Approval and Accreditation Board

Annual Report 1st September 2019 – 31st August 2020

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CoR
THE COLLEGE OF RADIOGRAPHERS

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1 Foreword

The College of Radiographers (CoR) is pleased to present the Approval and Accreditation Report for 2019–20. The academic year 2019–20 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 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, continuing professional development (CPD) courses and short education courses. It is also important to acknowledge and thank College of Radiographers' assessors who carry out these reviews to a consistently high 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 and external stakeholders to promote the importance of CoR programme approval.

The pilot of the HEE 'place-based' tariff has continued and will be completed by April 2021. The inclusion of practice placement agreements in the programme assessment process is on-going, with education providers evidencing the placement agreements between themselves and placement providers (and other education providers if the placement is shared). To date, all apprenticeship standards have been approved for diagnostic and therapeutic radiography by the Institute for Apprenticeships and Technical Education, with the AAB undertaking a lot of work on apprenticeships in November 2019. Apprenticeship standards for Advanced Clinical Practice have also been approved.

The CoR contributed to the Standards of Education and Training and approval process review carried out by the Health and Care Professions Council (HCPC), both directly and through the Health Care Professions Education Lead group. The Practice Educator scheme was reviewed and updated with guidance produced for applicants, attestors and assessors. In addition to these considerable involvements the CoR, 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 Thackray
Chair of the Approval and Accreditation Board

2 Introduction

The purpose of this 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 College of Radiographers 2019/20 pre-registration programme 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 the 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 on 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 the 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
Canterbury Christ Church University – BSc (Hons)
Keele University – BSc (Hons)
Teesside University – BSc (Hons)
Teesside University – MSc
University of Bradford – BSc (Hons)

Therapeutic radiography programmes
University of Hertfordshire – BSc (Hons)
University of Portsmouth – BSc (Hons) – this programme had no new starters, but did have continuing students who were due to complete their training in the 2019–20 academic year

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. Data marked with an asterisk (*) suggests that figures are likely to be higher due to the inclusion of anomalous or partial data.

The AAB and the education team at the CoR wish to thank educational institution colleagues for their help and co-operation in supporting the production of this report. Without their continued support, the data presented would offer less of a complete overview of national radiographic education and thus be of less use to those external organisations that have significant impact upon the provision of diagnostic and therapeutic radiography education. Thank you especially to the vast majority who

returned 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 Policy and Guidance Document Library on the Society of Radiographers' website.

The AAB anticipate that this year's report will provide plenty of information for consideration and future planning.

2.1 Key points

1. Applications to diagnostic radiography programmes fell by 5.15%, whilst applications for therapeutic radiography programmes increased by 17.75%, compared with last year.
2. Eleven diagnostic radiography education providers recruited to target and seven over-recruited.
3. Four therapeutic radiography education providers recruited to target and two over-recruited.
4. The intake for diagnostic radiography students increased by 6.7% (n=96) and for therapeutic radiography students intake increased by 19.1% (n=57), for those programmes where education providers submitted data.
5. Attrition for diagnostic radiography programmes increased by 1.29% from last year to 16.15%.
6. Attrition for therapeutic radiography programmes increased by 0.03% from last year to 24.55%; however, not all education providers responded. The highest attrition value recorded was 52% for therapeutic radiography and 33.33% for diagnostic radiography.
7. The number of students that left a diagnostic radiography programme because they did not meet the required clinical standards increased by 62.5% (8 students, compared to 3 last year).
8. More students this year left their diagnostic radiography programme due to fitness to practise, disciplinary or professional conduct issues (5 students, compared to 3 last year).
9. Fifty percent fewer students left diagnostic programmes due to financial reasons this year (5 students, compared to 10 last year).
10. Reasons for attrition from therapeutic radiography programmes were similar to last year.
11. The most common reasons for attrition across all programmes were the same. These were: not meeting the required academic standards, personal circumstances, wrong career choice and health reasons.
12. There were three diagnostic radiography programmes and one therapeutic radiography programme that reported an absence of practice educators to support students while they are on placement. As the use of practice educators was the most common intervention cited to enhance retention, this requires further attention.
13. The number of students exiting with an award granting eligibility to register with the HCPC increased from last year to 1,089 for diagnostic radiography (an increase of 109 students, 11.1%) and to 232 for therapeutic radiography (an increase of 12 students, 5.4%).
14. There was a reduction in individual accreditation activity across all levels from assistant to consultant practitioner, compared with last year.

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 2019–20 academic year, which ran from 1 September 2019 to 31 August 2020.

Data were collected via the online survey system Alchemer® (previously Survey Gizmo®). An email was sent to each pre-registration programme leader with a link to access the College of Radiographers 2019/20 pre-registration programme survey. A copy of the survey questions was included with the email and this enabled programme leaders to collect the relevant data prior to filling in the survey.

The deadline to complete the survey was early December 2020. 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 completed their programmes. Each year the education team at the CoR endeavours to make survey questions related to retention and completion as clear as possible. This year further clarification was given to assist education providers in submitting consistent data for deferred students.

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 ask for the randomised code, assigned to them for this report, by contacting the Professional and Education department at the Society and College of Radiographers (SCoR): PandE@sor.org.

4 Services to education institutions and students

The CoR provides many services to both education institutions and students. The Professional and Education team deal with most services supporting education providers while students initially fall under the remit of the Student and New Professionals 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.
- CoR 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 to the SCoR Policy and Guidance Document Library for all staff of the education institution.
- Inclusion of approved courses on the College of Radiographers' website, which is linked to the radiography careers webpages. Inclusion in other careers and courses information provided by the CoR.
- 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 lead or head of school.
- 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 or qualified practitioners undertaking approved master's awards).
- On request, and subject to availability, presentations or lectures by the 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 (e.g. 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 £45 per student, per year. The fee for this package was reduced for 2019–20. 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 student supplying sufficient personal details to enable set up of their membership record.
- Visit or online talk by a SCoR professional officer or regional/national officer within the first two months of course commencement.
- Two further visits or online talks to students by a SCoR officer in continuing and final years.
- Students maintaining membership for the whole of their education programme receive six months' complimentary full membership on qualifying.
- Welcome information via the SoR website or in a welcome pack for year one students taking up membership at the start of their programme.
- An electronic (digital) subscription for all students to *Synergy News* (a 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 contribute to *Synergy News*.
- An electronic (digital) subscription to *Imaging & Therapy Practice*, 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 receive a monthly e-zine, *Student Talk*, with content particularly relevant to students. Again, student contributions are welcomed.
- Full access to *Radiography*, the profession's peer reviewed journal, via the members' section of the SCoR Policy and Guidance Document Library.
- Electronic access to all other publications in the SCoR Policy and Guidance Document Library.
- Full access to the SoR website with dedicated sections for students and a wide range of briefings, advice and guidance materials (some student specific), resources to support practice, career planning advice, learning resources and online job advertisements (available from the time they are placed).
- Full access to CPD Now, the Society of Radiographers' web-based CPD tool, again through the website.
- Access to online webinars and student welcome sessions.
- Opportunity to follow the profession on Twitter® via @SCoRMembers and @SoRStudentReps.
- 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. This includes a dedicated Students and New Professionals Officer.
- Indemnity insurance and certificates for clinical placements (including elective 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 clinical support worker in diagnostic imaging or radiotherapy or, where 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 student representative and join the UK Student Representative Forum, which contributes to the design of resources and support for the student workforce.
    - Become an office holder in the relevant regional committee (RC) or national council (NC).
    - Be part of a RC/NC delegation at the SoR 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 Representatives Forum (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 or career development opportunities).

5 Associate and 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. Mammography associate roles have been developed to support the NHS breast screening service.

In England the Healthcare Assistant Practitioner apprenticeship standard is available for delivery at Framework for Higher Education Qualifications (FHEQ) level 5. In 2018 an apprenticeship standard for the role of Mammography Associate was approved for delivery at FHEQ level 4.

5.1 Approval/re-approval of associate and assistant practitioner programmes

During 2019–20 the CoR approved apprenticeship programmes related to mammography associates and imaging healthcare assistant practitioners, and granted the extension of an existing approval (Table 1).

Education institution	Programme type	Award
Birmingham City University	Full approval	Cert HE/FdSc Health and Social Care (Radiography)
Birmingham City University	Full approval	Cert HE/FdSc Health and Social Care (Mammography)
Cardiff University	Full approval	Cert HE Radiographic Practice (Clinical Imaging)
Health Education England/Manchester University Foundation Trust	Full approval	Level 4 Mammography Associate Apprenticeship (lower level than assistant practitioner qualification)
St George's National Breast Education Centre/South Thames College	Full approval	Level 4 Higher Mammography Associate Apprenticeship (lower level than assistant practitioner qualification)
University of Leeds	Extension of approval	Cert HE Diagnostic Imaging Studies

Table 1 Table showing education institutions that had programmes related to assistant practitioners approved during the academic year 2019–20.

6 Pre-registration programmes

Programme data collected via the College of Radiographers 2019/20 pre-registration programme survey relates to pre-registration programmes only. Each education provider is asked to submit data for every programme they have had approved by the CoR. However, some approved programmes 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 that are currently running.

	BSc (Hons) / MRad (full time)	**PgD / MSc (full time)**	**BSc (Hons) Degree Apprenticeship**
Diagnostic radiography	24	4	2
Therapeutic radiography	13	5	0

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

Pre-registration programme approvals constitute the majority of the work undertaken by AAB assessors. This year there were five diagnostic radiography and four therapeutic radiography programmes approved by the CoR. In addition, the CoR approved two new diagnostic radiography BSc (Hons) integrated degree apprenticeship programmes.

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 typically 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 undergraduate, postgraduate and degree apprenticeship 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 2015–16	Number of programmes approved 2016–17	Number of programmes approved 2017–18	Number of programmes approved 2018–19	Number of programmes approved 2019–20
Diagnostic radiography (undergraduate and postgraduate)	6	3	4	5	5
Diagnostic radiography (degree apprenticeship)	n/a	n/a	n/a	n/a	2
Total diagnostic radiography	**6**	**3**	**4**	**5**	**7**
Therapeutic radiography (undergraduate and postgraduate)	5	3	2	2	4
Therapeutic radiography (degree apprenticeship)	n/a	n/a	n/a	n/a	0
Total therapeutic radiography	**5**	**3**	**2**	**2**	**4**

Table 3 Table comparing full pre-registration programme approvals during the academic years 2015–20.

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

Education institution	Programme type	Award
Cardiff University	Full approval	BSc (Hons) Diagnostic Radiography & Imaging
Glasgow Caledonian University	Full approval	BSc (Hons) Diagnostic Imaging
Glasgow Caledonian University	Full approval	BSc (Hons) Therapeutic Radiography
Sheffield Hallam University	Full approval and integration into the university's Integrated Care Curriculum	BSc (Hons) Radiotherapy & Oncology
St George's University of London & Kingston University	Full approval	BSc (Hons) Diagnostic Radiography
St George's University of London & Kingston University	Full approval	BSc (Hons) Therapeutic Radiography
Teesside University	Full approval	BSc (Hons) Diagnostic Radiography (Apprenticeship)
University of Derby	Extension of approval	MSc Diagnostic Radiography
University of Exeter	Full approval	BSc (Hons) Medical Imaging (Degree Apprenticeship in Diagnostic Radiography)
University of Leeds	Extension of approval	BSc (Hons) Diagnostic Radiography
University of Portsmouth	Full approval	BSc (Hons) Diagnostic Radiography & Medical Imaging
University of Suffolk	Full approval	BSc (Hons) Diagnostic Radiography
University of Suffolk	Full approval	BSc (Hons) Therapeutic Radiography
University of the West of England	Extension of approval	BSc (Hons) Diagnostic Radiography
University of the West of England	Extension of approval	BSc (Hons) Radiotherapy & Oncology

Table 4 Table showing education institutions that had full pre-registration programme approvals, approvals extended or adapted during the academic year 2019–20.

Education providers with CoR approved programmes are required to obtain approval by the CoR 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 2019–20.

Education institution	Approval granted
City, University of London	BSc (Hons) Radiography (Diagnostic Imaging) – approval of new clinical placement provider
Salford University	BSc (Hons) Diagnostic Radiography – approval of new clinical placement providers (two sites)
University of Derby	BSc (Hons) Diagnostic Radiography/MSc Diagnostic Radiography – approval of new clinical placement provider
University of Portsmouth	BSc (Hons) Diagnostic Radiography & Medical Imaging – approval of new clinical placement provider

Table 5 Table showing education institutions that had new placements or facilities approved during the academic year 2019–20.

6.2 Duration of pre-registration radiography programmes

In the academic year 2019–20 there were 24 education providers offering CoR approved pre-registration programmes in diagnostic radiography and 13 in therapeutic radiography (Table 2).

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 2019–20. 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 (postgraduate)	4	5
3 or 4 years (undergraduate)	26 (including degree apprenticeships)	13

Table 6 Table showing the number of diagnostic and therapeutic radiography pre-registration programmes available during the academic year 2019–20.

6.3 College of Radiographers approved placements

The CoR 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; in Scotland, Northern Ireland and Wales the number of students funded/allocated is an additional limiting factor. Placements must be able to provide a supportive and high-quality clinical learning environment for students. Currently the CoR 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.

From 1 August 2017 Health Education England (HEE) ceased commissioning students in England. However, HEE still commissions placements and provides funding through the Education and Training

Tariff (ETT). Most imaging and radiotherapy departments report being unable to access the ETT as it is paid to top-level finance departments rather than the placement departments. The SCoR 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 began piloting 'place-based' tariffs in a small number of sites from the academic year 2018 (Health Education England, n.d.). This pilot scheme is expected to be completed by April 2021.

In the *Quality Standards for Practice Placements* (College of Radiographers, 2012) the CoR mandates that there must be robust placement agreements between the education providers and the placement hosts, and tripartite placement agreements where the placement is shared by more than one education provider. The CoR also mandates that the quality of the placement and the support provided must be audited at least annually.

In 2020 the Covid-19 pandemic affected how some placements were able to support radiography students. The CoR worked closely with education providers and HEE to ensure that, where possible, student experience and clinical learning continued as restrictions eased. Strategies and support were developed to advise education providers, students and clinical staff, while encouraging innovation and delivery adaptation, and ensuring quality of clinical placements.

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 the commissioning of students, but not placements, ceased on the 1 August 2017.

Country	Commissioning/funding/allocation model
England	From the 1 August 2017 HEE commissioned and funded placements only. Education providers are free to decide how many students they accept onto the programmes based on capacity and resources. However, the number of placements can still be a limiting factor.
Northern Ireland	The Department of Health, Social Services and Public Safety commission students based on workforce policy and advice from professional bodies and other key stakeholders.
Scotland	The Scottish Funding Council allocates students. 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), established on 1 October 2018, includes Workforce, Education and Development Services (WEDS). WEDS advises the Welsh Government annually of the number of healthcare training places required to meet current and future NHS Wales workforce needs. All students who have secured an NHS Wales funded place on a course have their tuition fees paid. 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.

No data for commissioned, funded or allocated places was 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 for the past two years. 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; therefore, 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 108 to 128 points.

The median points value was 120 points.

The mode points value was 120 points. Eleven universities (57.9%) responding had this points requirement.

6.5.2 Therapeutic radiography admission points

Therapeutic radiography admission points were reported to range from 108 to 120 points.

The median points value was 120 points.

The mode points value was 120 points. Seven universities (70%) responding had this points requirement.

6.6 Applications received

A summary of UK data for applications received to diagnostic and therapeutic radiography programmes has been provided below, followed by country-specific data. The full data set can be found in Appendix C and Appendix D.

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

6.6.1 Diagnostic radiography applications – UK

It appears as though there has been a decrease (5.15%) in diagnostic radiography applications compared with last year; however, data for three diagnostic radiography programmes were 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	2016–17	2017–18	2018–19	2019–20
Applications	12,505 *	10,314 *	9,178 *	8,728 *
Commissions/funding /allocations	1,319 *	Not collected	Not collected	Not collected
Application to commission ratio	9.48 students for each funded place (unable to determine the actual ratio due to missing and anomalous data)	Not collected	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 2016–20. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

6.6.2 Diagnostic radiography applications – England

Data	2016–17	2017–18	2018–19	2019–20
Applications	10,476 *	8,429 *	7,680 *	7,067 *
Commissions/funding /allocations	1,072 *	Not collected	Not collected	Not collected
Application to commission ratio	9.77 students for each funded place (unable to determine the actual ratio due to missing and anomalous data)	Not collected	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 2016–20. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

It appears that applications to diagnostic radiography programmes in England have decreased by 8% from last year; however, this is difficult to determine due to missing data from three institutions. Table 9 presents figures based on the data that were submitted.

6.6.3 Diagnostic radiography applications – Wales

Data	2016–17	2017–18	2018–19	2019–20
Applications	774	800	677	606
Commissions/funding /allocations	100	Not collected	Not collected	Not collected
Application to commission ratio	7.74 students for each funded place	Not collected	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 2016–20.

All education providers in Wales submitted data so it is clear to see in Table 10 that there has been a decrease of 10.5% in applications to diagnostic radiography programmes in Wales this year.

6.6.4 Diagnostic radiography applications – Scotland

Data	2016–17	2017–18	2018–19	2019–20
Applications	1,016	873	591 *	912
Commissions/funding /allocations	99 *	Not collected	Not collected	Not collected
Application to commission ratio	10.26 students for each funded place (likely to be lower)	Not collected	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 2016–20. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

All institutions in Scotland submitted data, which show a large increase in diagnostic radiography applications compared with the previous year (54.3%) (Table 11); although, one institution did not provide data last year.

6.6.5 Diagnostic radiography applications – Northern Ireland

Data	2016–17	2017–18	2018–19	2019–20
Applications	239	212	230	143
Commissions/funding /allocations	48	Not collected	Not collected	Not collected
Application to commission ratio	4.98 students for each funded place	Not collected	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 2016–20.

All institutions in Northern Ireland submitted data. Diagnostic radiography applications in Northern Ireland have decreased by 37.8% since last year, as shown in Table 12.

6.6.6 Therapeutic radiography applications – UK

One therapeutic radiography education provider with a BSc (Hons) programme did not provide data. One education provider had previously closed their programme. Therefore, it is possible to say with confidence that the number of therapeutic radiography applications has increased by at least 17.75% since 2018–19, as shown in Table 13. These levels of application are still below those reported prior to the 2017–18 academic year.

Data	2016–17	2017–18	2018–19	2019–20
Applications	2,738	1,857	1,420 *	1,672 *
Commissions/funding /allocations	468 *	Not collected	Not collected	Not collected
Application to commission ratio	5.85 students for each funded place (unable to determine the actual ratio due to anomalous data)	Not collected	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 2016–20. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

6.6.7 Therapeutic radiography applications – England

Data	2016–17	2017–18	2018–19	2019–20
Applications	2,186	1336	923 *	1,028 *
Commissions/funding /allocations	388	Not collected	Not collected	Not collected
Application to commission ratio	5.63 students per funded place	Not collected	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 2016–20. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

One therapeutic radiography education provider with a BSc (Hons) programme did not provide data. Therefore, it is possible to suggest that the number of therapeutic radiography applications has increased by approximately 11.3% since 2018–19, as shown in Table 14.

6.6.8 Therapeutic radiography applications – Wales

Data	2016–17	2017–18	2018–19	2019–20
Applications	129	133	129	159
Commissions/funding /allocations	22	Not collected	Not collected	Not collected
Application to commission ratio	5.86 students for each funded place	Not collected	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 2016–20.

Applications for therapeutic radiography in Wales have increased by 23.2% since 2018–19, as shown in Table 15.

6.6.9 Therapeutic radiography applications – Scotland

Data	2016–17	2017–18	2018–19	2019–20
Applications	274	255	244	342
Commissions/funding /allocations	55	42 *	Not collected	Not collected
Application to commission ratio	6.52 students for each funded place (likely to be lower)	Not collected	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 2016–20. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

Applications for therapeutic radiography in Scotland have increased by 40.2% since last year, as shown in Table 16.

6.6.10 Therapeutic radiography applications – Northern Ireland

Data	2016–17	2017–18	2018–19	2019–20
Applications	149	133	124	143
Commissions/funding /allocations	16	16	Not collected	Not collected
Application to commission ratio	9.31 students for each funded place	Not collected	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 2016–20.

Applications in Northern Ireland have increased by 15.3% since 2018–19, as shown in Table 17.

6.7 Student intake

Although applications to diagnostic and therapeutic radiography programmes have been variable across the UK, the student intake 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.

Two therapeutic radiography programme providers and two diagnostic programme providers reported receiving insufficient applications for places on their programmes. This included a BSc (Hons) programme and a postgraduate award for both diagnostic and therapeutic radiography. Two therapeutic radiography education providers indicated that fewer applicants than expected had achieved the grades necessary to apply, and three education providers reported the same for diagnostic radiography. Seven diagnostic radiography and two therapeutic radiography education providers reported that more applicants than expected had achieved the grades necessary to apply; these education providers therefore over-recruited to their programmes. Eleven diagnostic radiography education providers reported that they had recruited to target compared to four therapeutic radiography education providers.

Data are presented in Table 18 and Table 19 for the student intake from 2016–17 to 2019–20. It is difficult to draw any conclusions from the data due to a number of education providers not responding to the College of Radiographers 2019/20 pre-registration programme 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	2019–20
England	1125	749 (9 did not respond)	1180 (3 did not respond)	1179 (4 providers with 5 programmes did not respond)
Northern Ireland	46	54	61	60
Scotland	127	137	77 (1 did not respond)	170
Wales	102	29 (1 did not respond)	111	116
Total student intake	**1400**	**969**	**1429**	**1525**

Table 18 Table showing the number of students starting diagnostic radiography programmes in the UK during the academic years 2016–20.

6.7.2 Therapeutic radiography student intake

Country	2016–17	2017–18	2018–19	2019–20
England	361	288 (4 providers did not respond)	215 (4 providers did not respond and Portsmouth University closed their course)	275 (1 provider did not recruit and 1 provider did not respond)
Northern Ireland	22	14	15	16
Scotland	50	47	47 (1 provider did not recruit)	43 (1 provider did not recruit)
Wales	22	20	21	21
Total student intake	**455**	**369**	**298**	**355**

Table 19 Table showing the number of students starting therapeutic radiography programmes in the UK during the academic years 2016–20.

6.7.3 International students

If there are placements available which UK or European Union (EU) students have not filled, education providers may choose to take international or other fee-paying students. In previous years this happened rarely, but 2018–19 saw an increase in international student admissions. In 2019–20, an additional four international students in England and five international students in Scotland were recruited to diagnostic radiography programmes.

The number of international students recruited in 2019–20 is shown for diagnostic radiography in Table 20 and for therapeutic radiography in Table 21.

6.7.3.1 Diagnostic radiography international students

Country	2016–17	2017–18	2018–19	2019–20
England	8	8	13	17 (1 provider submitted anomalous data and 5 did not respond)
Northern Ireland	0	0	1	1
Scotland	2	2	0	5
Wales	0	0	0	0
TOTAL	**10**	**10**	**14**	**23**

Table 20 Table showing the number of international students admitted to diagnostic radiography programmes in the UK during the academic years 2016–20.

6.7.3.2 Therapeutic radiography international students

Compared with last year, the number of international students admitted to therapeutic radiography programmes decreased by three in England and increased by one in Scotland; however, five therapeutic radiography education providers did not respond to the survey.

Country	2016–17	2017–18	2018–19	2019–20
England	1	6	8	5 (5 providers did not respond)
Northern Ireland	0	0	0	0
Scotland	4	1	0	1 (1 provider did not respond)
Wales	0	0	2	2
TOTAL	**5**	**7**	**10**	**8**

Table 21 Table showing the number of international students admitted to therapeutic radiography programmes in the UK during the academic years 2016–20.

6.8 Student attrition from pre-registration programmes

Comparisons can be drawn between survey data from 2018–19 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 CoR does not include transfers in its calculation and instead prefers 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 2019–20
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 College of Radiographers 2019/20 pre-registration programme survey to determine pre-registration attrition from the following cohorts of students:

- 4-year BSc (Hons) starting in the academic year 2016–17 in Scotland
- 3-year BSc (Hons) starting in the academic year 2017–18 in the rest of the UK
- 2-year PgD/MSc starting in the academic year 2018–19 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. Five education providers did not submit any data.

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	1356	1095	42	16.15%

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.

Based on submitted data only, diagnostic radiography student attrition has increased slightly from last year (Figure 1).

Attrition from diagnostic radiography programmes ranges from 1.75% to 33.33% (Appendix G). Seventeen education providers (70.8%) have attrition 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.

Therapeutic radiography student attrition has remained similar to last year (Figure 1); however, not everyone provided data so it is difficult to make assumptions.

Intake	Total started	Total completed	Total still to complete	Total attrition
BSc (Hons) and PgD/MSc	334	243	9	24.55 %

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 5.88% attrition to 52.00% (Appendix G). Ten education providers (71.4%) have attrition of 10% or more.

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.

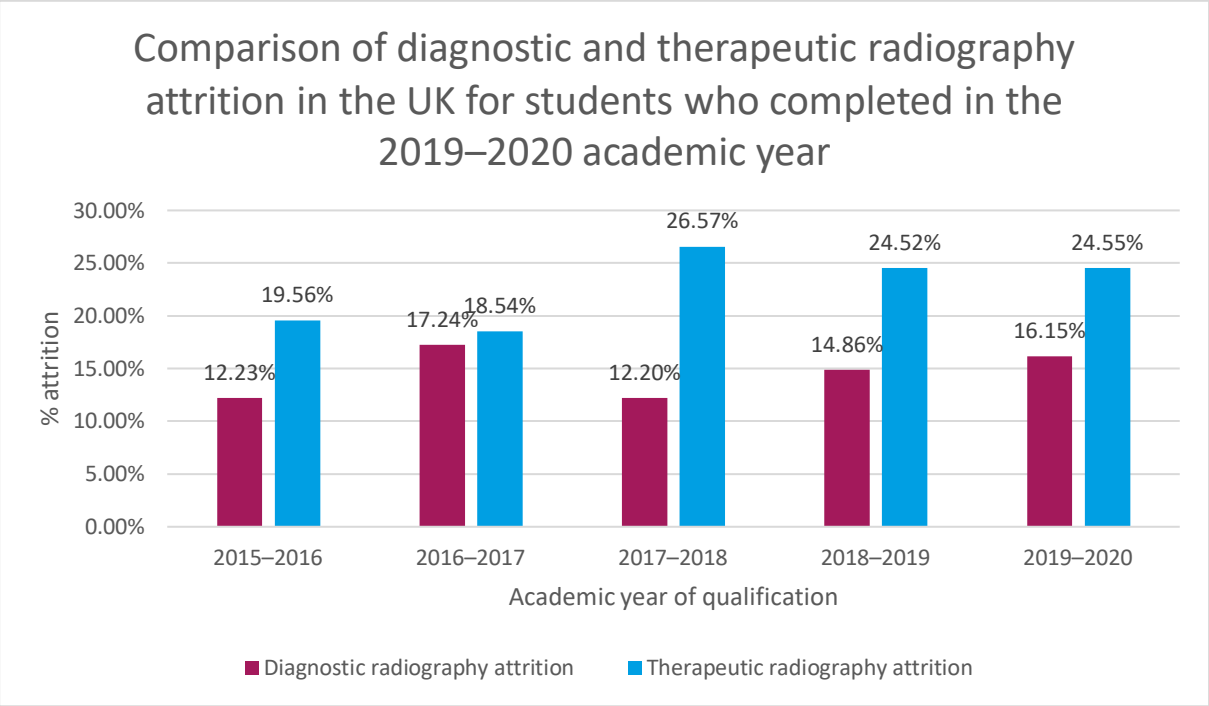

Figure 1 Chart showing a comparison of diagnostic and therapeutic radiography attrition.

6.8.4 Reasons students did not complete pre-registration programmes

All data presented in this section come from the College of Radiographers 2019/20 pre-registration programme survey. Comparison with other SCoR 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 this was not mentioned in any of the 'other' responses.
- It is recognised that students very rarely leave due to one single reason. Often a combination of issues 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

This year, failure to meet the required academic standards was the most prevalent reason for students not completing diagnostic radiography programmes. After that, the most prevalent reasons given were personal circumstances, wrong career choice and health reasons. Again, more students left their diagnostic radiography programmes due to wrong career choice, compared with previous years. The number of education providers citing financial reasons for students leaving the programme has halved from last year. One 'other' reason given was due to a student transferring to another education institution.

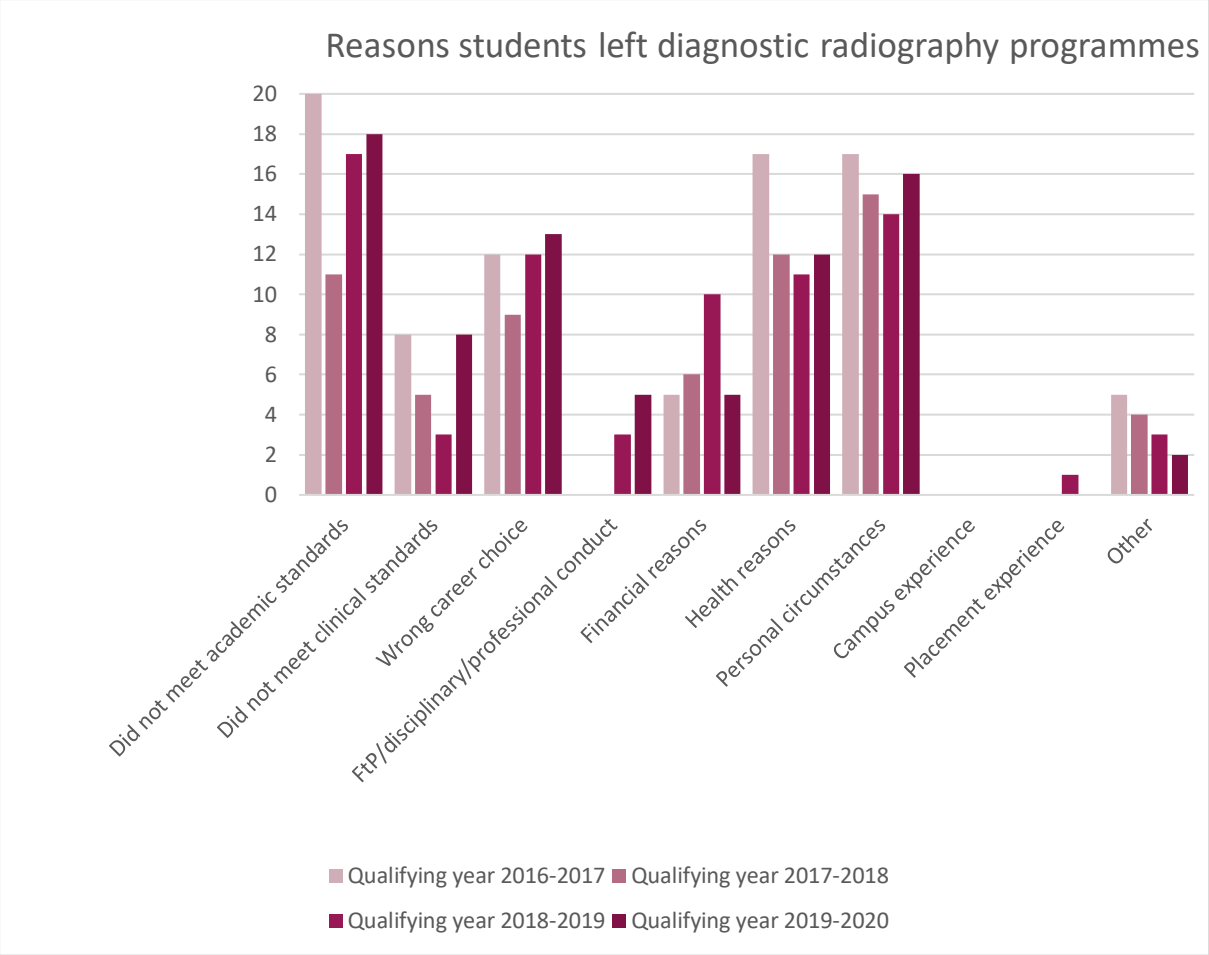

Figure 2 Chart showing the number of and reasons for students not completing diagnostic radiography programmes in the UK during the academic years 2016–2020.

6.8.4.2 Reasons students left therapeutic radiography programmes

As in previous years, therapeutic radiography data (Figure 3) show some differences and some similarities to the diagnostic radiography data. Not meeting the required academic standards was the most commonly reported reason for a student leaving a programme; this was closely followed by personal circumstances, wrong career choice and health reasons. Compared with last year, more

students left their therapeutic radiography programme due to wrong career choice and personal circumstances.

'Other' reasons given by therapeutic radiography education providers were:

- Four students deferred (intercalated) the year
- One transferred to another education institution

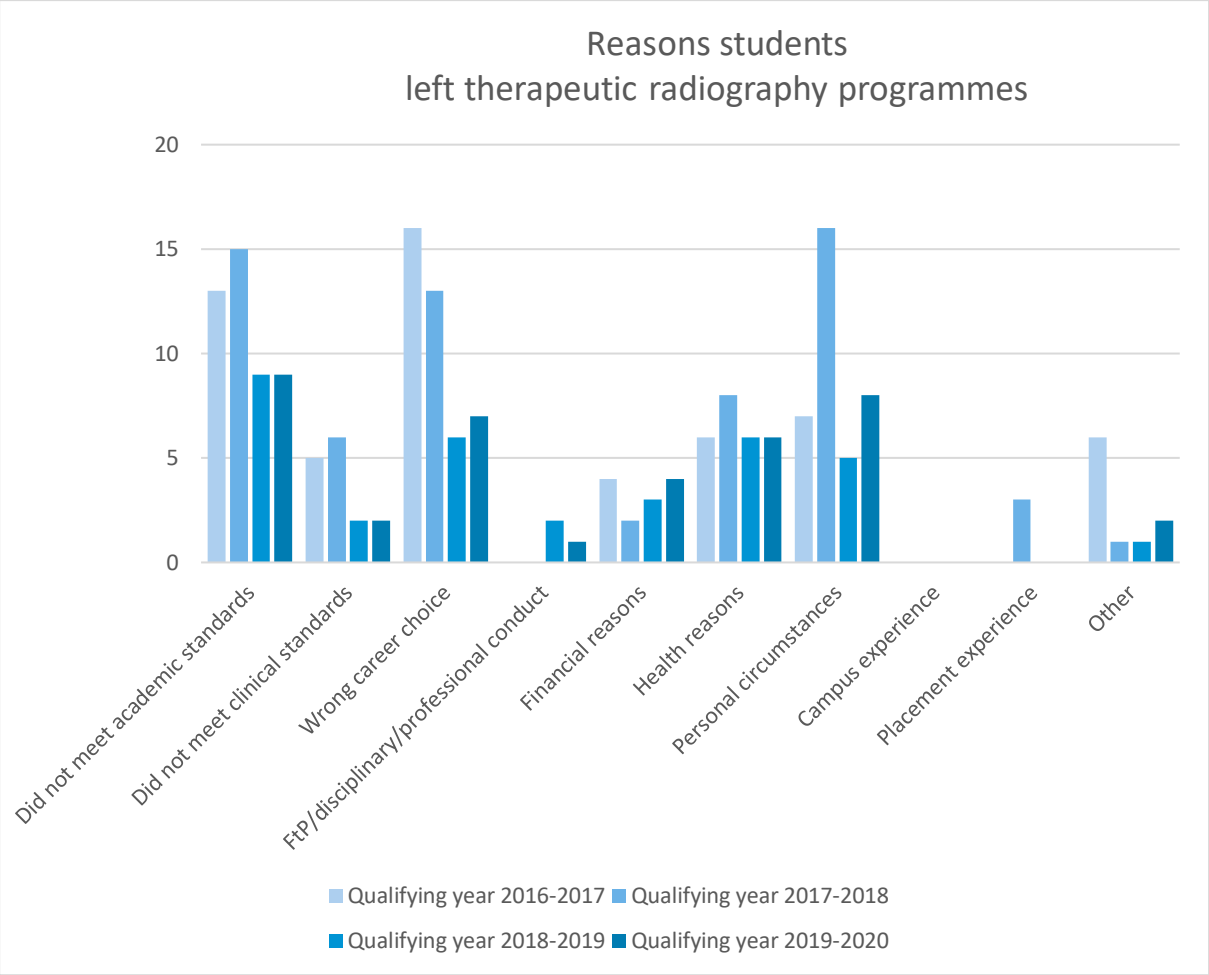

Figure 3 Chart showing the number of and reasons for students not completing therapeutic radiography programmes in the UK during the academic years 2016–20.

6.8.5 Successful strategies for reducing attrition

Respondents were asked to give their top three retention strategies for on both 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 2019–20 is shown in Figure 4.

1) Personal tutors and pastoral support • Robust personal tutor support and monitoring • Regular personal tutor meetings • Support and prompt intervention by personal tutor • Proactive support (rather than reactive) • Year manager support • Open door policy to approach lecturers	2) Academic support • Academic support • Academic advisor • Supportive and approachable team • Developing academic literacy skills • Learning services support • Study skills support, e.g. breakfast clubs and/or central learning support services • Early intervention for students who are struggling/failing • Qualified clinical academic staff
3) Assessment strategy • Clear and effective assessment strategies • Marking rubrics and clarity on how assessments are marked • Staggered assessments • Use of university regulations to support students • Exception extenuating personal circumstances policy • Revision mock assessments and formative assessment • Feedback feeds forward to future assessments • Opportunity to repeat/re-study	4) Engaging and enabling the student voice • 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 • Feedback and closing the loop
5) Learning and teaching strategy • Quality of teaching and educational support • Flexibility 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 or small group teaching and tutorials • Engendering a sense of community amongst the cohort • Online resources • Enabling a flexible curriculum • Flexible and responsive learning and teaching strategies • Interactive teaching and learning • Innovative teaching and learning strategies	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 • Pre-course information and selection visits • Creating a sense of belonging • The university support triangle: employability adviser, academic adviser and student support advisor • Condensed education pattern

7) Central student support services • Effective access to support services • Student support networks • Mental wellbeing support • University-led mentoring scheme: all first year students assigned a peer mentor in other year groups • University mechanisms, e.g. personal development system	8) Facilities • Students' union • Quality of facilities • Good campus accommodation
9) Peer support networks • Peer-assisted learning scheme • Peer support/buddy system	

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

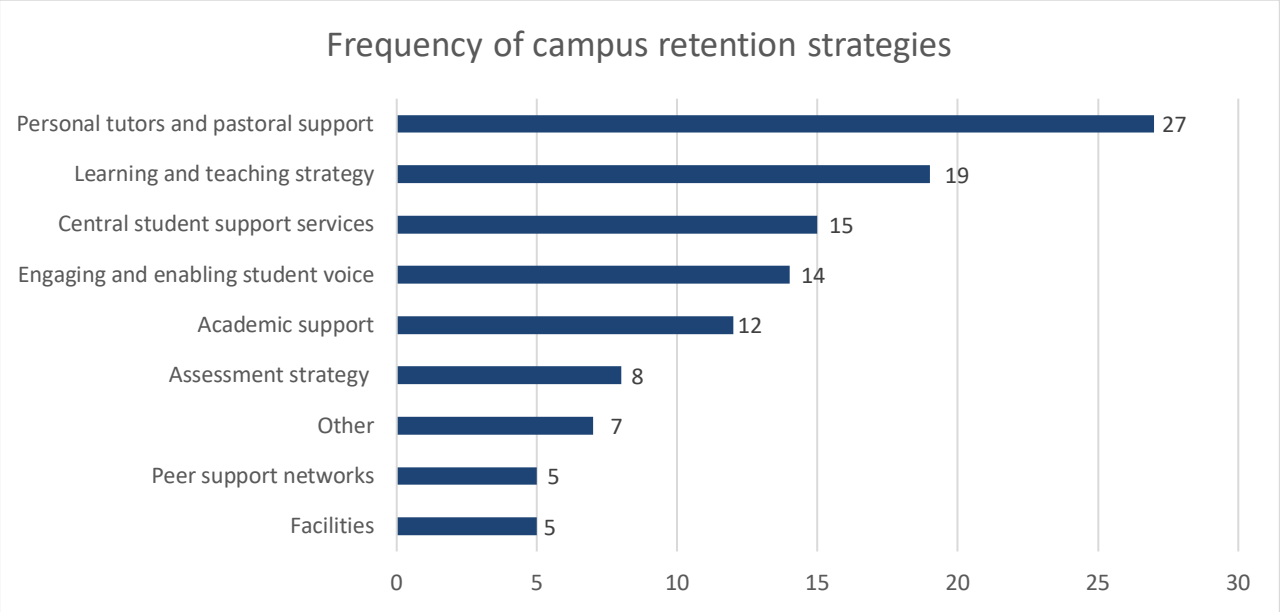

Figure 4 Campus retention strategy themes and frequency of occurrence throughout the UK during the 2019–20 academic year.

6.8.5.2 Placement retention strategies

Placement retention strategies have some similarities to previous years in that the provision of practice educators is the most common intervention. A diverse range of titles were used for practice-based learning facilitators / staff, which has reduced from previous years:

- Clinical educator
- Clinical lecturer
- Clinical tutor
- Mentor
- Placement learning tutor
- Practice educator
- Student coordinator

It is outwith the remit of this report to discuss these roles in depth; however, the accepted title for the person 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 2019–20 is shown in Figure 5.

The retention strategies have assisted some education providers in reducing attrition; however, a number of education providers have highlighted that attrition rates fluctuate and depend on "a multitude of complex factors and individual circumstances". Some providers indicated that strategies have helped students to feel more involved and have a sense of belonging, or have assisted in identifying those in need to support at an earlier stage in their educational journey.

1) Practice educators • Provision of practice educators • Clinical tutors with dedicated time for support/tutorials • Allocation of named mentors for each student • Network of student liaison radiographers, mentors and assessors for student support • Educators and mentors • Quality of clinical educators • Good supportive mentors • Practice educators meeting regularly to ensure clinical staff kept informed • Identified practice educator at each site location with responsibility of managing the placement • Update training for staff • Close working relationship with practice educators across clinical placements sites	2) Allocation of placement • Early clinical placement in year one • Increased use of 'Hub and spoke' model of placement to widen breadth of placement experiences • Placements throughout the year • Placements linked with course content • Good quality placements with latest equipment
3) Variety/supportive placements • Variety of clinical sites • One student per Linac • Clinical learning opportunities	4) Clear communications/expectations • Good communication with Practice Educator both before and during placement • Effective communication between students on placement and the University • Responding to student feedback • Making sure students have appropriate expectations of the clinical environment
5) University link lecturers • Link lecturer support for students on placement and liaison with clinical partners • Regular personal tutor visits and meetings with practice educators • Personal tutor visits each fortnight	6) Partnership between education institution and placement • Close partnerships with all placement sites • Bi-annual clinical liaison meetings at the university • Joint mentoring between HEI and workplace to ensure support from all sides

7) Assessment/Feedback/Evaluation • Individual student clinical appraisals where issues are fed back and discussed with placement sites • Early identification and intervention by clinical/academic team • Clearly structured practice assessment package • Placement evaluations and student attendance monitoring to identify concerns only • Placement debriefs • Regular feedback to the students and closing the feedback loop • Introduction of continuous assessment scheme to replace one-off "killer" assessments • Clearly structured assessment package	8) Preparation for placement • Clear instructions for placement success • Placement preparation • Simulation in academic setting • Good on-campus training preparation for practice
9) Creating a sense of belonging/valued • Students feeling valued on placement • Long placements allowing students to integrate into departments and feel a sense of belonging • Feeling welcome and part of the team • Having a feeling of belonging and ownership from within the clinical placement • Encouraging apprentices to form support networks with each other	10) 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
11) Personalisation • Personalised placement experience • Each placement tailored to individual student's needs • Ensuring the number of students on placement matches the placement capacity, no student overcrowding on placement so they get a lot of hands on individualised training	12) Other • Student support services • Resources and facilities • Student buddy system/peer support • Reflective practice • Regular webinars with HEI to ensure continued sense of being part of the university community • Regular (monthly) Radiotherapy Education Group meetings

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

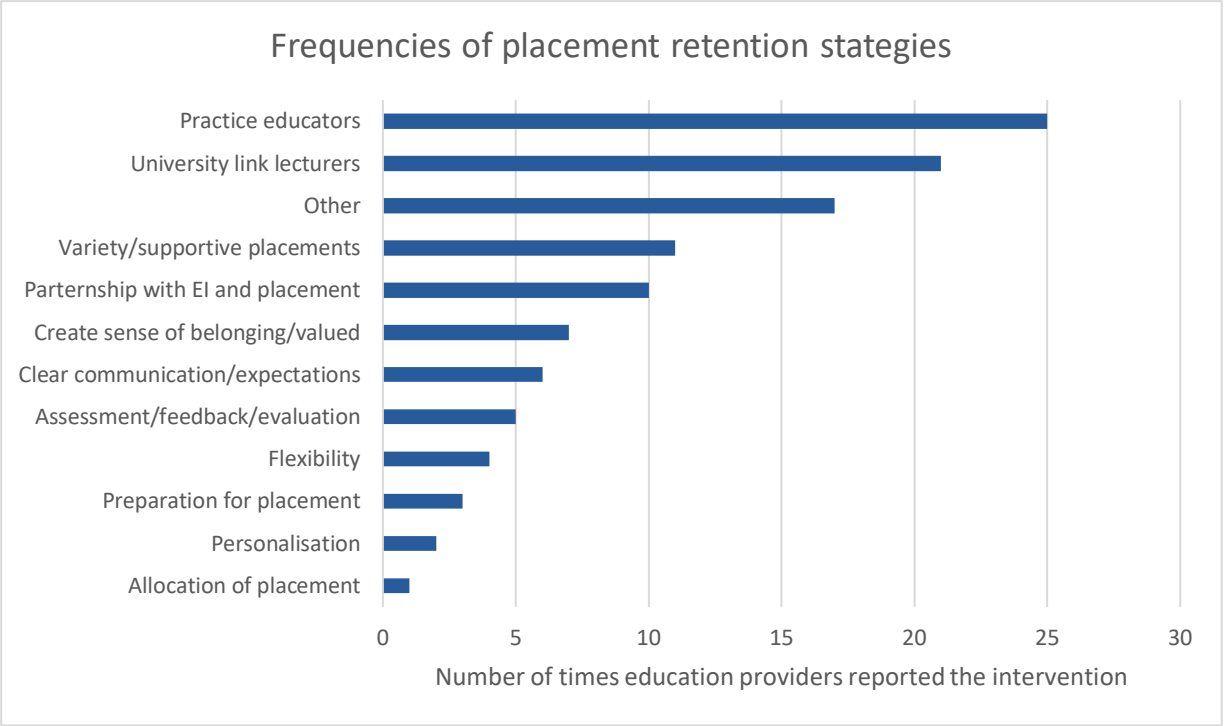

Figure 5 Placement retention strategy themes and frequency of occurrence throughout the UK during the 2019–20 academic year.

6.9 Completion from pre-registration programmes

According to data submitted by the education providers, at the point of submission 1,089 diagnostic radiography students and 232 therapeutic radiography students were eligible to apply for registration with the HCPC. This has increased from the previous year by 109 students for diagnostic radiography and 12 students for therapeutic radiography (Table 26). Several diagnostic and therapeutic education providers did not submit data this year so the number entering the workforce is likely to be higher.

Charts showing the distribution of degree classifications for diagnostic and therapeutic radiography BSc (Hons) degrees in the UK, for completion year 2019–20, are represented in Figure 6 and Figure 8. The distribution of degree classifications for diagnostic and therapeutic radiography PgD/MSc degrees in the UK, for completion year 2019–20, are represented in Figure 7 and Figure 9.

	Completion of a qualification	Awards leading to eligibility to register 2019–20	Awards leading to eligibility to register 2018–19	Not eligible to apply for registration
Diagnostic radiography students	1,094 *	1,089 *	980 *	5
Therapeutic radiography students	233 *	232 *	220 *	1

*Table 26 Number of completions and awards in diagnostic and therapeutic radiography programmes in the UK at the time of data submission. * figures are likely to be higher due to anomalous or partial data submitted by a number of education institutions.*

6.9.1 Diagnostic radiography degree classification

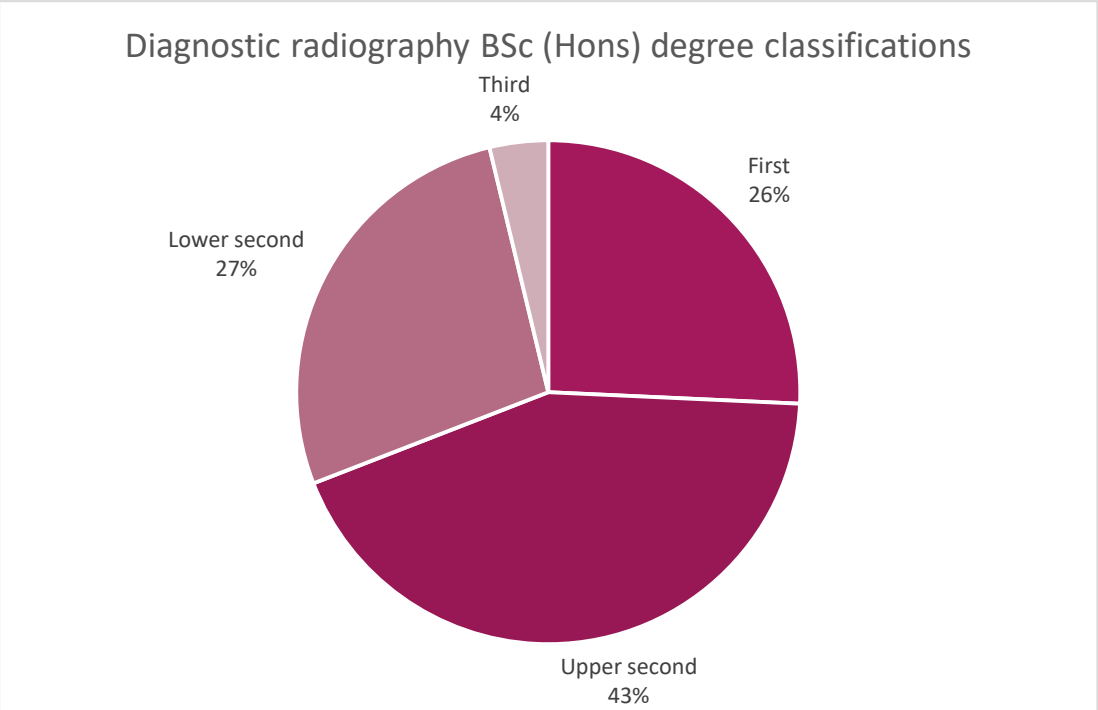

Figure 6 Chart showing distribution of degree classifications for diagnostic radiography BSc (Hons) degrees in the UK for completion year 2019–20.

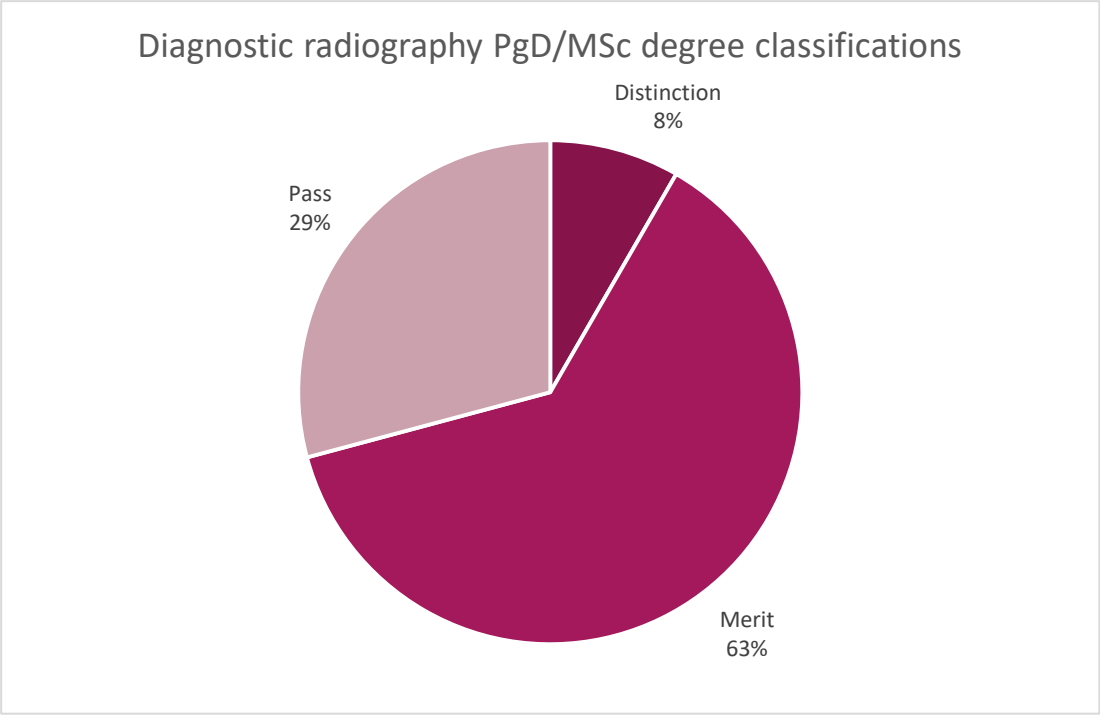

Figure 7 Chart showing distribution of degree classifications for diagnostic radiography PgD/MSc degrees in the UK for completion year 2019–20.

6.9.2 Therapeutic radiography degree classification

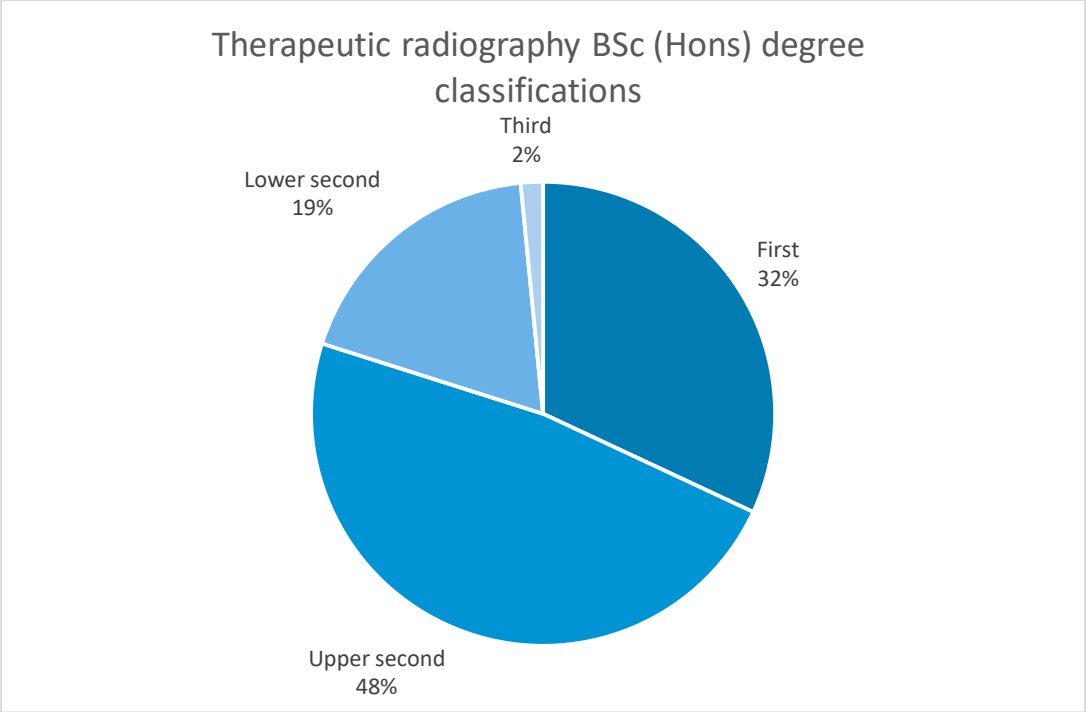

Figure 8 Chart showing distribution of degree classifications for therapeutic radiography BSc (Hons) degrees in the UK for completion year 2019–20.

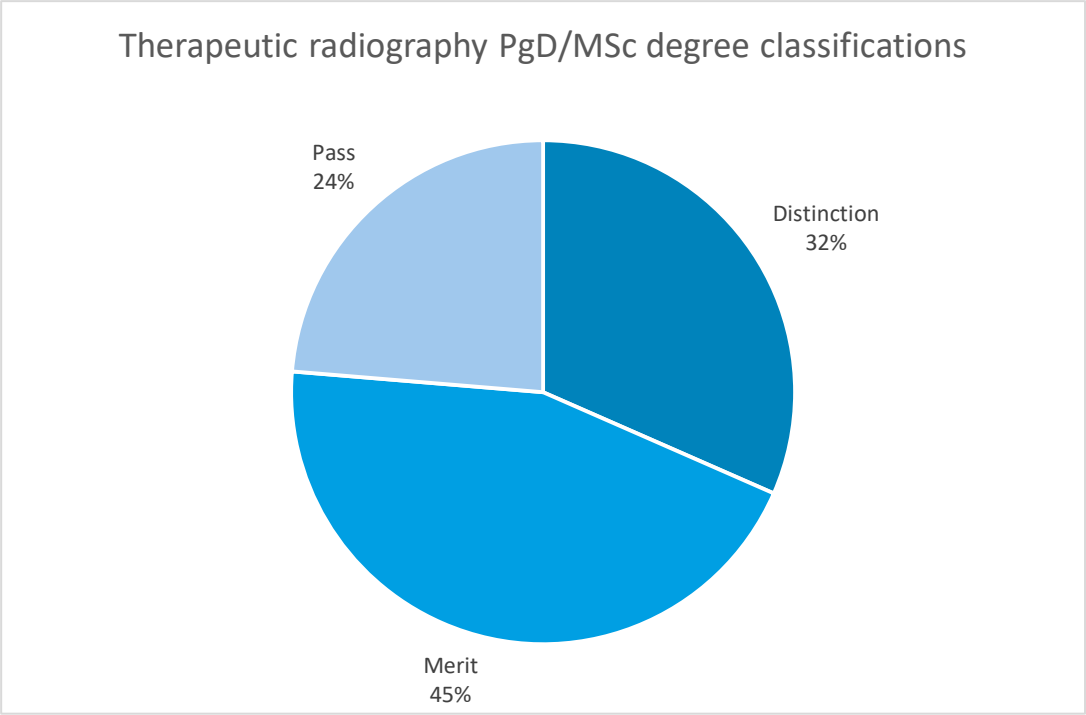

Figure 9 Chart showing distribution of degree classifications for therapeutic radiography PgD/MSc degrees in the UK for completion year 2019–20.

6.9.3 Comparison of degree classifications with previous years

Undergraduate degree classifications are presented in Figure 10 and Figure 11. The data are consistent with previous years for diagnostic radiography but show an increase in 2:1 classifications and a reduction in 2:2 classifications for therapeutic radiography.

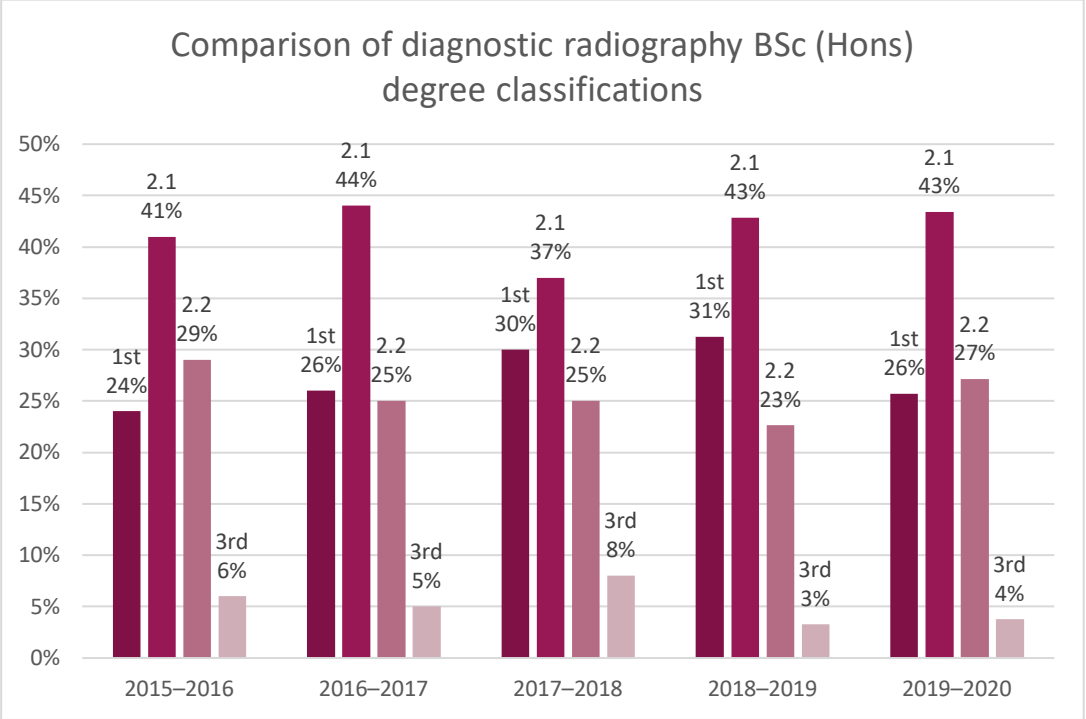

Figure 10 Chart showing degree classifications for BSc (Hons) diagnostic radiography programmes in the UK across the academic years 2015–20.

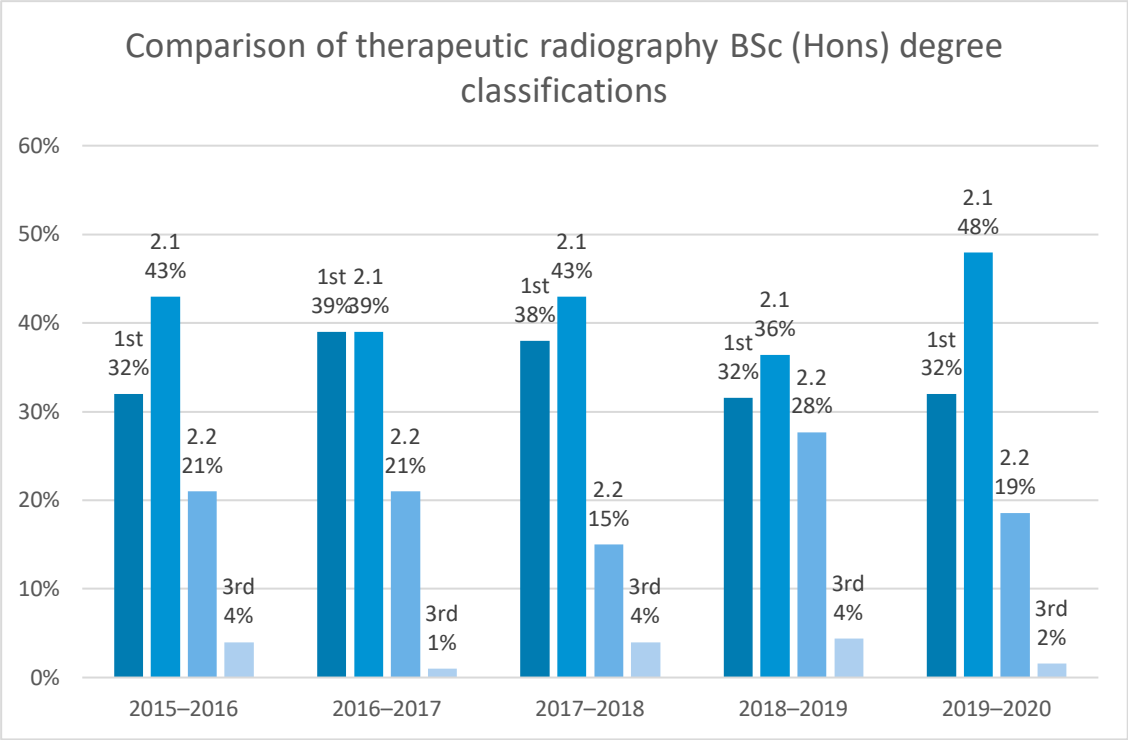

Figure 11 Chart showing degree classifications for BSc (Hons) therapeutic radiography programmes in the UK across the academic years 2015–20.

Postgraduate degree classifications are presented in Figure 12 and Figure 13. No data was submitted for the two institutions that were delivering a diagnostic radiography PgD/MSc in 2017–18. This year a much greater percentage of students achieved a distinction in therapeutic radiography (32%) than in diagnostic radiography (8%), but the number of distinctions for both disciplines have reduced compared to 2018–19.

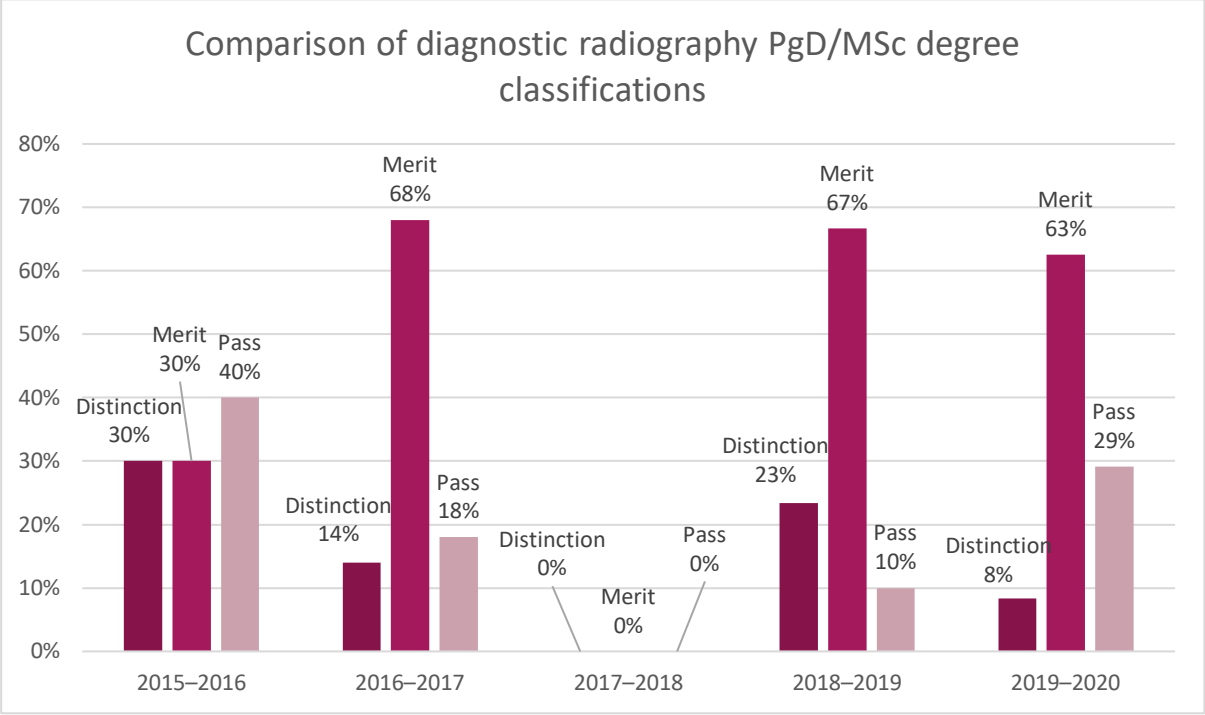

Figure 12 Chart showing postgraduate degree classifications for diagnostic radiography programmes in the UK across the academic years 2015–20.

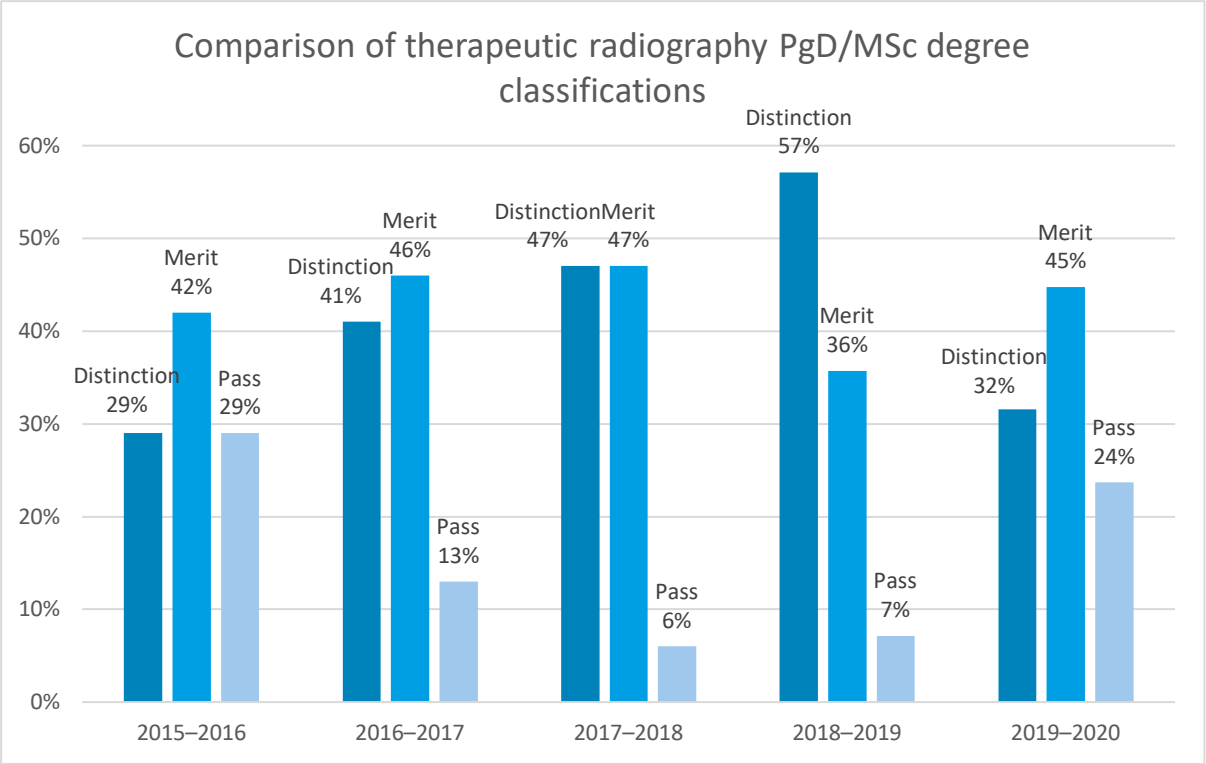

Figure 13 Chart showing postgraduate degree classifications for therapeutic radiography programmes in the UK across the academic years 2015–20.

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 2019–20 academic year.

Programme	Number of students still to complete
Diagnostic radiography	42
Therapeutic radiography	9

Table 27 Table showing the number of students still to complete their course at the time of completing the College of Radiographers 2019/20 pre-registration programme survey. 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 consider attrition.

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 anonymised and randomised list of 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

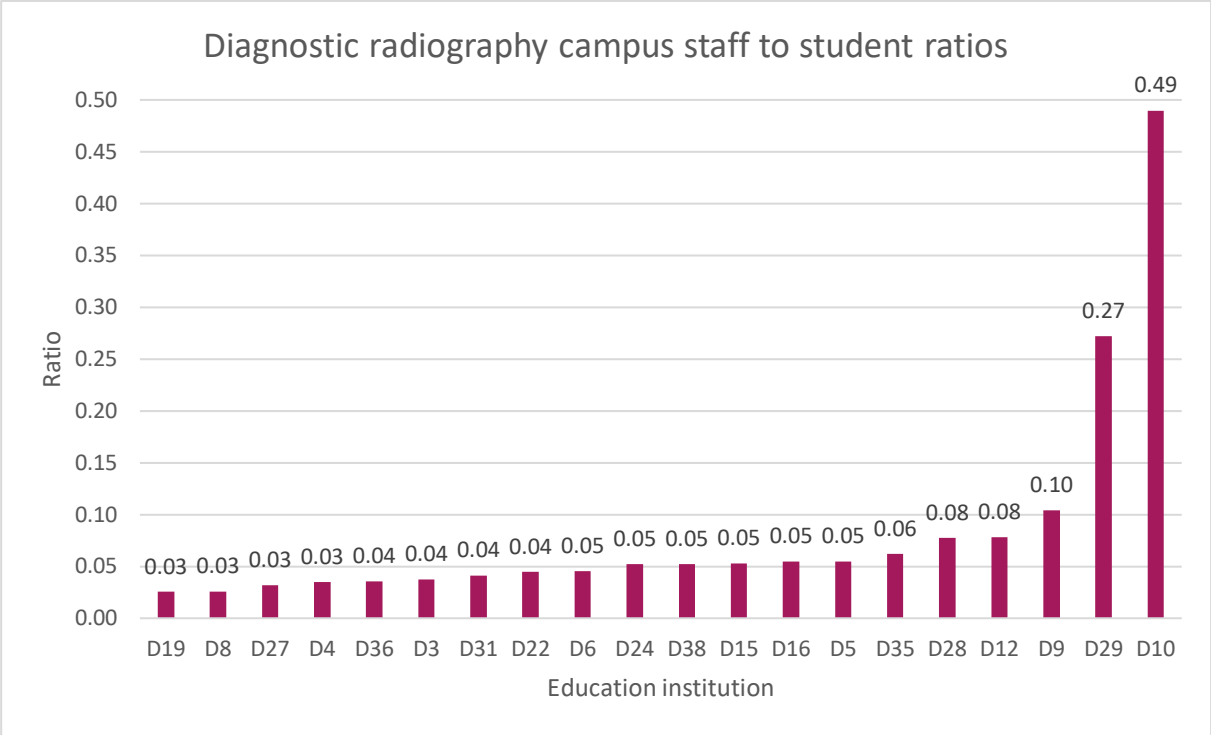

Figure 14 Chart showing the campus staff to student ratios for pre-registration diagnostic radiography programmes in the UK for the 2019–20 academic year.

The data submitted for diagnostic radiography staff to student ratios appear to be realistic in value. However, a number of education providers (n=10) did not submit data and this reduces the conclusions that can be drawn from Figure 14. Diagnostic radiography staff to student ratios vary from 0.03 (3 members of staff for every 100 students) to 0.49 (49 members of staff for every 100

students). However, the two programmes with the highest ratio have the lowest total student numbers (29 and 25 respectively). Both education institutions responsible for these programmes have other pre-registration programmes with more students and are likely to share lecturers. Due to the data being incomplete and there being staff cross over between other programmes, realistically, the highest staff to student ratio is likely to be 0.06 (6 members of staff for every 100 students). A number of providers highlighted the difficulties in providing accurate figures because staff teach on a range of BSc and MSc radiography programmes.

When considering the challenges of reporting accurate staff to student ratios, particularly when staff teach across multiple programmes, the data in Figure 14 show a similar trend to those reported for 2018–19.

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

The data show no clear link to suggest that staff to student ratios have any impact on attrition rates, but the data is difficult to interpret, as highlighted above.

6.10.1.2. Therapeutic radiography staff to student ratios

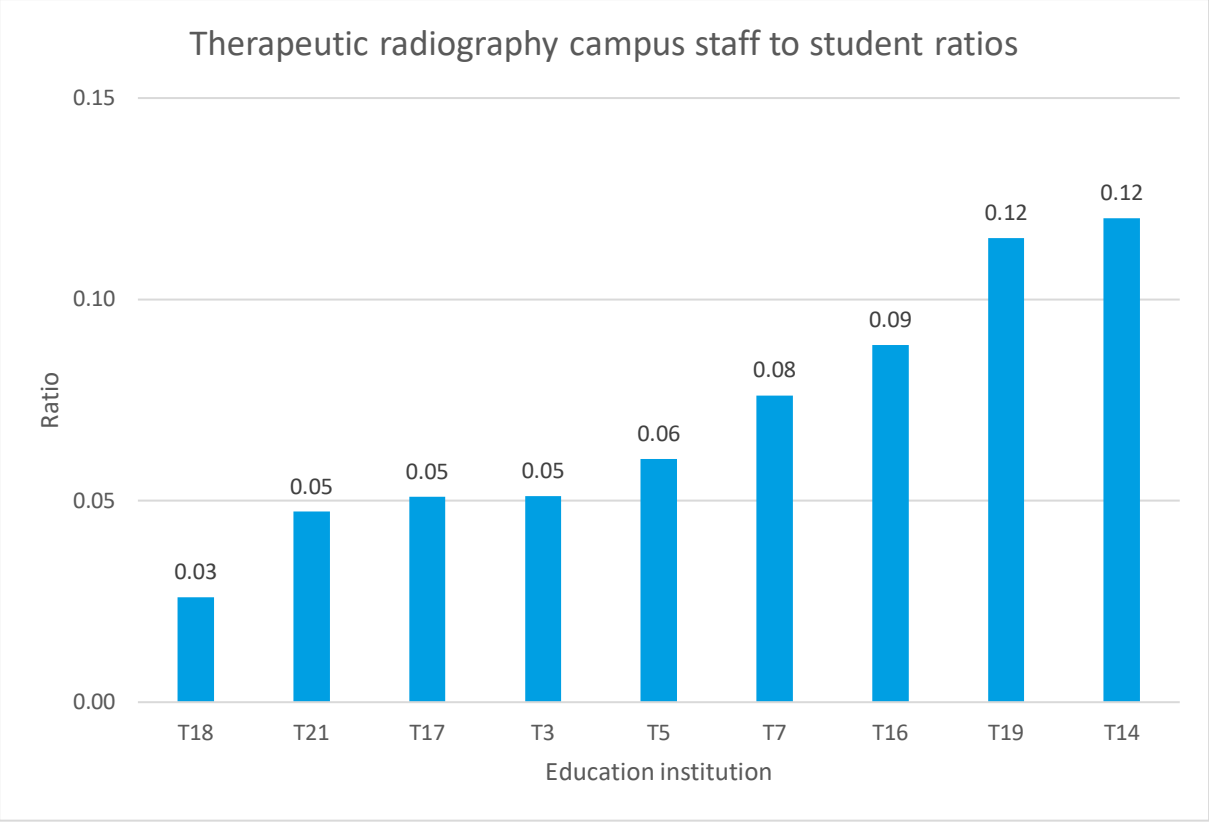

Figure 15 Chart showing the campus staff to student ratios for pre-registration therapeutic radiography programmes in the UK for the 2019–20 academic year.

A number of education providers (n=8) did not submit data and this reduces the conclusions that can be drawn from Figure 15.

Therapeutic radiography staff to student ratios vary from 0.03 (3 members of staff to every 100 students) to 1.16 (116 members of staff to every 100 students). Data from one education provider (T2) was omitted from Figure 15; this provider reported very low student numbers, leading to a staff to student ratio of 1.16. This same provider had another programme with a much higher student intake; however, the data was incomplete so could not be included. One provider stated a staff to

student ratio of 0.00 and this has also been omitted from Figure 15. The two programmes with the highest ratios are BSc (Hons) programmes at education institutions also providing MSc radiography programmes and so it is likely that lecturers are shared across these programmes. The highest ratio for an undergraduate pre-registration programme is 0.12 (12 members of staff for every 100 students); this is the same as for 2018–19.

The mode value of staff to student ratios is 0.05; this has reduced by 0.02 compared to 2018–19.

Due to incomplete data it is difficult to determine how figures compare with 2018–19. 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 0.03 (3 members of staff to every 100 students) had the highest improvement in attrition rates (a reduction of 33.3% to achieve 9.09% attrition). The highest attrition rates correlated with providers reporting staff to student ratios between 0.05 and 0.06 (attrition rates of 35.71% to 38.71%). 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 AAB, will continue to communicate with and monitor those education providers highlighted in this report as having high attrition rates.

6.10.2 Practice educators

A clear definition of a practice educator was given in the College of Radiographers 2019/20 pre-registration programme 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 (Section 6.8.5.2), though 'practice educator' is the most common term and is used throughout CoR 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 data for diagnostic radiography practice educator to student ratios are difficult to interpret due to one education provider in Scotland indicating that they have 53 practice educators that meet the definitions for this role, as stipulated by the CoR and the Health and Care Professions Education Leads group. Another provider in England reported having 204 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 degree of caution. Consequently, data from these providers has been removed from Figure 16. A number of providers indicated that all

radiographers supervising students are considered practice educators, which will lead to inaccurate data, hence Figure 16 should be viewed with caution.

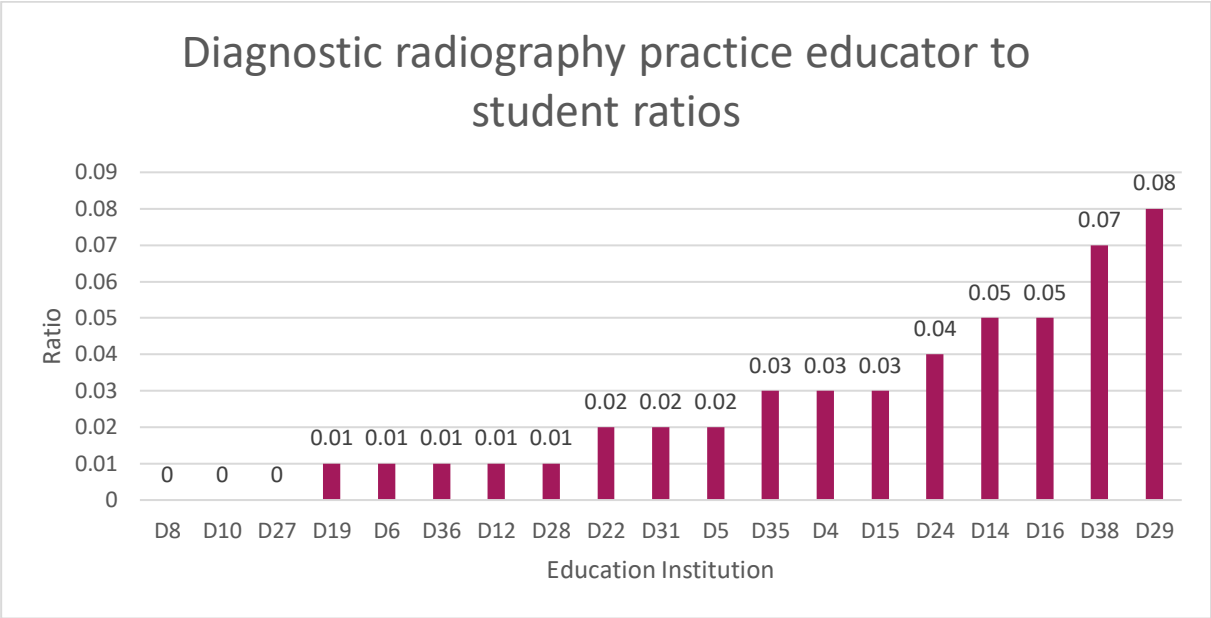

Figure 16 Chart showing the practice educator to student ratios for pre-registration diagnostic radiography programmes in the UK for the 2019–20 academic year.

The mode value for practice educator to student ratios is 0.01, which is an improvement from previous years where the figure was 0.00. Nine education providers did not submit data. Three education providers have a practice educator to student ratio of 0.00, which leaves no practice educators supporting students while they are on placement. Five education providers have a practice educator to student ratio of 0.01 (1 practice educator for every 100 students). The practice educator to student ratios range from 0.00 (no practice educators supporting students) to 0.07 (7 practice educators for every 100 students). This has reduced slightly from last year (0.00–0.08). 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 a rise in student numbers.

The CoR, through the AAB, will continue to communicate with and monitor those education providers reporting low numbers of practice educators supporting diagnostic radiography students.

6.10.2.2 Therapeutic radiography practice educator to student ratios

As with diagnostic radiography, the chart for therapeutic radiography practice educator to student ratios is difficult to interpret (Figure 17). One provider reported a student to practice educator ratio of 3.00 (300 practice educators to every 100 students). This provider also submitted incomplete data for its other programmes. It is therefore unclear whether the reported practice educator numbers relate to all programmes provided by this institution. Data submitted by this provider has been removed. A number of providers indicated that all radiographers supervising students are considered practice educators, which will lead to inaccurate data, hence Figure 17 should be viewed with caution.

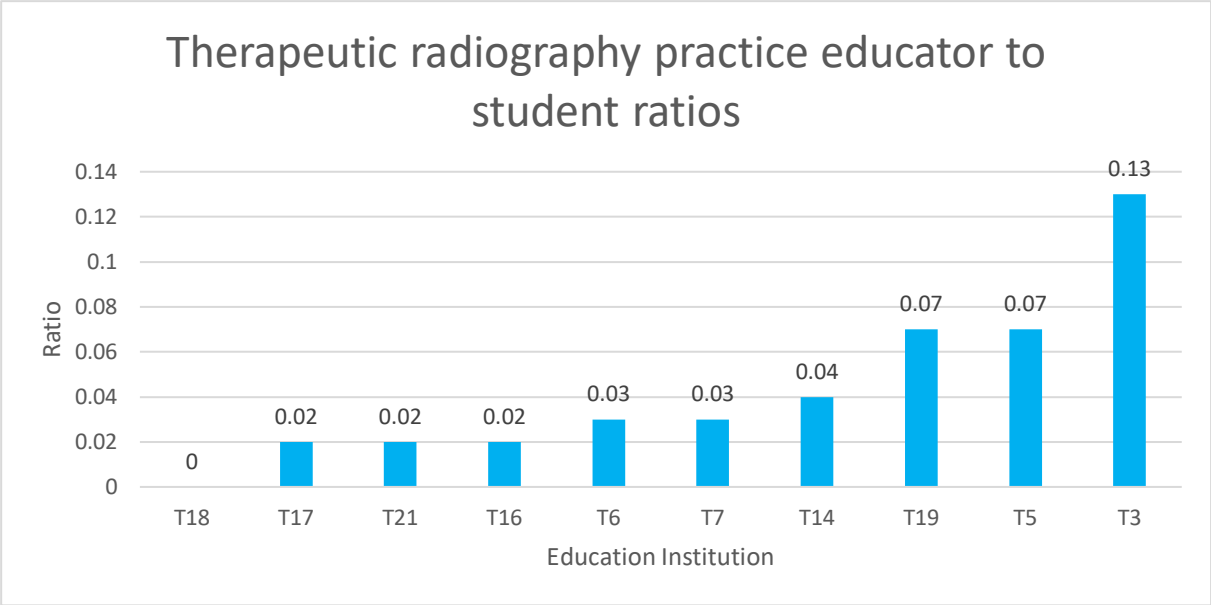

Figure 17 Chart showing the practice educator to student ratios for pre-registration therapeutic radiography programmes in the UK for the 2019–20 academic year.

One education provider reported that they have no practice educators supporting their students, making the mode ratio value 0.02 this year; this is a reduction from 0.05 in 2018–19. The practice educator to student ratios for therapeutic radiography range from 0.02 (2 practice educators for every 100 students) to 0.13 (13 practice educators for every 100 students).

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 relate to programmes which lead to qualification at 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	0
Clinical imaging including CT and MRI	• 5 programme approvals/re-approvals • 5 extensions of approval
Nuclear medicine/DEXA	0
Others including professional and interprofessional provision	0
Practice Educator Accreditation Scheme	0
Radiotherapy	1 programme approval

Table 28 Table showing the number of post-registration postgraduate programmes approved by the AAB in 2019–20.

The AAB reviewed a similar number of approvals and extensions/amendments for post-registration postgraduate programmes this year.

8 Short courses

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

8.1 Approvals/re-approvals of short courses

Speciality	Number of approvals/re-approvals
Breast screening	3 modules
Clinical imaging (including CT, Intra ocular foreign body reporting, skeletal reporting and suspected physical abuse)	• 6 modules • 1 short course
Dental imaging	0
IV administration	1
MRI	0
Nuclear medicine/DEXA	0
Others including interprofessional provision	0
Radiotherapy	0
Imaging/safeguarding of children	3 modules
Ultrasound (not eligible for Consortium for the Accreditation of Sonographic Education accreditation)	0

Table 29 Table showing the number of short courses approved by the AAB in 2019–20.

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

Since 1 January 2014, all assistant practitioners who are members of the SCoR have been eligible to apply for accreditation through CPD Now. Assistant practitioners can apply for accreditation of their scope of practice based on having completed a CoR approved education and training course, or by submission of CPD evidence via CPD Now. Due to the volume of successful applications, the number of accredited assistant practitioners are presented to the AAB without names.

Approval and Accreditation Board	Number of assistant practitioners presented
November 2019	26
February 2020	11 plus 1 extension to scope of practice
June 2020	13
Total	**50 plus 1 extension to scope of practice**

Table 30 Number of assistant practitioners accredited and presented to the AAB during 2019–20.

9.2 Continuing professional development accreditation (CPD Now accreditation)

SCoR members 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. The CoR does not review members' CPD Now, but reserve the right to audit the records of those who have gained this accreditation.

9.3 Practice educator accreditation scheme

Practice educator accreditations are presented to the AAB.

Approval and Accreditation Board	Number of practice educators presented
November 2019	6
February 2020	3
June 2020	0
Total	**9**

Table 31 Number of practice educators accredited and presented to the AAB during 2019–20.

9.4 Advanced practitioner accreditation

Advanced practitioner accreditations are presented to the AAB.

Approval and Accreditation Board	Number of advanced practitioners presented
November 2019	4
February 2020	0
June 2020	3
Total	**7**

Table 32 Number of advanced practitioners accredited and presented to the AAB during 2019–20.

9.5 Consultant practitioner accreditation

Consultant practitioner accreditations are presented to the AAB.

Approval and Accreditation Board	Number of consultant practitioners presented
November 2019	2
February 2020	0
June 2020	0
Total	**2**

Table 33 Number of consultant practitioners accredited and presented to the AAB during 2019–20.

10 Continuing professional development event/resource endorsement

The AAB of the CoR oversees the CPD Now Endorsement scheme. An administrator for the professional and education team together with a professional officer run and direct the process, generally on a weekly basis.

The CoR standards for CPD are 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 for CPD Now endorsement must demonstrate that the content meets SoR professional body standards for CPD and match at least two of the core CPD Now professional outcomes.

For the period 1 September 2019 to 31 August 2020 the CoR received 72 applications for endorsement of a range of resources. Applications included information about study days, user-group meetings, scheduled webinars, online on-demand tutorials, symposiums and conferences. Of the 72 submissions, 8 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 those eight deferred applications, six were resubmitted with revisions and approved during that same period (2019–20).

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 no resources underwent resubmission due to change of content.

The number of applications for 2019–20, in comparison with previous years, remains within the usual range of applications and deferrals. The lowest number of applications were 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 CoR consideration.

11 Health and Care Professions Council

The relationship with the HCPC continued to be maintained and productive. The CoR and the HCPC worked 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 on both 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 updated document was published in January 2019.

Due to the Covid-19 pandemic the 2020 interprofessional conference, usually held by the National Association of Educators in Practice (NAEP) with input from the SCoR, was cancelled. Abstracts are available on the NAEP website and the number of diagnostic and therapeutic radiographers submitting research abstracts continues to grow.

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 2019–20 was around radiography apprenticeships, advanced practice, the RePAIR Report, the Post-18 Education Review (the Augar Review) and how to ensure continuity of education provision as the Covid-19 pandemic began to impact on healthcare settings and education institutions.

13 References

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Appendices

Appendix A UCAS tariff points – diagnostic radiography

Education Institution	UCAS tariff points
D35	120-128
D12	128
D36	128
D5	120
D6	120
D15	120
D16	120
D19	120
D24	120
D27	120
D28	120
D34	120
D37	120
D38	120
D4	112
D8	112
D10	112
D14	112
D33	108
D31	Anomalous data submitted
D22	Anomalous data submitted
D32	No data submitted
D20	No data submitted
D21	No data submitted
D30	No data submitted
D25	No data submitted

D = Diagnostic radiography programme

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

EI numbers are the same as last year.

Appendix B UCAS tariff points – therapeutic radiography

Education Institution	UCAS tariff points
T5	120
T16	120
T6	120
T12	120
T13	120
T14	120
T3	120
T17	112
T21	112
T18	108
T19	Anomalous data submitted
T7	Anomalous data submitted
T22	No data submitted

T = Therapeutic radiography programme

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

EI numbers are the same as last year.

Appendix C Applications received – diagnostic radiography

Education Institution	Applications received
D14	980
D19	760
D31	640
D27	571
D15	518
D12	500
D24	500
D36	475
D37	450
D34	404
D16	395
D8	367
D33	312
D22	305
D28	293
D35	230
D3	214
D5	202
D4	202
D38	143
D29	81
D6	68
D9	67
D10	35
D13	16

D = Diagnostic radiography programme

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

EI numbers are the same as last year. Where there is no data for a specific programme these have been excluded from the table.

Appendix D Applications received – therapeutic radiography

Education Institution	Applications received
T18	233
T17	177
T5	168
T13	168
T16	159
T7	143
T3	125
T14	122
T12	121
T19	109
T6	61
T21	60
T2	26

T = Therapeutic radiography programme

Diagnostic and therapeutic radiography 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. Where there is no data for a specific programme these have been excluded from the table.

Appendix E Student intake – diagnostic radiography

Education Institution	Students started 2019–20
D14	142
D19	139
D27	93
D34	81
D35	78
D4	74
D16	72
D33	69
D6	68
D24	68
D37	63
D8	60
D38	60
D15	55
D36	54
D31	53
D28	53
D3	47
D12	41
D22	40
D5	35
D10	29
D9	20
D13	17
D29	14
D32	No data submitted
D20	No data submitted
D21	No data submitted
D25	No data submitted
D30	No data submitted

D = Diagnostic radiography programme

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

EI numbers are the same as last year.

Appendix F Student intake – therapeutic radiography

Education Institution	Students started 2019–20
T13	54
T5	40
T17	37
T3	33
T12	30
T18	29
T14	29
T16	21
T2	19
T6	18
T7	16
T21	15
T19	14
T23	0
T22	No data submitted
T15	No data submitted
T9	No data submitted
T11	No data submitted
T1	No data submitted

T = Therapeutic radiography programme

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

EI numbers are the same as last year.

Appendix G Randomised and anonymised attrition data

Data are based on responses to the College of Radiographers 2019/20 pre-registration programme survey. 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	2019–20 attrition	Position change from last year
1	Education institution T7	1	↑14
2	Education institution T2	1	
2	Education institution D38	3	↑1
2	Education institution D3	4	↑2
2	Education institution D24	5	↑4
7	Education institution D35	6	↑4
8	Education institution D6	7	↑13
9	Education institution T23	8	
10	Education institution T18	9	↑27
11	Education institution D14	10	↑4
12	Education institution D12	11	↓-4
13	Education institution D36	12	↓-9
14	Education institution D8	13	↑9
15	Education institution D4	14	↑7
16	Education institution D22	15	↑1
17	Education institution D16	16	↓-3
18	Education institution D9	16	↑7
19	Education institution D5	18	↓-13
20	Education institution D29	19	↓-18
21	Education institution T3	20	↓-4
22	Education institution T14	21	↑3
23	Education institution D34	22	↑11
24	Education institution D37	23	
25	Education institution D33	24	
26	Education institution T6	25	↓-6
27	Education institution T16	26	↑2
28	Education institution D31	26	↑5
29	Education institution T19	28	↑4
29	Education institution D13	28	
31	Education institution D15	30	↓-22
32	Education institution D19	31	↑4
33	Education institution D28	32	↓-20
34	Education institution T13	33	
35	Education institution D27	34	↓-32
36	Education institution T21	35	↓-9
37	Education institution T5	36	↓-7
37	Education institution T17	37	↓-11
38	Education institution T12	38	

D = Diagnostic radiography programme

T = Therapeutic radiography programme

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

EI numbers are the same as last year.

No data were submitted by D25, D32, D20, D30, T1, T15, T11, T9 and T22.

Appendix H Randomised and anonymised campus staff to student ratios

Data are based on responses to the College of Radiographers 2019/20 pre-registration programme survey . 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 D10	0.49
Education institution T14	0.12
Education institution T19	0.12
Education institution T16	0.09
Education institution D12	0.08
Education institution D28	0.08
Education institution T7	0.08
Education institution D35	0.06
Education institution T5	0.06
Education institution D15	0.05
Education institution D16	0.05
Education institution D24	0.05
Education institution D38	0.05
Education institution D5	0.05
Education institution D6	0.05
Education institution T17	0.05
Education institution T21	0.05
Education institution T3	0.05
Education institution D22	0.04
Education institution D31	0.04

Education institution	Campus staff to student ratio
Education institution D36	0.04
Education institution D19	0.03
Education institution D27	0.03
Education institution D4	0.03
Education institution D8	0.03
Education institution T18	0.03
Education institution D14	No data
Education institution D20	No data
Education institution D21	No data
Education institution D25	No data
Education institution D30	No data
Education institution D32	No data
Education institution D33	No data
Education institution D34	No data
Education institution D37	No data
Education institution T12	No data
Education institution T13	No data
Education institution T15	No data
Education institution T22	No data
Education institution T6	No data

D = Diagnostic radiography programme

T = Therapeutic radiography programme

Diagnostic and therapeutic radiography 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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