that diagnostic and therapeutic radiography practice educators carry out was clear for all delegates to see.

Health and Care Professions Education Leads group comprises representatives of all the health and care professions professional bodies and the Council of Deans of Health. The group regularly responds jointly to consultations affecting health and social care education in the UK. Much of the discussion during the year 2017-18 was around the new apprenticeship standards and the possible implications and opportunities for the health and care professions.

13 References

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- Society and College of Radiographers (2018). *Analysis of Student and Recently Qualified Radiographers Survey 2017*, [Report] London: Society and College of Radiographers.

Appendices

Appendix A UCAS tariff points – diagnostic radiography

Education institution	UCAS tariff points
D25	280*
D10	280*
D16	128
D12	128
D18	120
D5	120
D15	120
D4	120
D30	120
D11	120
D22	120
D24	120
D21	120
D14	120
D23	120
D8	120
D13	112
D17	112
D20	112
D19	108
D6	102
D2	No data submitted
D7	No data submitted
D9	No data submitted
D30	No data submitted

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 in previous years.

*Likely to be pre 2017 tariff points

Appendix B UCAS tariff points – therapeutic radiography

Education institution	Application/commissioned, funded or allocated places
T13	300*
T6	240*
T9	120
T12	120
T1	120
T2	120
T4	120
T14	120
T8	120
T5	112
T4	112
T11	112
T3	108
T10	102

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 in previous years.

*Likely to be pre 2017 tariff points

Appendix C Applications received – diagnostic radiography

Education institution	Applications received
D13	956
D5	755
D30	730
D23	687
D24	600
D14	585
D16	548
D11	536
D4	450
D15	440
D17	431
D25	412
D10	412
D18	360
D6	352
D21	338
D8	293
D19	292
D30	265
D20	221
D22	212
D12	210
D9	168
PD6	61
D2	No data submitted
D7	No data submitted

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 in previous years.

Appendix D Applications received– therapeutic radiography

Education institution	Applications received
T6	200
T9	191
T12	159
T3	154
T2	147
T13	133
T4	133
T1	109
T8	106
T4	86
T14	85
T11	78
T10	77
T5	72
PT8	49
PT14	30
PT5	24
PT10	24
PT5	23
PT2	0

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 in previous years.

Appendix E Randomised and anonymised attrition data figures

Data based on responses to the annual survey 2017–18. 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	2017–18 attrition	Position change from last year
1	Education institution D19	1	↑6
2	Education institution D8	2	↑13
2	Education institution D2	3	↓-1
2	Education institution PT10	3	↓-1
2	Education institution PT8	3	↓-1
7	Education institution D7	3	↑25
8	Education institution D15	3	↑28
9	Education institution PD7	3	↑18
10	Education institution D22	3	↑29
11	Education institution PD6	3	↓-1
12	Education institution T7	3	↓-1
13	Education institution D1	3	↑13
14	Education institution T10	3	↑39
15	Education institution D6	14	↑4
16	Education institution D18	15	↓-4
17	Education institution D12	16	↓-4
18	Education institution D4	17	↑6
19	Education institution D10	18	↑8
20	Education institution D24	19	↑18
21	Education institution D3	20	↑2
22	Education Institution D9	21	↓-12
23	Education institution D14	22	↓-2
24	Education institution D20	23	↓-9
25	Education institution PT14	24	↑9
26	Education institution T2	25	↓-24
27	Education institution T13	26	↑20
28	Education institution D21	27	↓-19
29	Education institution T14	28	↓-4
29	Education institution T3	28	↑15
31	Education institution D5	30	↑4
32	Education institution T5	31	↓-2
33	Education institution D13	32	↓-22
34	Education institution T11	33	↑4
35	Education institution D23	34	↑1
36	Education institution D16	35	↓-18
37	Education institution PT2	36	↓-23
37	Education institution D11	37	↓-12
39	Education institution T6	38	↓-11
40	Education institution T8	39	↓-20
41	Education institution D17	40	↓-11
42	Education institution PT5	41	↓-2
43	Education institution T12	42	↓-1
44	Education institution D25	43	↑2
45	Education institution T1	44	↓-8
46	Education institution T4	45	↓-5

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 in previous years.

Appendix F Randomised and anonymised campus staff to student ratios

Data based on responses to the annual survey 2017–18. 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 and other programmes.

Education institution	Campus staff to student ratio
Education institution PD6	0.24
Education institution PT8	0.23
Education institution T10	0.20
Education institution T14	0.17
Education institution D25	0.11
Education institution D10	0.11
Education institution D6	0.09
Education institution T13	0.09
Education institution D24	0.08
Education institution T2	0.08
Education institution D12	0.08
Education Institution D9	0.07
Education institution T9	0.07
Education institution D23	0.07
Education institution D21	0.06
Education institution D16	0.06
Education institution T8	0.06
Education institution D14	0.06
Education institution D8	0.06
Education institution T7	0.06
Education institution T12	0.06

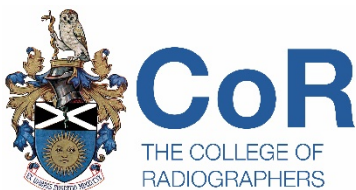
Education institution	Campus staff to student ratio
Education institution D17	0.05
Education institution D18	0.05
Education institution D11	0.05
Education institution D19	0.05
Education institution T5	0.05
Education institution T6	0.05
Education institution D22	0.05
Education institution T11	0.05
Education institution D4	0.04
Education institution T4	0.04
Education institution T1	0.04
Education institution T3	0.04
Education institution D5	0.03
Education institution D13	0.03
Education institution D20	0.03
Education institution D3	0.02
Education institution D15	No data
Education institution D2	No data
Education institution D7	No data
Education institution D1	No data

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 indicate fewer students per member of staff.



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