Approval and Accreditation Board

Annual Report 1st September 2018 – 31st August 2019

THE COLLEGE OF RADIOGRAPHERS

Contents

1 Foreword

The College of Radiographers (CoR) is pleased to present the Approval and Accreditation Report for 2018–19. The academic year 2018–19 has been a busy year for both Higher Education Institutions and the Approval and Accreditation Board (AAB) with a considerable number of influential developments within the field of radiography education for both therapeutic radiography and diagnostic radiography. Alongside a considerable number of external factors that have impacted on health education, the AAB has worked to ensure that there is a high standard of consistency for the review of programmes leading to eligibility to apply for professional registration as a radiographer, for individual learning modules, CPD courses and short education courses. It is also important to acknowledge and thank College of Radiographers' Assessors as they carry out these reviews to a high and consistent standard. Assessors also act as an important source of information and guidance for education course providers. The involvement of the CoR ensures a consistency of standards across the wide variety of programmes and education providers. We continue to work with education providers to promote the importance of CoR programme approval.

Other developments this year have included the HEE 'place-based' tariff being piloted, which will be completed by April 2021. Work continues to ensure that practice placement agreements are in place when assessing approval. For each placement, education providers should have an agreement in place between themselves and the placement provider (and another education provider if the placement is shared). To date, all apprenticeship standards have been approved for diagnostic and therapeutic radiography, with the team undertaking a lot of work on apprenticeships in November 2019. Apprenticeship standards for Advanced Clinical Practice have also been approved. The Health and Care Professions Council has started its education review, reviewed their Standards of Education and Training, and also their approval process. The CoR contributed to these consultations both in person and through the Health Care Professions Education Leads group. The practice educator scheme was reviewed and updated with guidance produced for applicants, attestors and assessors. In addition to these considerable involvements, 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 for the quality of care to service users who attend radiotherapy or imaging services.

Many thanks to all the education providers 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.

Yvonne Thrackray
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. 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)
City, University of London – BSc (Hons)
Glasgow Caledonian University – BSc (Hons)

Therapeutic radiography programmes
Sheffield Hallam University – BSc (Hons)
Sheffield Hallam University – PgD
London South Bank University – BSc (Hons)
London South Bank University – PgD
University of Portsmouth – BSc (Hons) – this programme had no new starters, but did have continuing students

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. Applications to both diagnostic and therapeutic radiography programmes fell, compared with last year.
2. Eight diagnostic radiography education providers recruited to target and six over-recruited.
3. Four therapeutic radiography education providers received insufficient applications and only three education providers recruited to target.
4. Attrition for diagnostic radiography programmes increased by 2.66% from last year to 14.86%.
5. Attrition for therapeutic radiography programmes decreased by 2.05% from last year to 24.52%; however, not all education providers responded and the highest attrition value recorded was 40.00%.
6. The number of students that left a diagnostic radiography programme for financial reasons doubled this year.
7. More students this year have left their diagnostic radiography programme due to wrong career choice (12 students, compared to 9 last year).
8. Less students this year have left their therapeutic radiography programme due to wrong career choice (6 students, compared to 13 last year).
9. There were five diagnostic radiography programmes and four therapeutic radiography programmes that reported an absence of practice educators to support students while they are on placement. This has reduced from last year, but five providers did not respond. As the use of practice educators was the most common intervention cited to enhance retention, this requires further attention.

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 2018–19 academic year, which ran from 1 September 2018 to 31 August 2019.

Data were collected via the online survey system Survey Gizmo®. 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 early December 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 2019–20 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 2018–19. 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 the Society of Radiographers (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 a 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's 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 Delegates' Conference (SoR Members' policy advisory conference).
    - Be nominated to be an observer in attendance at the UK Council of the 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 associate and assistant practitioner programmes

During 2018–19, the College approved the apprenticeship standard and end point assessment related to Mammography Associates and the use of workplaces as placement sites for one Assistant Practitioner to Practitioner Bridging Programme, shown in Table 1.

Education institution	Programme type	Award
Mammography Trailblazer Group	Full approval	Mammography Associate Apprenticeship Standard and End Point Assessment (lower level than assistant practitioner qualification)
University of Derby	Approval for two students to use their workplaces as their practice placement sites	Assistant Practitioner to Radiographer Bridging Programme

Table 1 Table showing education institutions that had programmes related to assistant practitioners approved during the academic year 2018–19.

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	23	3	4
Therapeutic radiography	14	3	5

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 (2018–19) there were five diagnostic radiography and two therapeutic radiography programmes approved by the College. In addition, the College approved the two new apprenticeship standards:

- Diagnostic Radiographer (integrated degree)
- Therapeutic Radiographer (integrated degree)

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 cycles. 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 to fit with other programmes they run, as long as this is requested during the approval period.

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 2014–15	Number of programmes approved 2015–16	Number of programmes approved 2016–17	Number of programmes approved 2017–18	Number of programmes approved 2018–19
Diagnostic radiography	3	6	3	4	5
Therapeutic radiography	2	5	3	2	2

Table 3 Table comparing full pre-registration programme approvals during the academic years 2014–19.

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

Education institution	Award
Cardiff University	BSc (Hons) Radiotherapy and Oncology – full approval
Diagnostic Radiographer Trailblazer group	Diagnostic Radiographer (Degree) Apprenticeship Standard – approval of the standard
Glasgow Caledonian University	BSc (Hons) Radiotherapy and Oncology – one-year extension to existing approval
Robert Gordon University	MDRad Diagnostic Radiography – full approval
Sheffield Hallam University	BSc (Hons) Diagnostic Radiography – approval of integration into the university's Integrated Care Curriculum
Therapeutic Radiographer Trailblazer group	Therapeutic Radiographer (Degree) Apprenticeship Standard – approval of the standard
University of Derby	BSc (Hons) Diagnostic Radiography – full approval
University of Exeter	BSc (Hons) Medical Imaging (Diagnostic Radiography) – full approval and increase in student numbers
University of Liverpool	PgD in Radiotherapy – one year extension to existing approval
	BSc (Hons) Radiotherapy - full approval and change in programme title to BSc (Hons) Therapeutic Radiography and Oncology
	BSc (Hons) Diagnostic Radiography – full approval
	MSc Diagnostic Radiography – full approval
University of the West of England	BSc (Hons) Diagnostic Imaging – change in programme title to BSc (Hons) Diagnostic Radiography

Table 4 Table showing education institutions that had full pre-registration programmes approved, approval extended or adapted during the academic year 2018–19.

Education providers with CoR approved programmes are required to obtain approval by the College for major programme changes, new campus facilities and additional placements or placement sites. Table 5 shows the education providers who had new placements or facilities approved during 2018–19.

Education institution	Approval granted
City, University of London	BSc (Hons) Radiography (Radiotherapy and Oncology) – new placement provider (two sites)
University of Cumbria	BSc (Hons) Diagnostic Imaging – new placement provider
University of Suffolk	BSc (Hons) Diagnostic Radiography– increase in capacity and new placement provider
Ulster University	BSc (Hons) Diagnostic Radiography – increase in placement numbers and addition of three new placement providers

Table 5 Table showing education institutions that had additional placements, new campus facilities or changes in module credits approved during the academic year 2018–19.

6.2 Duration of pre-registration radiography programmes

In the academic year 2018–19 there were 24 education providers offering CoR approved pre-registration programmes in diagnostic radiography. This is a decrease of one from the previous academic year. This is the result of one provider falling outside of approval and discussions are ongoing to support them through the approval process.

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 2018–19. 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)	3	5
3 or 4 years (full-time undergraduate)	24	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 2018–19.

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.) and this is expected to be completed by April 2021.

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, and tripartite placement agreements where the placement is shared with another education provider. 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	Until 31 July 2017 HEE geographies commissioned students and funded placements through the ETT. 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.
Northern Ireland	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.
Scotland	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.
Wales	Health Education and Improvement Wales (HEIW) was established on 1 October 2018, which includes Workforce, Education and Development Services (WEDS). WEDS advises the Welsh Government each year of the required number of healthcare training places required to meet current and future NHS Wales workforce need. Tuition fees are paid for all students who have secured an NHS Wales funded place on a course. Students may also be entitled to a salary or bursary.

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 element has been included in the report since last year. 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 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 108 to 300 points. However, there are likely to be some old tariff points included. The range is more likely to be 102 to 120 points. The old tariff points have been excluded from the median and mode values below.

The median points value was 120 points.

The mode points value was 120 points. Six 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 (11%) in diagnostic radiography applications compared with last year; however, it must be remembered that data for four 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	2015–16	2016–17	2017–18	2018–19
Applications	13,228	12,505 (likely to be higher)	10,314 (likely to be higher)	9,178 (likely to be higher)
Commissions/funding /allocations	1,377	1,319 (likely to be higher)	Not collected	Not collected
Application to commission ratio	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	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 2015–19.

6.6.2 Diagnostic radiography applications – England

Data	2015–16	2016–17	2017–18	2018–19
Applications	11,365	10,476 (likely to be higher)	8,429 (likely to be higher)	7,680 (likely to be higher)
Commissions/funding /allocations	1,120	1,072 (likely to be higher)	Not collected	Not collected
Application to commission ratio	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	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 2015–19.

It appears that applications in England have decreased by 9% from last year; however, this is difficult to determine due to missing data from four institutions. Table 9 presents figures based on the data that were submitted.

6.6.3 Diagnostic radiography applications – Wales

Data	2015–16	2016–17	2017–18	2018–19
Applications	745	774	800	677
Commissions/funding /allocations	94	100	Not collected	Not collected
Application to commission ratio	7.93 students for each funded place	7.74 students for each funded place	Not collected	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 2015–19.

All education providers in Wales submitted data so it is clear to see in Table 10 that despite an increase of 3.36% in applications last year for diagnostic radiography programmes, there has been a decrease of 15.4% this year.

6.6.4 Diagnostic radiography applications – Scotland

Data	2015–16	2016–17	2017–18	2018–19
Applications	918	1,016	873	591 (likely to be higher)
Commissions/funding /allocations	115	99 (likely to be higher)	Not collected	Not collected
Application to commission ratio	7.98 students for each funded place	10.26 students for each funded place (likely to be lower)	Not collected	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 2015–19.

Applications for diagnostic radiography in Scotland decreased again this year, as shown in Table 11. While applications during the 2016–17 academic year may have been higher than normal, for 2017–18 and 2018–19 the number of applications has dipped to below those in preceding years. The reduction in the last year is 32.30%; however, caution should be used as one institution in Scotland did not respond.

6.6.5 Diagnostic radiography applications – Northern Ireland

Data	2015–16	2016–17	2017–18	2018–19
Applications	200	239	212	230
Commissions/funding /allocations	48	48	Not collected	Not collected
Application to commission ratio	4.17 students for each funded place	4.98 students for each funded place	Not collected	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 2015–19.

Applications in Northern Ireland have increased by 8.49% since last year, as shown in Table 12.

6.6.6 Therapeutic radiography applications – UK

Two therapeutic radiography education providers, one with BSc (Hons) and PgD programmes and one with BSc (Hons) only, did not provide data. One education provider had no new starters and have closed their programme. Therefore, it is impossible to say with confidence that the number of applications has decreased by 23.53% since 2017–18, as shown in Table 13.

Data	2015–16	2016–17	2017–18	2018–19
Applications	2,761	2,738	1,857	1,420 (likely to be higher)
Commissions/funding /allocations	478	468 (likely to be higher)	Not collected	Not collected
Application to commission ratio	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	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 2015–19.

6.6.7 Therapeutic radiography applications – England

Data	2015–16	2016–17	2017–18	2018–19
Applications	2,145	2,186	1336	923
Commissions/funding /allocations	385	388	Not collected	Not collected
Application to commission ratio	5.41 students for each funded place	5.63 students per funded place	Not collected	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 2015–19.

Two therapeutic radiography education providers, one with BSc (Hons) and PgD programmes and one with BSc (Hons) only, did not provide data. One education provider had no new starters and have closed their programme. Therefore, it is impossible to say with confidence that the number of applications have decreased by 30.92% since 2017–18, as shown in Table 14.

6.6.8 Therapeutic radiography applications – Wales

Data	2015–16	2016–17	2017–18	2018–19
Applications	129	129	133	129
Commissions/funding /allocations	22	22	Not collected	Not collected
Application to commission ratio	5.86 students for each funded place	5.86 students for each funded place	Not collected	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 2015–19.

Applications for therapeutic radiography in Wales have decreased by 3.01% since 2017–18, as shown in Table 15.

6.6.9 Therapeutic radiography applications – Scotland

Data	2015–16	2016–17	2017–18	2018–19
Applications	347	274	255	244
Commissions/funding /allocations	55	42 (likely to be higher)	Not collected	Not collected
Application to commission ratio	6.31 students for each funded place	6.52 students for each funded place (likely to be lower)	Not collected	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 2015–19.

Applications for therapeutic radiography in Scotland have decreased by 4.31 % since 2017–18, as shown in Table 16.

6.6.10 Therapeutic radiography applications – Northern Ireland

Data	2015–16	2016–17	2017–18	2018–19
Applications	140	149	133	124
Commissions/funding /allocations	16	16	Not collected	Not collected
Application to commission ratio	8.75 students for each funded place	9.31 students for each funded place	Not collected	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 2015–19.

Applications in Northern Ireland have decreased by 6.77% since 2017–18, 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.

There were four therapeutic radiography programme providers that reported they had received insufficient applications; this was greater than for diagnostic radiography where only one education provider reported that they had received insufficient applications. Two diagnostic radiography education providers indicated that fewer applicants than expected had achieved the necessary grades than expected, compared with one education provider reporting the same for therapeutic radiography. Six diagnostic radiography education providers reported that more applicants than expected had achieved the necessary grades and, therefore, over recruited. Eight diagnostic radiography education providers reported that they had recruited to target compared to three therapeutic radiography education providers.

Data is given in Table 18 and Table 19 for the student intake from 2016–17 to 2018–19. It is difficult to draw any conclusions from this data due to a number of education providers not responding to the survey each year.

Appendix E and Appendix F detail the student intake for each institution for diagnostic radiography programmes and therapeutic radiography programmes respectively.

6.7.1 Diagnostic radiography student intake

Country	2016–17	2017–18	2018–19
England	1125	749 (nine did not respond)	1180 (3 did not respond)
Northern Ireland	46	54	61
Scotland	127	137	77 (one did not respond)
Wales	102	29 (one did not respond)	111
Total student intake	**1400**	**969**	**1429**

Table 18 Table showing the number of students starting diagnostic radiography programmes during the academic years 2016–19.

6.7.2 Therapeutic radiography student intake

Country	2016–17	2017–18	2018–19
England	361	288 (four did not respond)	215 (four did not respond and Portsmouth University closed their course)
Northern Ireland	22	14	15
Scotland	50	47	47 (one provider did not recruit)
Wales	22	20	21
Total student intake	**455**	**369**	**298**

Table 19 Table showing the number of students starting therapeutic radiography programmes during the academic years 2016-19.

6.7.3 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 2018–19 saw an increase of five international students in England for diagnostic radiography.

The number of international students recruited in 2018–19 is shown for diagnostic radiography in Table 20 and for therapeutic radiography in Table 21.

6.7.3.1 Diagnostic radiography international students

Country	2014–15	2015–16	2016–17	2017–18	2018–19
England	18 including anomalous data 7 excluding anomalous data	5	8	8	13
Northern Ireland	1	0	0	0	1
Scotland	0	2	2	2	0
Wales	1	0	0	0	0

Table 20 Table showing the number of international students admitted to diagnostic radiography programmes across the four UK countries during the academic years 2014–19

6.7.3.2 Therapeutic radiography international students

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

Country	2014–15	2015–16	2016–17	2017–18	2018–19
England	1	1	1	6	8
Northern Ireland	0	0	0	0	0
Scotland	0	1	4	1	0
Wales	0	0	0	0	2

Table 21 Table showing the number of international students admitted to therapeutic radiography programmes across the four UK countries during the academic years 2014–19.

6.8 Student attrition from pre-registration programmes

Confident comparisons can be drawn between survey data from 2017–18 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:

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

S_o = Number of students starting the programme
S_c = Number of students who have completed the programme in 2018–19
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 2015–16 in Scotland
- 3-year BSc (Hons) starting in the academic year 2016–17 in the rest of the UK
- 2-year PgD/MSc starting in the academic year 2017–18 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 G.

6.8.1 Diagnostic radiography attrition

Figures in Table 22 are based on submitted data only. Three education providers did not submit any data and one additional provider did not submit data related to completion.

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	1279	1052	37	14.86%

Table 22 Number of students that started, completed and are still to complete Diagnostic Radiography BSc (Hons) and PgD/MSc programmes in the UK leading to the total attrition for diagnostic radiography.

Diagnostic radiography student attrition has increased 2.9% since 2014–15 and this year is 14.86%.

Attrition from diagnostic radiography programmes ranges from 0% to 34.56%. Fourteen education providers have an attrition value of 10% or more.

6.8.2 Therapeutic radiography attrition

Figures in Table 23 are based on submitted data only. Five education providers did not submit any data.

Last year, therapeutic radiography student attrition increased by just over 4%. This year, it has reduced by 2.05% to 24.52%; however, not everyone provided data so it is difficult to assume that this is a real decrease in attrition.

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	310	222	12	24.52 %

Table 23 Number of students that started, completed and are still to complete Therapeutic Radiography BSc (Hons) and PgD/MSc programmes in the UK leading to the total attrition for therapeutic radiography.

Attrition for therapeutic radiography programmes ranges from 13.64% attrition to 40.00%, as shown in Appendix G.

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.

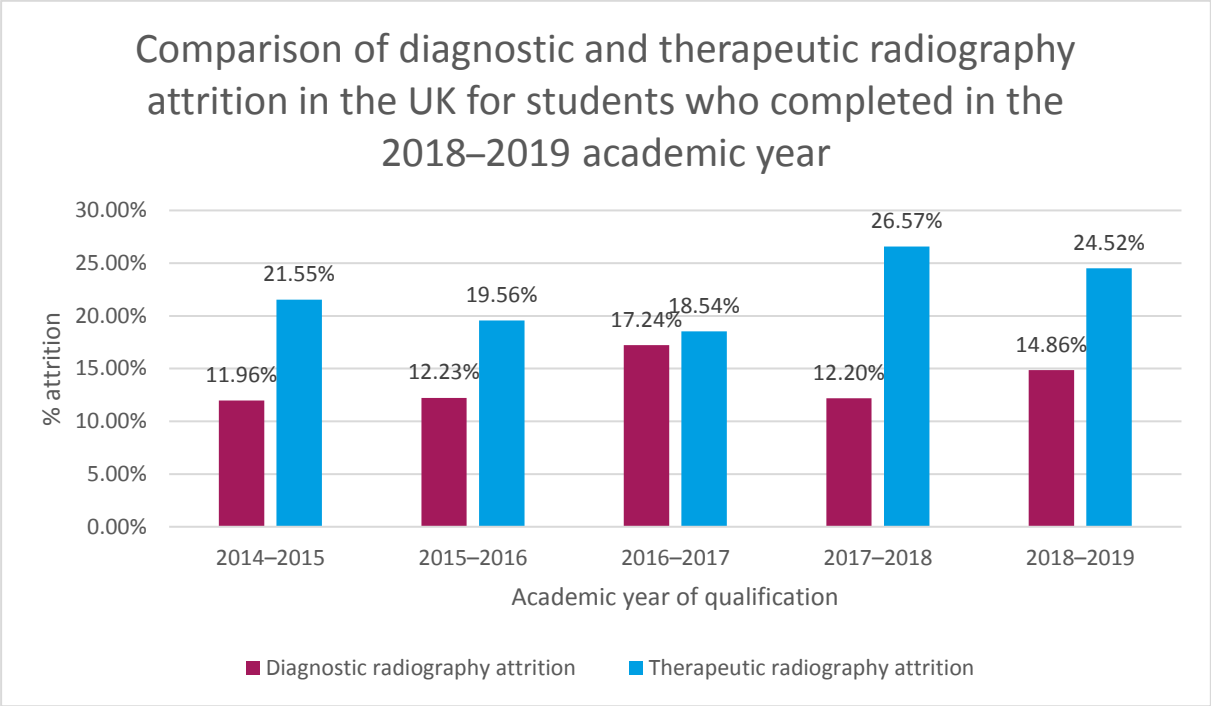

Figure 1 Chart showing a comparison of diagnostic and therapeutic radiography attrition.

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.

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

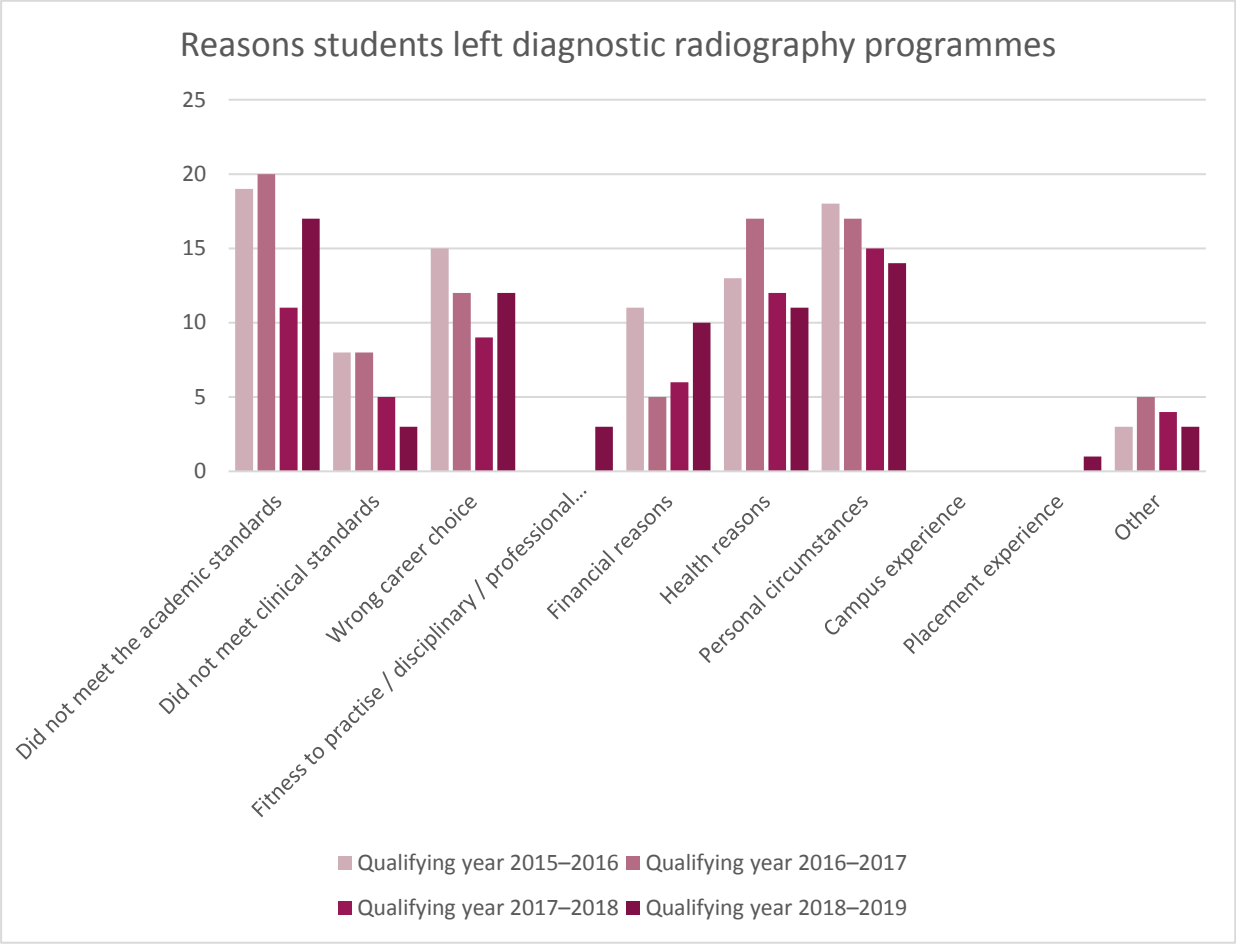

Figure 2 Chart showing the number of and reasons for students not completing diagnostic radiography programmes in the UK during the academic years 2015–19.

This year, failure to meet the academic standards was the most prevalent reason for students not completing diagnostic radiography programmes. After that, the most prevalent reasons given for students not completing programmes were personal circumstances, wrong career choice and health reasons. This year, more students left their diagnostic radiography programmes due to wrong career choice, compared with last year. The number of education providers citing financial reasons for students leaving the programme has almost doubled since last year.

"Other" reasons given by diagnostic radiography education providers were:

- One education provider reported that there was no course recruitment in this cycle (new provider).
- Transferring to an education provider close to home.
- One student failed to return from interruption.

6.8.4.2 Reasons students left therapeutic radiography programmes

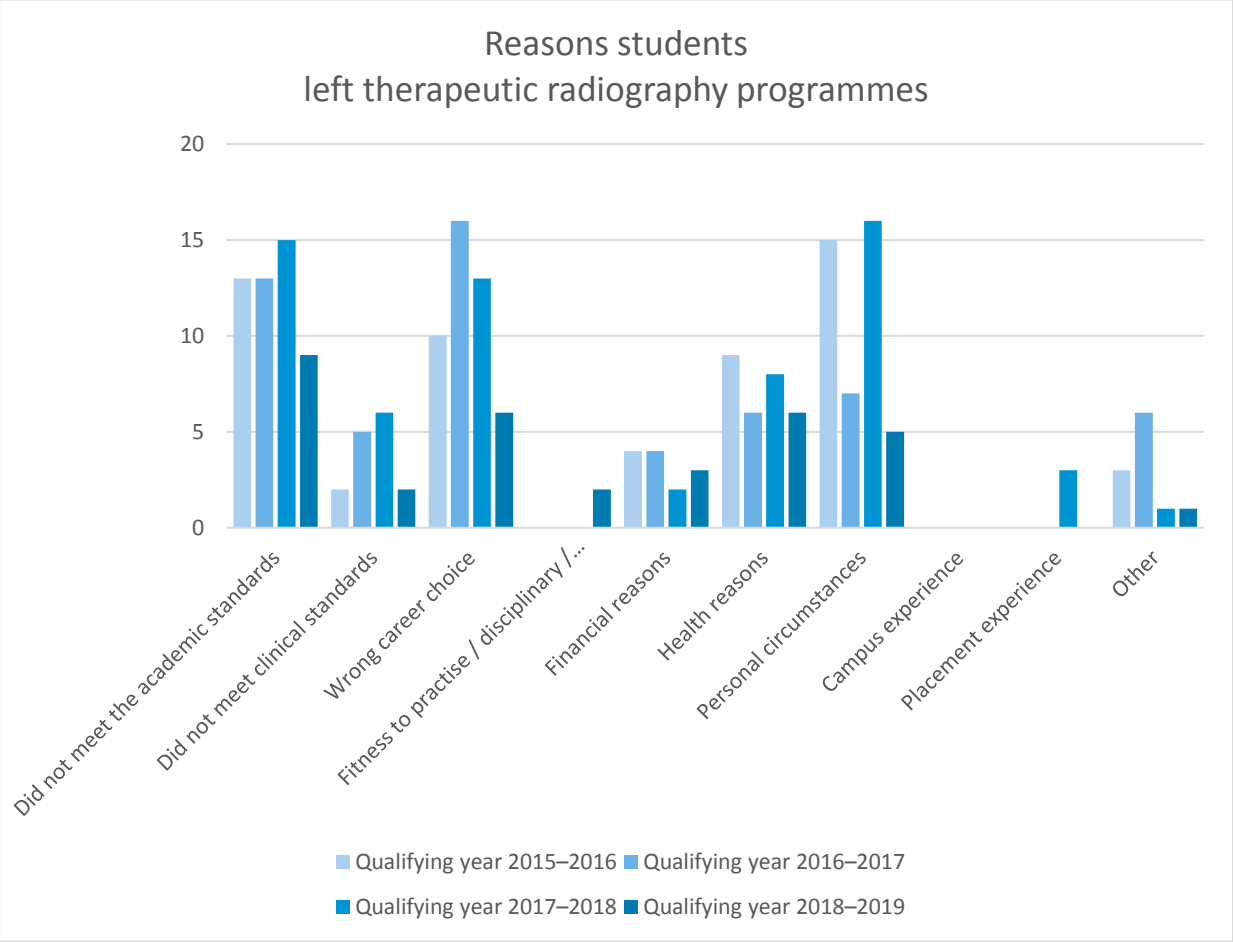

Figure 3 Chart showing the number of and reasons for students not completing therapeutic radiography programmes in the UK during the academic years 2015–19.

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 not meeting academic standards, closely followed by wrong career choice, health reasons and personal circumstances. This year, less students left their therapeutic radiography programme due to wrong career choice (6, compared to 13 last year) and personal circumstances (5, compared to 16 last year).

Only one university reported "other" as not being one of the given options. This provider did not recruit in this cycle.

6.8.5 Successful strategies for reducing attrition

Respondents were asked to give their top three retention strategies both on campus and placement.

6.8.5.1 Campus retention strategies

Eight 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.

Common themes are shown in Table 24 and the frequency of the themes for 2018–19 is shown in Figure 4.

1) Personal tutors and pastoral support • Personal tutor support • Regular personal tutor meetings • Support and prompt intervention by personal tutor • Year manager support • Peer support/buddy system	2) Academic advice and support • Academic support • Academic advisor • Supportive and approachable team • Developing academic literacy skills • Learning services support
3) Assessment strategy • Careful assessment strategies • Staggered assessments • Use of university regulations to support students • Exception extenuating personal circumstances policy • Revision and formative assessment • Opportunity to repeat/restudy	4) Enabling and engaging students with the programme • Student and staff liaison • Open student and staff partnerships and feedback mechanisms • Responding to student feedback • Regular cohort feedback sessions • Students' involvement in programme changes • Communication
5) Learning and teaching strategy • Quality of teaching and educational support • Flexible regarding punctuality and attendance • Effective preparation for practice • At risk register to identify students • Early identification and intervention • Personalised student experience • Well-organised programme delivery • Small cohorts • Engendering a sense of community amongst the cohort • Online resources • Enabling a flexible curriculum • Flexible and responsive learning and teaching strategies • Peer-assisted learning scheme	6) Other • Opportunity to transfer to part-time student or vice versa • Holiday periods to enable students to work • Setting expectations at interview to prepare students • Open nights and information days prior to starting to ensure informed choice
7) Central student support services • Effective access to support services • Student support networks • Mental wellbeing support	8) Facilities • Students' union • Quality of facilities

Table 24 Themes related to successful campus-based retention strategies.

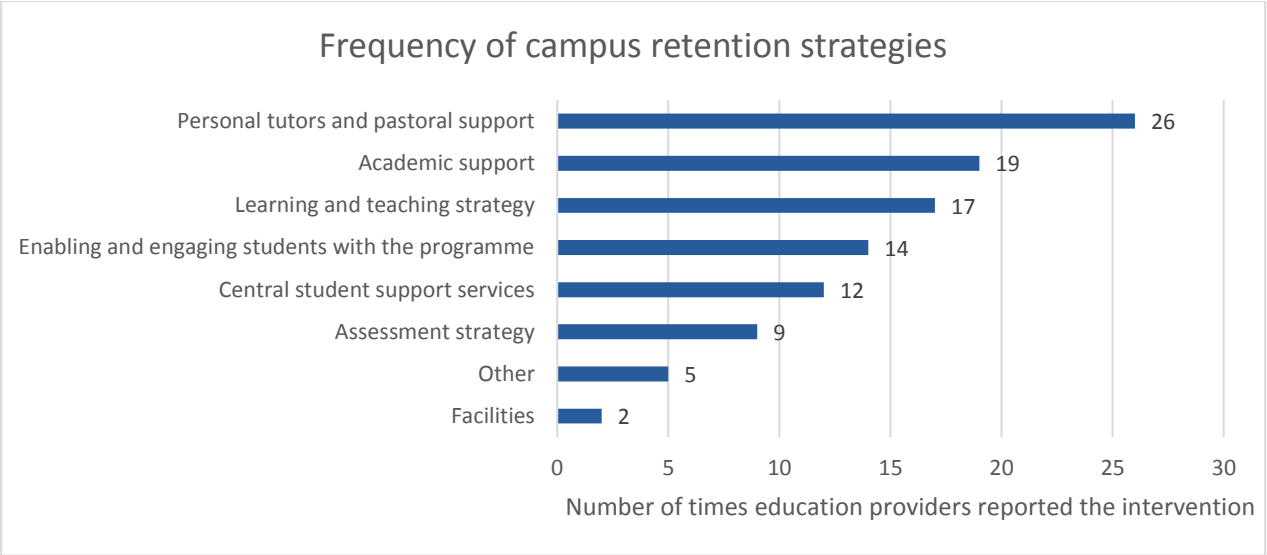

Figure 4 Campus retention strategy themes and frequency of occurrence throughout the UK during the 2018–19 academic year.

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
- Clinical placement co-ordinator

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 for placement retention strategies are shown in Table 25 and the frequency of the themes for 2018–19 is shown in Figure 5.

1) Practice educators • Provision of practice educators • Clinical tutors with dedicated time for support/tutorials • Allocation of mentors • Network of student liaison radiographers, mentors and assessors for student support • Good training for practice mentors • Quality of clinical educators • Good supportive mentors • Regular practice educators meeting to ensure clinical staff kept informed • Annual mentors for every student • Identified practice educator at each site location with responsibility of management of placement • Update training for staff	2) Allocation of placement • Variety of clinical sites • One student on a Linac • Clinical learning opportunities • Variety of modalities available • Early clinical placement in year one • Placement rotations • Students attend a variety of hospitals to encourage resilience and adaptability • Negotiating placement patterns • Geography • Rotating students to difference sites each year thus ensuring an equitable student experience • Placement allocation • Process to change clinical placement centres
3) University personal tutors/link lecturers • Link lecturer • Open door policy • Regular personal tutor visits • Personal tutor visits each fortnight	4) Partnership between university and placement • Close partnerships with all placement sites • Biannual clinical liaison meetings at the university • Communication
5) Assessment/Feedback/Evaluation • Responding to student feedback • Individual student clinical appraisals where issues fed back and discussed with placement sites • Early identification and intervention by clinical/academic team • A 'You said, we did' approach to feedback – engaging students in evaluation • Clear and effective assessment packages which are flexible to the needs of individual students • Placement evaluations and student attendance monitoring to identify concerns only • Placement debriefs	6) Preparation for placement • Clear instructions for placement success • Placement preparation • Simulation in academic setting
7) Belonging • Team building • Belonging • Long placements allow students to integrate into departments and feel a sense of belonging • Feeling welcome and part of the team	8) Flexibility • Enabling flexibility in student attendance to support those with childcare responsibilities • Help with student travelling (e.g. flexible start time) • Making suitable adjustments to timeframes required to meet learning outcomes • Flexibility and willingness to accommodate student circumstances when situations arise • Flexible working patterns
9) Personalisation • Personalised placement experience • Each placement tailored to individual student's needs	10) Other • Student support services • Resources and facilities • Student buddy system/peer support • Personal days

Table 25 Themes related to successful placement-based retention strategies.

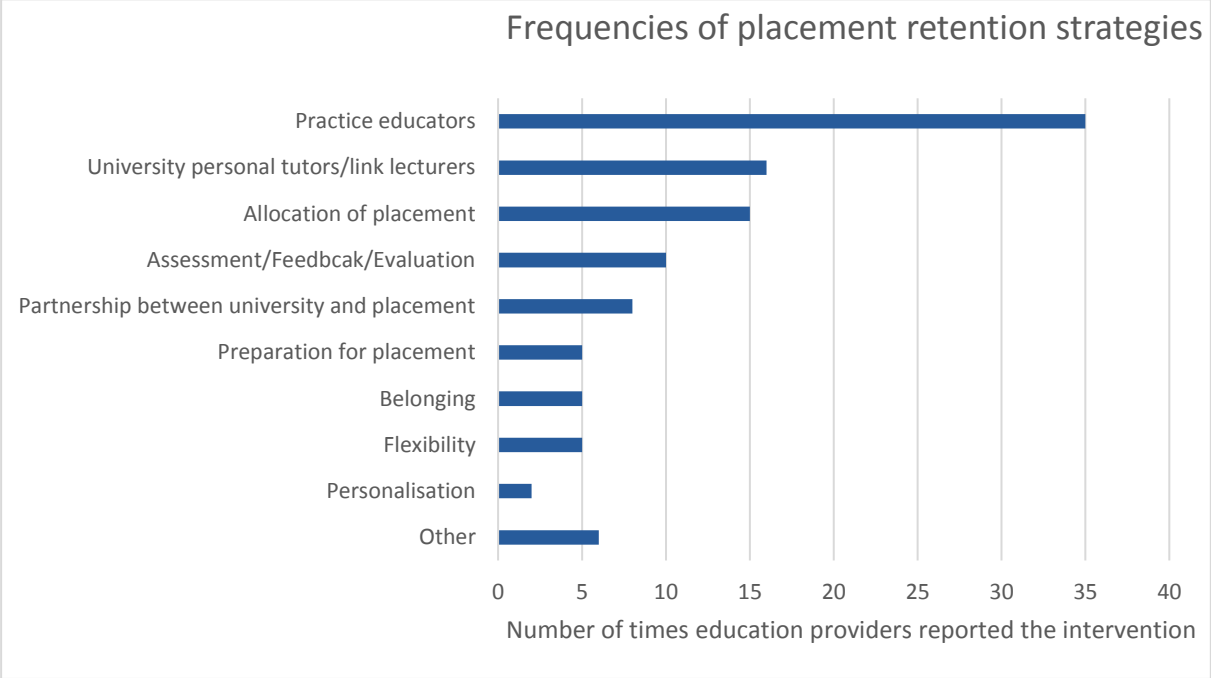

Figure 5 Placement retention strategy themes and frequency of occurrence throughout the UK during the 2018–19 academic year.

6.9 Completion from pre-registration programmes

According to data submitted by the education providers, at the point of submission 980 diagnostic radiography students and 220 therapeutic radiography students were eligible to apply for registration with the HCPC. This is a decrease of eight for diagnostic radiography and a decrease of two for therapeutic radiography, as demonstrated in Table 26, but it must be remembered that several diagnostic and therapeutic education providers did not submit data this year so the number entering the workforce is likely to be much higher.

Charts showing the distribution of degree classifications for diagnostic and therapeutic radiography BSc (Hons) degrees in the UK, for completion year 2018–19 are represented in Figure 6 and Figure 8. Charts showing the distribution of degree classifications for diagnostic and therapeutic radiography PgD/MSc degrees in the UK, for completion year 2018–19 are represented in Figure 7 and Figure 9.

	Completion of a qualification	**Awards leading to eligibility to register**	**Not eligible to apply for registration**
Diagnostic radiography	988 (likely to be higher)	980 (likely to be higher)	8
Therapeutic radiography	222 (likely to be higher)	220 (likely to be higher)	2

Table 26 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

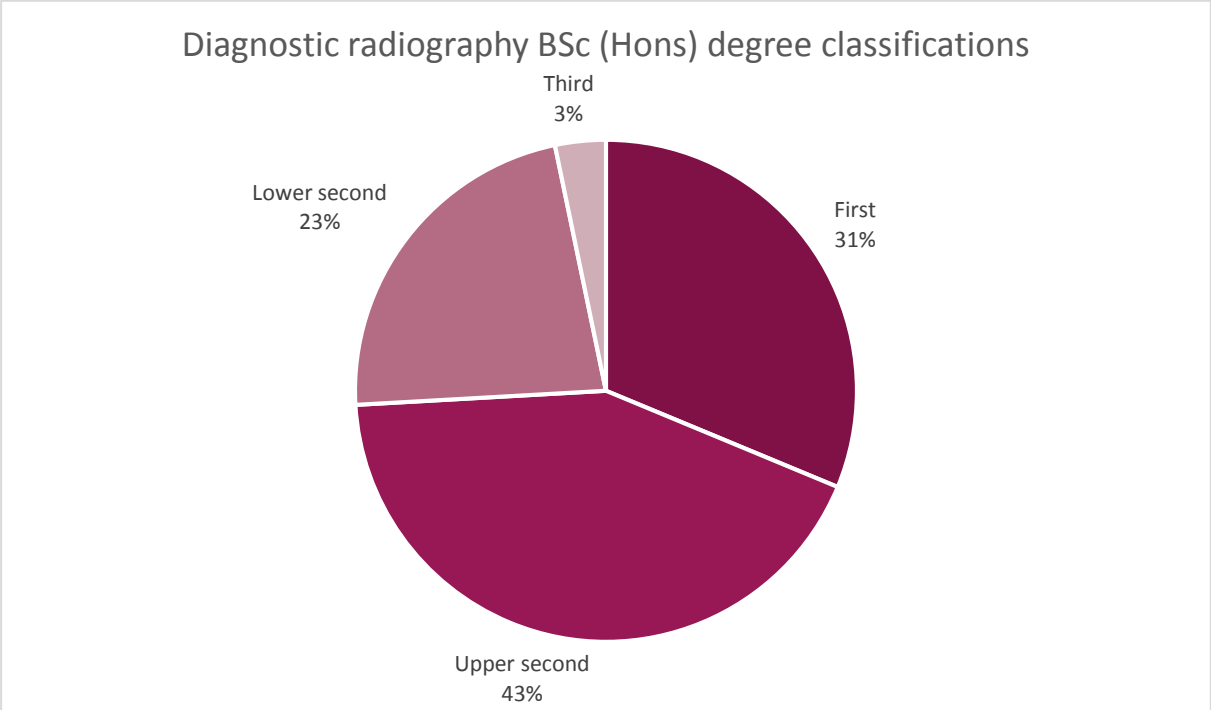

Figure 6 Chart showing distribution of degree classifications for diagnostic radiography BSc (Hons) degrees in the UK for completion year 2018–19

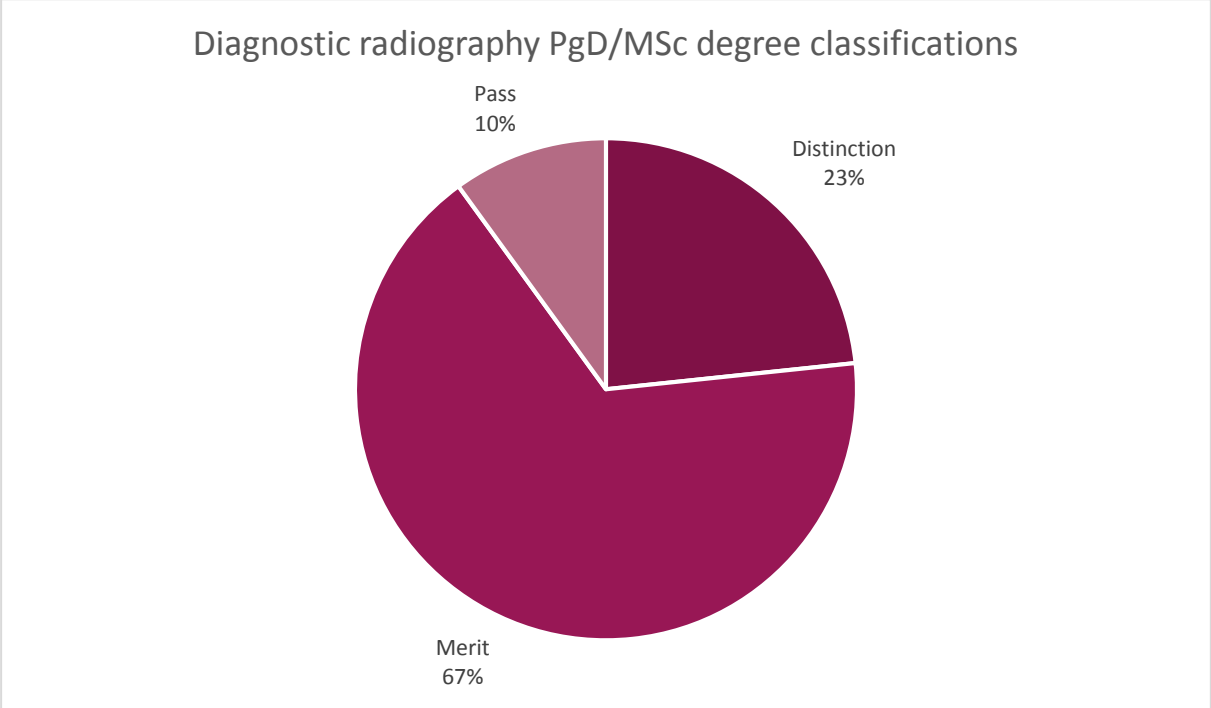

Figure 7 Chart showing distribution of degree classifications for diagnostic radiography PgD/MSc degrees in the UK for completion year 2018–19.

6.9.2 Therapeutic radiography degree classification

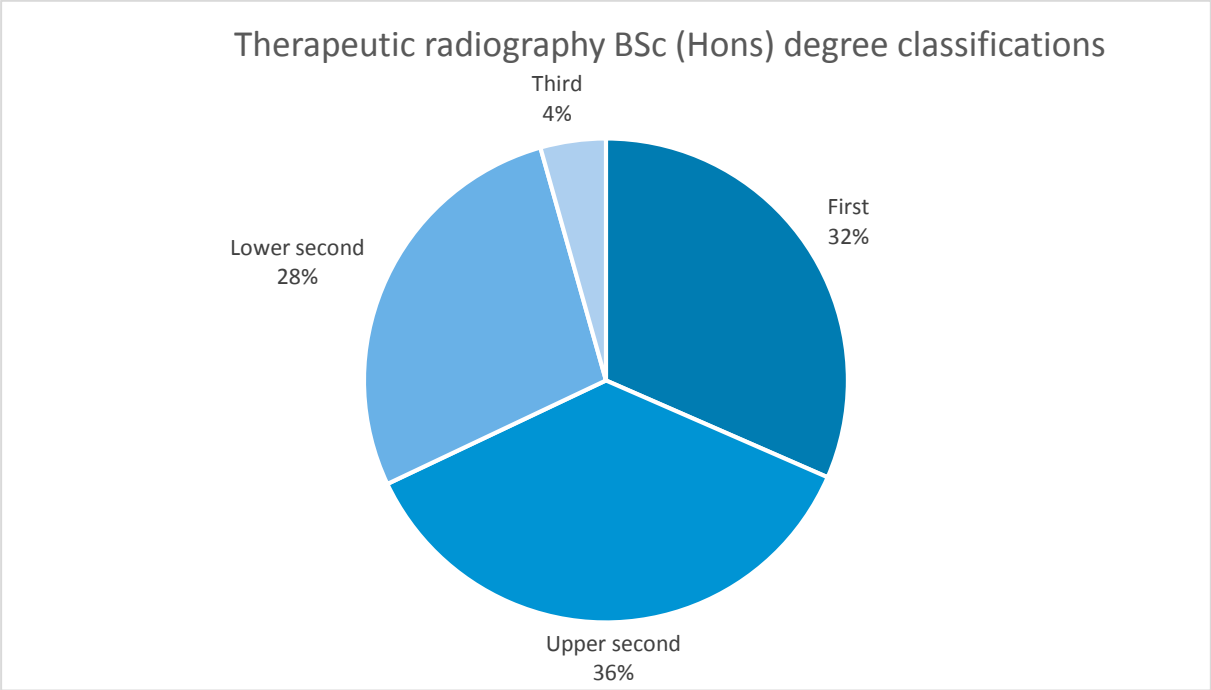

Figure 8 Chart showing distribution of degree classifications for therapeutic radiography BSc (Hons) degrees in the UK for completion year 2018–19.

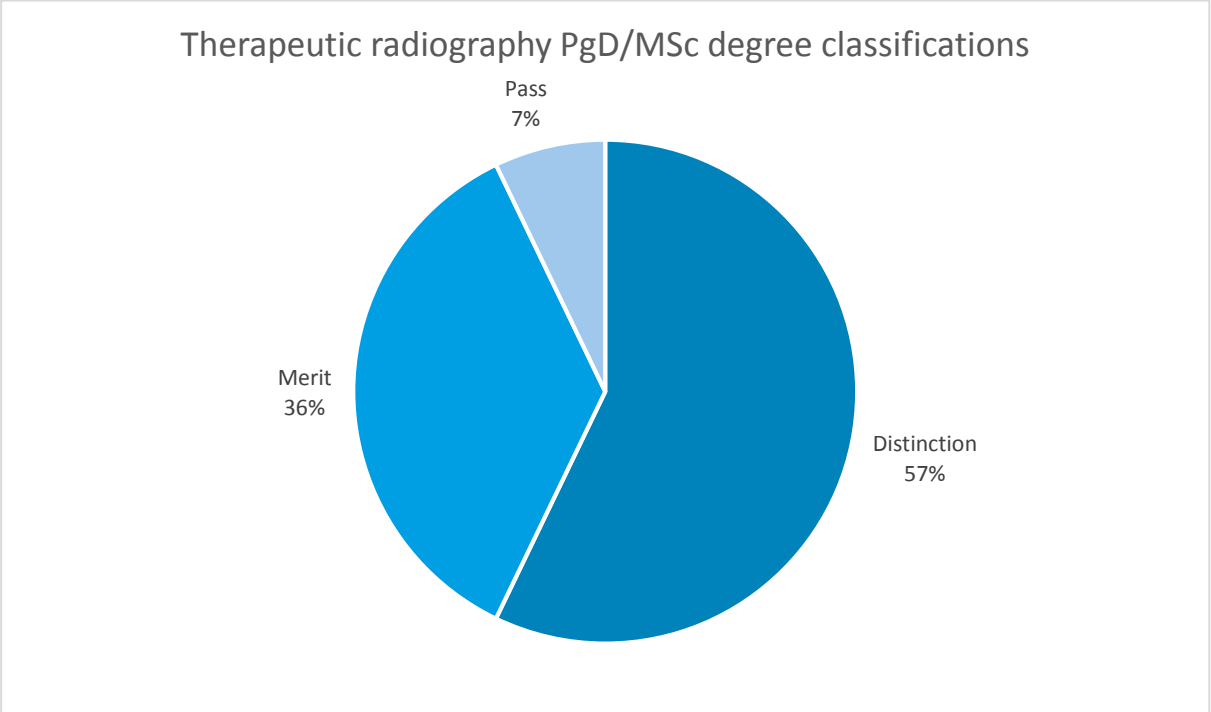

Figure 9 Chart showing distribution of degree classifications for therapeutic radiography PgD/MSc degrees in the UK for completion year 2018–19.

6.9.3 Comparison of degree classifications with previous years

Undergraduate degree classifications are presented in Figure 10 and Figure 11. This data is consistent with previous years.

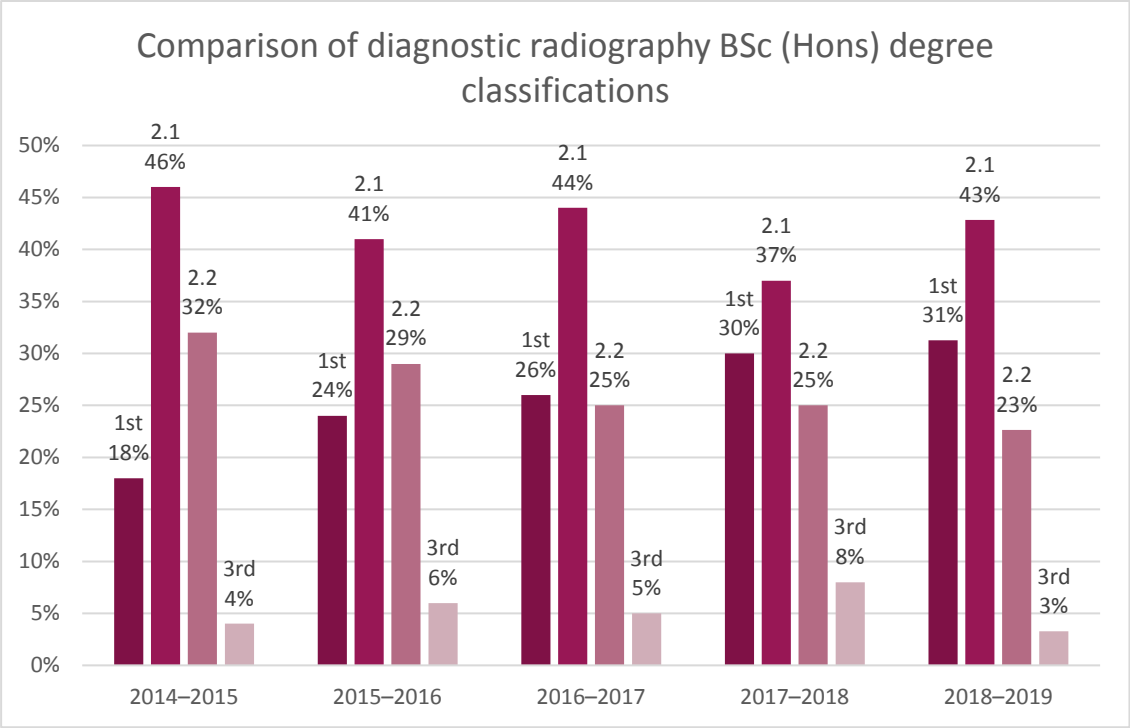

Figure 10 Chart showing degree classifications for BSc (Hons) diagnostic radiography programmes in the UK across the academic years 2014–19.

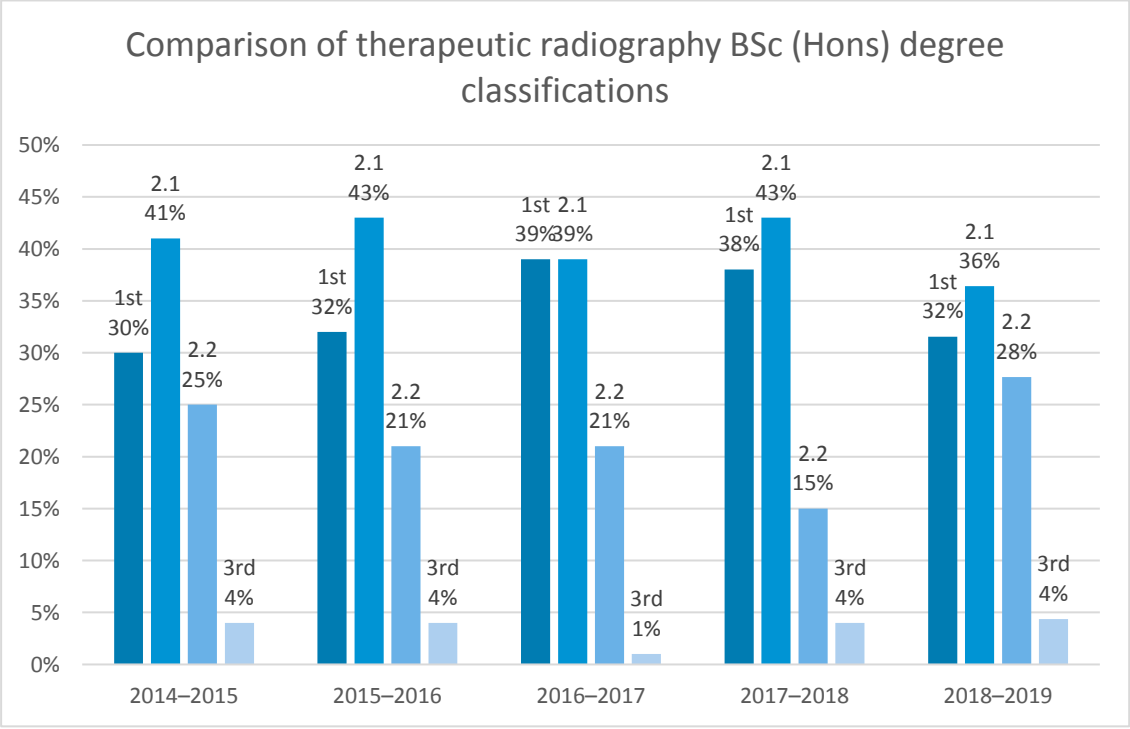

Figure 11 Chart showing degree classifications for BSc (Hons) therapeutic radiography programmes in the UK across the academic years 2014–19.

Postgraduate classifications are presented in Figure 12 and Figure 13 – there was no data submitted for the two institutions that were delivering a diagnostic radiography PgD/MSc in 2017–18. A much greater percentage of students achieved a distinction in therapeutic radiography (57%) than in diagnostic radiography (23%).

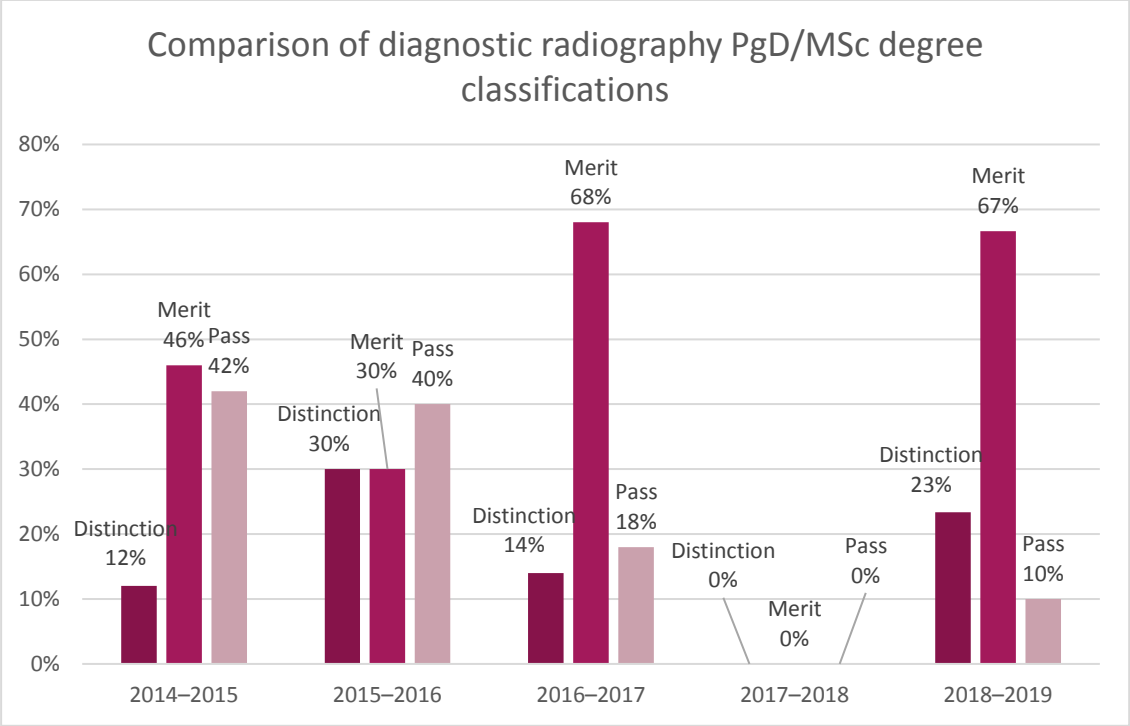

Figure 12 Chart showing postgraduate degree classifications for diagnostic radiography programmes in the UK across the academic years 2014–19.

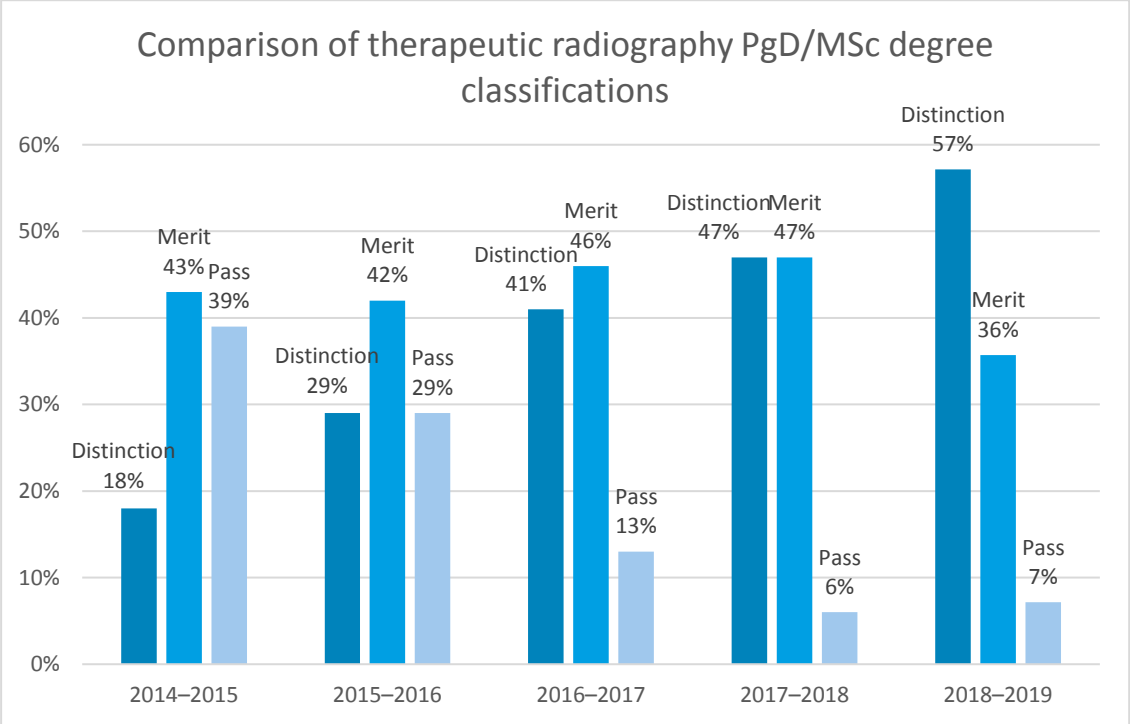

Figure 13 Chart showing postgraduate degree classifications for therapeutic radiography programmes in the UK across the academic years 2014–19.

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 2018–2019 academic year.

Programme	Number of students still to complete
Diagnostic radiography	37
Therapeutic radiography	12

Table 27 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 Appendix H 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

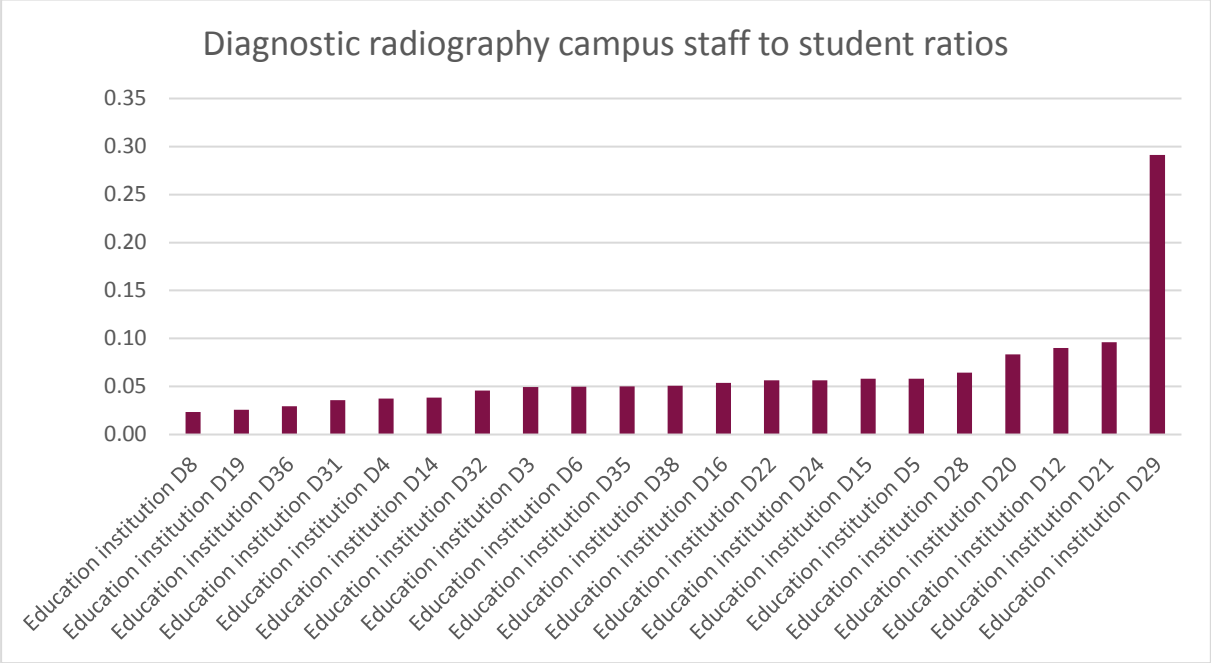

Figure 14 Chart showing the campus staff to student ratios for pre-registration diagnostic radiography programmes in the UK for the 2018–2019 academic year.

Education providers D9, D25, D27, D30, D33, D34 and D37 did not submit data and this reduces the conclusions that can be made from Figure 14.

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 0.29 (29 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 0.10 (10 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 0.29 (29 members of staff for every 100 students) compared to 0.34 (34 members of staff for every 100 students) for 2016–17. Nine education providers have recorded a decrease in their staff to student ratio from last year, and seven education providers reported an increase.

The mode value of staff to student ratio continues to be 0.05.

Only one education provider with the lowest staff to student ratio also has some of the poorest student retention. This is the same provider as last year. One provider in the top five for lowest attrition has one of the lowest staff to student ratios. The university with the highest staff to student ratio also recorded no attrition. 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

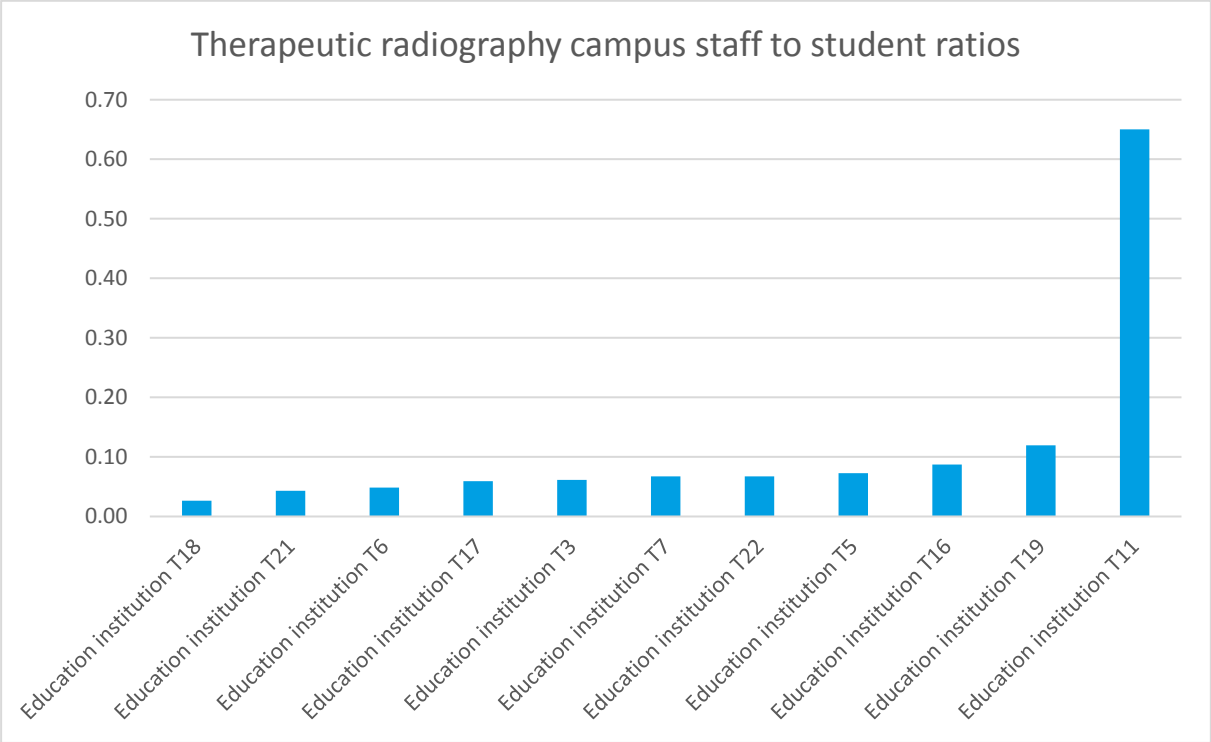

Figure 15 Chart showing the campus staff to student ratios for pre-registration therapeutic radiography programmes in the UK for the 2018–2019 academic year.

Education providers T1, T2, T12, T13, T14, T15 and T23 did not submit data and this reduces the conclusions that can be made from Figure 15.

Therapeutic radiography staff to student ratios vary from 0.03 (3 members of staff to every 100 students) to 0.65 (65 members of staff to 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 0.12 (12 members of staff for every 100 students).

The mode value of staff to student ratios is 0.07.

From the data submitted, it is evident that two education providers demonstrated a decrease in their staff to student ratio while four education providers demonstrated an increase. 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. One provider with a staff to student ratio of 0.07 (7 members of staff to every 100 students) also has the highest attrition figures of 40%. Another provider with a staff to student ratio of 0.03 also has a high attrition value of 37.04%. One provider with a staff to student ratio of 0.07 has the lowest attrition figure of 13.64%. 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 (mentioned in Section 6.8.5.2), 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 one education provider in Scotland indicating that they have 85 practice educators that meet the definitions for this role, as stipulated by the College and the Health and Care Professions Education Leads group. Another provider in England reported 224 practice educators. As these reported figures significantly conflict with the number of accredited practice educators recorded for these providers, their assertions should be taken with a good degree of caution. Consequently, these providers have been removed from Figure 16.

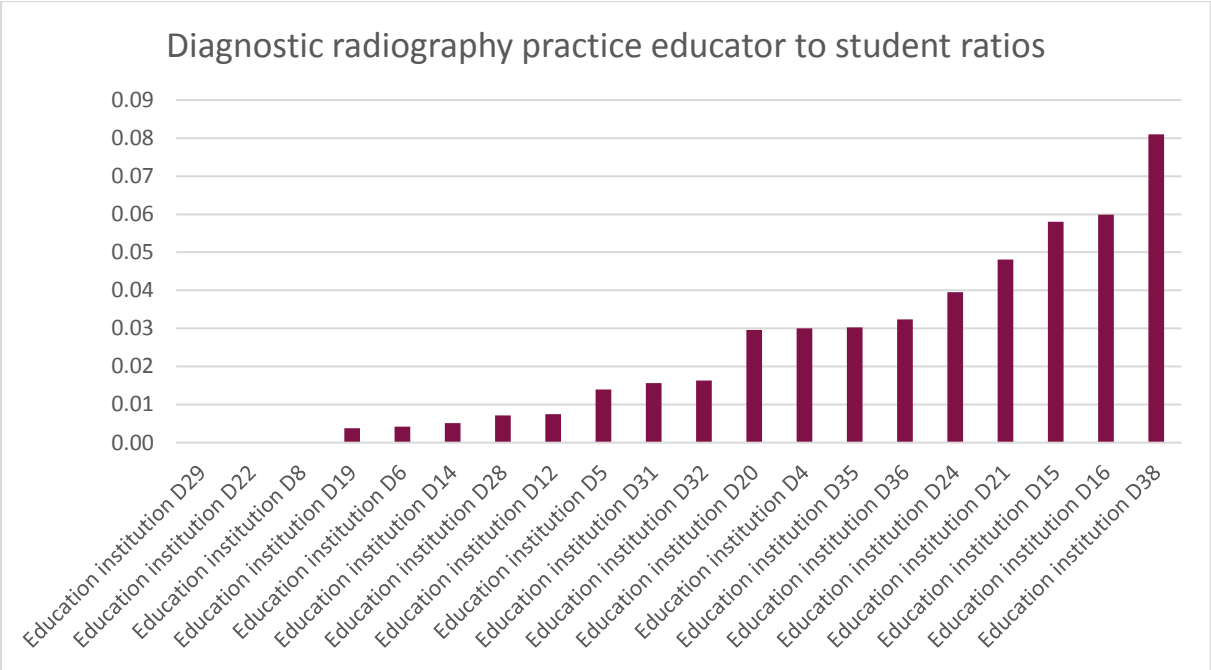

Figure 16 Chart showing the practice educator to student ratios for pre-registration diagnostic radiography programmes in the UK for the 2018–2019 academic year.

Worryingly, the mode value of practice educator to student ratios is 0.00 and has not changed during the last few years. There were five education providers who did not submit data. As mentioned above, data from two education providers was deemed unreliable and is not included in Figure 16. Five education providers have a practice educator to student ratio of 0.00, which leaves no practice educators supporting students while they are on placement. Four education providers have a practice educator to student ratio of 0.01 (1 practice educator for every 100 students) and four education providers have a practice educator to student ratio of 0.03 (3 practice educators for every 100 students). The practice educator to student ratios range from 0.00 (no practice educators supporting students) to 0.08 (8 practice educators for every 100 students). This has increased from last year (0.00–0.07). Given the pressures in clinical practice, this is a low number of practice educators supporting diagnostic radiography students whilst on placement and needs to increase to support an increase in student numbers.

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 17.

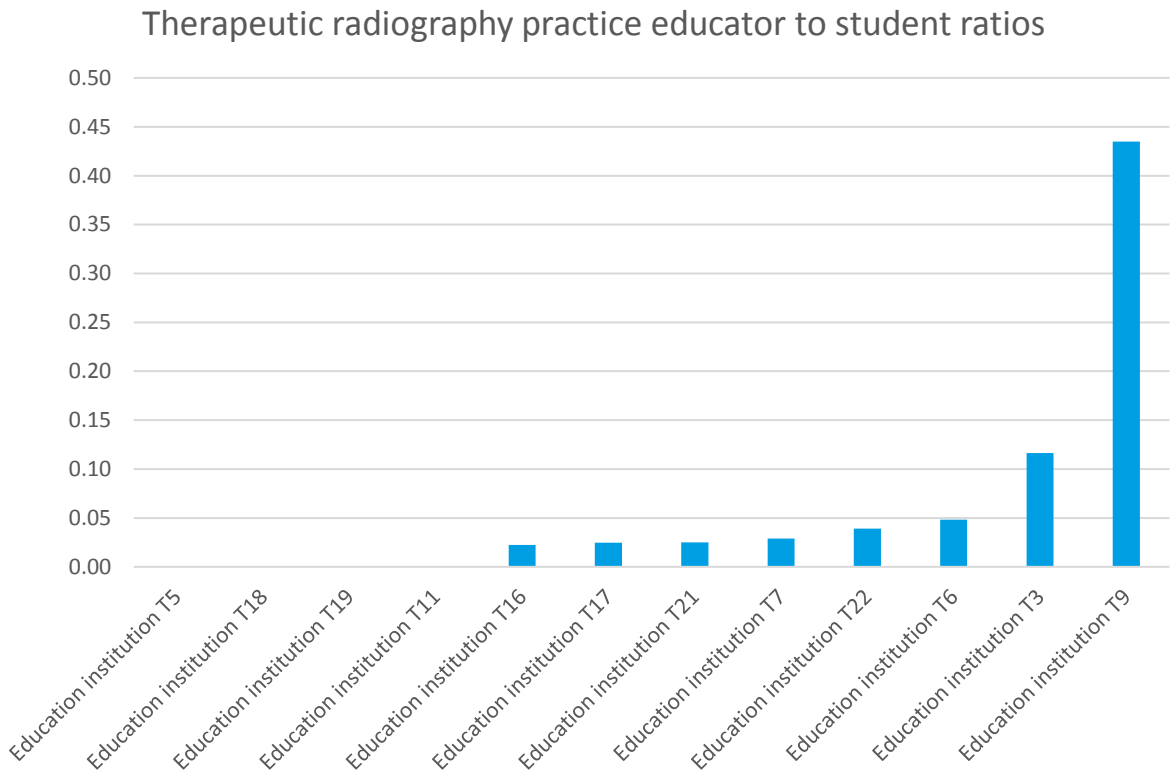

Figure 17 Chart showing the practice educator to student ratios for pre-registration therapeutic radiography programmes in the UK for the 2018–2019 academic year.

Four education providers report that they have no practice educators supporting their students, making the mode ratio value 0.00; this remains unchanged from last year. The practice educator to student ratios range from 0.00 (no practice educators for every 100 students) to 0.43 (43 practice educators for every 100 students), which has decreased since last year (0.00–0.55).

7 Post-registration programmes

7.1 Approvals/re-approvals of post-registration programmes

The AAB considered a variety of post-registration programmes this year. The figures in Table 28 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
Breast imaging	2 PgC one-year extension of approvals
Clinical imaging including CT, MRI, etc.	7 programme approvals/re-approvals
Nuclear medicine/DEXA	1 programme re-approval
Others including professional and interprofessional provision	0
Practice Educator Accreditation Scheme	0
Radiotherapy	4 programme approvals/re-approvals

Table 28 Table showing the number of post-registration postgraduate programmes approved by the AAB in 2018–2019.

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
Assistant practitioner programmes leading to College of Radiographers accreditation	1
Breast screening	2 modules – one-year extension of approvals
Clinical imaging	0
Dental imaging	3
IV administration	4
MRI	2 modules
Nuclear medicine/DEXA	1 (40 credit module)
Others including interprofessional provision	1 practice education
Radiotherapy	0
Ultrasound (not eligible for Consortium for the Accreditation of Sonographic Education accreditation)	0

Table 29 Table showing number of short courses approved by the AAB in 2018–2019.

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 been eligible to apply for accreditation through CPD Now. Assistant practitioners can apply for accreditation of their scope of practice on the basis of having completed a College of Radiographers approved education and training course, or by submission of CPD evidence via CPD Now. Since 1 January 2014, 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 2018	30
February 2019	24
June 2019	63
Total	**117**

Table 30 Number of assistant practitioners accredited and presented to the AAB during 2018–2019.

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 2018	7
February 2019	0
June 2019	6
Total	**13**

Table 31 Number of practice educators accredited and presented to the AAB during 2018–2019.

9.4 Advanced practitioner accreditation

Advanced practitioner accreditations are presented to the AAB.

Approval and Accreditation Board	Number of advanced practitioners presented
November 2018	13
February 2019	3
June 2019	9
Total	**25**

Table 32 Number of advanced practitioners accredited and presented to the AAB during 2018–2019.

9.5 Consultant practitioner accreditation

Consultant practitioner accreditations are presented to the AAB.

Approval and Accreditation Board	Number of consultant practitioners presented
November 2018	2 plus 1 via Chair's Action between this and the next meeting
February 2019	0
June 2019	5
Total	**8**

Table 33 Number of consultant practitioners accredited and presented to the AAB during 2018–2019.

10 Continuing professional development event/resource endorsement

The Approval and Accreditation Board oversee the endorsement process. A SCoR administrator for profession and education together with a professional officer run the process on a weekly basis.

The CoR standards for Continuing Professional Development (CPD) continue to be outcome based and are matched to a range of possible CPD Now professional outcomes. In order that an event, programme or short course may be endorsed by the CoR, an application must demonstrate that the content meets our professional body standards for CPD and match at least two of the core CPD Now professional outcomes.

For the period 1 September 2018 – 31 August 2019 the CoR received 86 applications for endorsement of a range of resources. Applications included information with regards to study days, annual general meetings, user-group meetings, scheduled webinars, online on-demand tutorials, symposiums and conferences. Of the 86 submissions, 18% (16 applications) were deferred for a variety of reasons including: incomplete information on the application form, lack of strategy to support reflection, and/or no evidence of support for learners in the form of signposting toward further study. Of the 16 deferred applications, all were resubmitted with revisions and approved during that same period (2018–2019).

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

The number of applications for 2018–19, 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 applicants requesting retrospective endorsement of events. These issues are dealt with on a case-by-case basis. Overall, the majority of submissions were 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.

The Health and Care Professions Education Leads group comprises representatives from 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 2018–19 was around the radiography apprenticeships, advanced practice, the RePAIR Report and the Post-18 Education Review (the Augar Review).

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
D28	128
D35	128
D36	128
D12	120
D14	120
D15	120
D16	120
D19	120
D21	120
D24	120
D27	120
D34	120
D38	120
D5	120
D6	120
D20	112
D32	112
D4	112
D8	112
D25	104
D3	102
D22	No data submitted
D29	No data submitted
D31	No data submitted
D9	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 different from previous years.

Appendix B UCAS tariff points – therapeutic radiography

Education institution	Application/commissioned, funded or allocated places
T7	300*
T14	240*
T13	120
T16	120
T22	120
T3	120
T5	120
T6	120
T17	112
T21	112
T18	108
T11	No data submitted
T19	No data submitted
T23	No data submitted
T9	No data submitted

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 different from previous years.

* Likely to be pre 2017 tariff points

Appendix C Applications received – diagnostic radiography

Education institution	Applications received
D19	866
D14	856
D31	674
D12	600
D24	596
D15	550
D36	537
D6	507
D34	410
D27	400
D8	375
D22	346
D21	306
D32	289
D16	280
D5	267
D4	248
D38	230
D28	204
D25	185
D3	172
D35	160
D29	73
D9	47

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 different from previous years.

Appendix D Applications received – therapeutic radiography

Education institution	Applications received
T3	199
T5	164
T18	160
T17	154
T22	144
T16	129
T7	124
T19	84
T14	80
T6	78
T21	70
T9	19
T23	15
T11	No data submitted
T13	No data submitted

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 different from previous years.

Appendix E Student intake – diagnostic radiography

Education institution	Students started 2018-19
D14	142
D19	139
D34	83
D27	80
D35	74
D4	73
D28	68
D36	66
D6	65
D31	58
D16	58
D15	56
D25	54
D32	44
D8	43
D3	35
D22	31
D21	31
D5	28
D9	26
D29	11
D20	No data submitted
D33	No data submitted
D37	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 different from previous years.

Appendix F Student intake – therapeutic radiography

Education institution	Students started 2018-19
T22	50
T17	33
T18	30
T14	30
T3	29
T5	24
T16	21
T21	20
T19	17
T7	15
T9	12
T6	10
T23	7
T11	Did not recruit
T12	No data submitted
T1	No data submitted
T13	No data submitted
T2	No data submitted

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 different from previous years.

Appendix G Randomised and anonymised attrition data figures

Data based on responses to the annual survey 2018–19. 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	2018–19 attrition	Position change from last year
1	Education institution D29	1	↑2
2	Education institution D27	2	↑15
2	Education institution D36	3	↑32
2	Education institution D38	4	↓-1
2	Education institution D5	5	↑10
7	Education institution D3	6	↑15
8	Education institution D12	7	↑12
9	Education institution D15	8	↑14
10	Education institution D24	9	↑25
11	Education institution D35	10	↑6
12	Education institution D25	11	↓-8
13	Education institution D28	12	↑15
14	Education institution D16	13	↓-11
15	Education institution D14	14	↑18
16	Education institution T7	15	↓-12
17	Education institution D22	16	↓-2
18	Education institution T3	16	↑23
19	Education institution T11	18	↓-15
20	Education institution T6	19	↑25
21	Education institution D6	20	↑17
22	Education institution D4	21	↑2
23	Education institution D8	22	↑18
24	Education institution D9	23	↓-20
25	Education institution D32	24	↓-6
26	Education institution T14	24	↑4
27	Education institution T21	26	↑7
28	Education institution T17	26	↑16
29	Education institution T16	28	↓-2
29	Education institution T5	29	↑17
31	Education institution T9	30	↓-27
32	Education institution D31	31	↓-11
33	Education institution T19	32	↓-29
34	Education institution D34	33	↓-30
35	Education institution D20	34	↑9
36	Education institution D19	35	↓-5
37	Education institution T18	36	↓-8
37	Education institution T22	37	↑1

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 different from previous years.

No data were submitted by D33, D30, D37, T2, T13, T12, T1 and T4.

Appendix H Randomised and anonymised campus staff to student ratios

Data based on responses to the annual survey 2018–19. 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 T19	0.12
Education institution D21	0.10
Education institution D12	0.09
Education institution T16	0.09
Education institution D20	0.08
Education institution T7	0.07
Education institution T22	0.07
Education institution T5	0.07
Education institution D22	0.06
Education institution D24	0.06
Education institution D15	0.06
Education institution D5	0.06
Education institution D28	0.06
Education institution T17	0.06
Education institution T3	0.06
Education institution D32	0.05
Education institution D6	0.05
Education institution D35	0.05
Education institution D38	0.05
Education institution D16	0.05

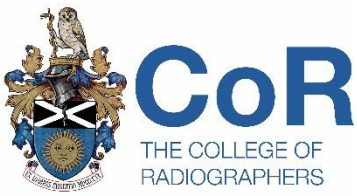
Education institution	Campus staff to student ratio
Education institution T6	0.05
Education institution D31	0.04
Education institution D4	0.04
Education institution D14	0.04
Education institution T21	0.04
Education institution D19	0.03
Education institution D36	0.03
Education institution T18	0.03
Education institution D8	0.02
Education institution D34	No data
Education institution D25	No data
Education institution D27	No data
Education institution D33	No data
Education institution D37	No data
Education institution D30	No data
Education institution T14	No data
Education institution T12	No data
Education institution T13	No data
Education institution T15	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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