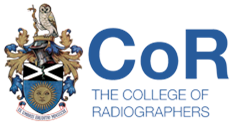
A picture containing icon

Description automatically generated

ASSESSOR FEEDBACK FORMS:

FHEQ Level 4 Assistant Practitioner Accreditation Routes

**A picture containing graphical user interface

Description automatically generatedAssistant Practitioner**

**College of Radiographers Approved FHEQ Level 4 Qualification Route**

Thank you for agreeing to undertake this application assessment for assistant practitioner accreditation via the **CoR approved level 4 qualification route**. This application route is for those who have successfully completed a CoR approved FHEQ Level 4 (or equivalent SCQF level 7) qualification for assistant practitioners within the last three years and who are currently working within an assistant practitioner role.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 and are applicable 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/SCQF level 7 assistant practitioner 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 |  |  |  | |
| **24 Assistant Practitioner Level 4 Learning Outcomes** | \***Applicants that have successfully completed a CoR approved FHEQ level 4/SCQF level 7 qualification for assistant practitioners** **will automatically be accepted as having fulfilled the 24 Assistant Practitioner** **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: | | | | |

**A picture containing graphical user interface

Description automatically generatedAssistant Practitioner**

**College of Radiographers Non-Approved Level 4 Qualification Route**

Thank you for agreeing to undertake this application assessment for assistant practitioner accreditation via the **CoR non-approved level 4 qualification route**. This route is for applicants who are currently working in an assistant practitioner role and who hold a CoR non-approved FHEQ level 4/SCQF level 7 qualification for assistant practitioners 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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/ SCQF level 7 qualification for assistant practitioners.  (or 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 details of further learning or development in addition to their FHEQ level 4/SCQF level 7 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 an assistant practitioner. |  |  |  | |  |
| 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 of 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. |  |  |  | |  |
| **24 Assistant Practitioner Level 4 Learning Outcomes** | **Yes** | **No** | **Comments** | | |
| Overall, the critical narrative clearly evidences how the applicant meets all 24 assistant practitioner 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: | | | | | |

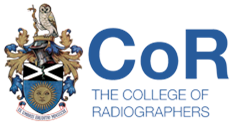
A picture containing graphical user interface

Description automatically generatedMapping of Reflections to Assistant Practitioner FHEQ Level 4/SCQF Level 7 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The 24 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 |  |  |
| [AP 01] Practise safely within relevant legal, ethical, professional and managerial frameworks and protocols. |  |  |  |  |  | |  |  |  |
| [AP 02] Demonstrate accountability, recognising and responding appropriately to strengths and limitations in own knowledge, skills and attributes. |  |  |  |  |  | |  |  |  |
| [AP 03] Understand the importance of evidence for safe, effective professional practice. |  |  |  |  |  | |  |  |  |
| [AP 04] Engage in continuing professional development. |  |  |  |  |  | |  |  |  |
| [AP 05] Manage self and work effectively. |  |  |  |  |  | |  |  |  |
| [AP 06] Use information management systems effectively. |  |  |  |  |  | |  |  |  |
| [AP 07] Demonstrate effective interpersonal communication skills. |  |  |  |  |  | |  |  |  |
| [AP 08] Ensure the radiation safety of all individuals in the working environment when it is their responsibility to do so. |  |  |  |  |  | |  |  |  |
| [AP 09] Practise within a risk-benefit framework, having regard to the biological effects of radiation. |  |  |  |  |  | |  |  |  |
| [AP 10] If entitled to do so by the employer, adhere to the role of operator in accordance with IR(ME)R 2000 and its subsequent amendments. |  |  |  |  |  | |  |  |  |
| [AP 11] Participate in quality assurance and undertake equipment testing within protocol. |  |  |  |  |  | |  |  |  |
| [AP 12] Demonstrate understanding of the significance of the relationship between anatomy, pathophysiology and the imaging and/or radiotherapy process. |  |  |  |  |  | |  |  |  |
| [AP 13] Employ effective positioning and immobilisation. |  |  |  |  |  | |  |  |  |
| [AP 14] Manipulate exposure factors and image recording parameters within protocol. |  |  |  |  |  | |  |  |  |
| [AP 15] Operate equipment safely and effectively within protocol. |  |  |  |  |  | |  |  |  |
| [AP 16] Carry out identified delegated procedures within protocol. |  |  |  |  |  | |  |  |  |
| [AP 17] Assess the technical quality of images produced. |  |  |  |  |  | |  |  |  |
| [AP 18] Record imaging examinations/radiotherapy interventions and their outcomes accurately. |  |  |  |  |  | |  |  |  |
| [AP 19] Supply and administer medicines under Patient Specific Directions (PSDs). |  |  |  |  |  | |  |  |  |
| [AP 20] Demonstrate awareness of the role of other imaging and treatment modalities. |  |  |  |  |  | |  |  |  |
| [AP 21] Work individually, collaboratively and/or in partnership to deliver person-centred care. |  |  |  |  |  | |  |  |  |
| [AP 22] Meet the care needs of individuals and their significant others sensitively and respectfully having regard to the impact of illness and trauma, and to socio-cultural differences. |  |  |  |  |  | |  |  |  |
| [AP 23] Demonstrate proficiency in basic life-support techniques, infection control and moving and handling. |  |  |  |  |  | |  |  |  |
| [AP 24] Ensure informed consent has been given prior to undertaking imaging examinations or radiotherapy. |  |  |  |  |  | |  |  |  |

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

**Assistant Practitioner Re-accreditation**

**College of Radiographers Level 4 Re-accreditation Route**

Thank you for agreeing to undertake this application assessment for assistant practitioner re-accreditation. This route is for applicants who hold a **FHEQ level 4/SCQF level 7 assistant practitioner qualification**, and who have previously been awarded CoR assistant practitioner accreditation and are due to renew. They must also be currently working in an assistant practitioner role.

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 assistant practitioner 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 an assistant practitioner. |  |  |  | |  |
| 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 of 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. |  |  |  | |  |
| **24 Assistant Practitioner Level 4 Learning Outcomes** | **Yes** | **No** | **Comments** | | |
| Overall, the critical narrative clearly evidences how the applicant meets all 24 assistant practitioner 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: | | | | | |

A picture containing graphical user interface

Description automatically generatedMapping of Reflections to Assistant Practitioner FHEQ Level 4/SCQF Level 7 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The 24 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 |  |  |
| [AP 01] Practise safely within relevant legal, ethical, professional and managerial frameworks and protocols. |  |  |  |  |  | |  |  |  |
| [AP 02] Demonstrate accountability, recognising and responding appropriately to strengths and limitations in own knowledge, skills and attributes. |  |  |  |  |  | |  |  |  |
| [AP 03] Understand the importance of evidence for safe, effective professional practice. |  |  |  |  |  | |  |  |  |
| [AP 04] Engage in continuing professional development. |  |  |  |  |  | |  |  |  |
| [AP 05] Manage self and work effectively. |  |  |  |  |  | |  |  |  |
| [AP 06] Use information management systems effectively. |  |  |  |  |  | |  |  |  |
| [AP 07] Demonstrate effective interpersonal communication skills. |  |  |  |  |  | |  |  |  |
| [AP 08] Ensure the radiation safety of all individuals in the working environment when it is their responsibility to do so. |  |  |  |  |  | |  |  |  |
| [AP 09] Practise within a risk-benefit framework, having regard to the biological effects of radiation. |  |  |  |  |  | |  |  |  |
| [AP 10] If entitled to do so by the employer, adhere to the role of operator in accordance with IR(ME)R 2000 and its subsequent amendments. |  |  |  |  |  | |  |  |  |
| [AP 11] Participate in quality assurance and undertake equipment testing within protocol. |  |  |  |  |  | |  |  |  |
| [AP 12] Demonstrate understanding of the significance of the relationship between anatomy, pathophysiology and the imaging and/or radiotherapy process. |  |  |  |  |  | |  |  |  |
| [AP 13] Employ effective positioning and immobilisation. |  |  |  |  |  | |  |  |  |
| [AP 14] Manipulate exposure factors and image recording parameters within protocol. |  |  |  |  |  | |  |  |  |
| [AP 15] Operate equipment safely and effectively within protocol. |  |  |  |  |  | |  |  |  |
| [AP 16] Carry out identified delegated procedures within protocol. |  |  |  |  |  | |  |  |  |
| [AP 17] Assess the technical quality of images produced. |  |  |  |  |  | |  |  |  |
| [AP 18] Record imaging examinations/radiotherapy interventions and their outcomes accurately. |  |  |  |  |  | |  |  |  |
| [AP 19] Supply and administer medicines under Patient Specific Directions (PSDs). |  |  |  |  |  | |  |  |  |
| [AP 20] Demonstrate awareness of the role of other imaging and treatment modalities. |  |  |  |  |  | |  |  |  |
| [AP 21] Work individually, collaboratively and/or in partnership to deliver person-centred care. |  |  |  |  |  | |  |  |  |
| [AP 22] Meet the care needs of individuals and their significant others sensitively and respectfully having regard to the impact of illness and trauma, and to socio-cultural differences. |  |  |  |  |  | |  |  |  |
| [AP 23] Demonstrate proficiency in basic life-support techniques, infection control and moving and handling. |  |  |  |  |  | |  |  |  |
| [AP 24] Ensure informed consent has been given prior to undertaking imaging examinations or radiotherapy. |  |  |  |  |  | |  |  |  |

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