

ST GEORGE'S, UNIVERSITY OF LONDON

REVALIDATION REPORT (CONJOINT APPROVAL WITH THE COLLEGE OF RADIOGRAPHERS)

BSc (Hons) Diagnostic Radiography/ BSc (Hons) Therapeutic Radiography

3rd July 2019

Panel Membership

Dr Rachel L. Allen (Chair)	Head of the Graduate School, St George's, University of London
Erica Chivers	Lecturer: Radiotherapy & Fitness to Practice Lead, School of Healthcare Sciences, Cardiff University
Karen Elcock	Head of Programmes: Pre-registration Nursing / Deputy Head of School, Faculty of Health, Social Care and Education, Kingston University & St Georges, University of London
Mark Gradwell	Director of Interprofessional Education, School of Allied and Public Health Professions, Canterbury Christ Church University
Tim Saunders	Student Reviewer, St George's, University of London
Dr Jonathan McConnell	College of Radiographers Assessor for Diagnostic Radiography
Nick White	College of Radiographers Assessor for Therapeutic Radiography

In attendance

Derek Baldwinson	Director, Quality and Partnerships Directorate, St George's, University of London
Glen Delahaye	Quality Assurance & Enhancement Manager, St George's, University of London

Introduction and context

- 1) The Panel was convened to consider the revalidation of BSc (Hons) Diagnostic Radiography and BSc (Hons) Therapeutic Radiography. Subject to revalidation, the new programmes would be phased in for new students enrolling from September 2019. Continuing students who re-enrol in September 2019 would follow the existing programmes, which would run in parallel until academic year 2020/21. During the transition period, continuing students would be supported in the usual ways to ensure successful completion of the programmes.
- 2) A comprehensive review of both programmes was undertaken by the Course Directors of both programmes and the Head of Department to ensure that the programmes remain clinically relevant and that students can continue to successfully gain employment after graduation. The review included consultation with service users, students, clinical partners and the teaching team. It led to a number of proposed changes.
- 3) The College of Radiographers (COR) were present for the event and would be writing a separate report detailing the outcome of the COR re-accreditation and including any conditions. The Health & Care Professions Council (HCPC) had been sent the documentation to be considered as part of their Major Modifications process, but would not be attending the Revalidation Event. The HCPC would review the documentation and determine the appropriate mechanism for assessing the changes made to the programme.

Conduct of the meeting

- 4) Prior to the meeting, the Panel received the documents listed in Annex A. Documents were received four weeks ahead of the revalidation.
- 5) The Panel members held a private meeting at which they confirmed the range of issues that they wished to discuss with the programme team. The full Panel then conducted a series of separate meetings, including a meeting with six students (three from each of the two programmes), as well as meetings with clinical partners; senior management; two service users and a meeting with the programme team. Attendees are listed in Annex B. At the conclusion of the meeting, the Panel members held a second private meeting in which they agreed the outcome, including areas of good practice, conditions and recommendations. These are recorded in paragraphs 6 to 17.

Outcome of the meeting

- 6) The Panel recommended to Senate that BSc (Hons) Diagnostic Radiography and BSc (Hons) Therapeutic Radiography should be approved for five years with the first intakes commencing in September 2019. The programmes would next be reviewed (or revalidated) in academic year 2023/24 to enable further intakes to enrol on the programme in the subsequent academic year (2024/25). The deadline for responding to the conditions and recommendations would be 2nd September 2019.

Good Practice

- 7) The support for students by the programme team, which was consistently praised during the student meetings (paragraphs 36 to 38).
- 8) The high quality radiography simulation opportunities that are available to students (paragraph 30).
- 9) The management of the review process, including engaging with stakeholder and responsiveness to feedback as part of the development of the new programme documentation (paragraphs 26, 31, 33 and 38).
- 10) The commitment to interprofessional education and the intent to use scenarios (paragraph 51).

Conditions

Condition 1

- 11) The Panel identified a number of discrepancies throughout the documentation. As a condition of approval, the programme team is required to:
 - a. Ensure consistency between module descriptors. Each should include a teaching and learning strategy; the Module Leader and Teaching Team should be identified and, where relevant, word counts for assessments should be included and must be consistent with other documentation.
 - b. Following the updating of module descriptors, amend the assessment strategy so that it is aligned with the module descriptors.
 - c. Develop a detailed assessment calendar for both programmes that indicates assessment deadlines and exam board dates. Additionally, a number of typographical errors were identified in the scheme of assessment that would be communicated to the programme team separately.

Condition 2

- 12) Develop a short statement that summarizes how service users will be engaged with throughout the student journey. This should include information about how they are involved in admissions processes, scenario planning, service user forums and the monitoring and review of the programme. Additionally, feed back to service users about how their input has helped to shape the new programmes (paragraphs 33 and 34).

Condition 3

- 13) Clarify how the research project in the Dissemination of Research module will be assessed, indicating how the supporting evidence would contribute to the mark. Additionally, add a greater emphasis on the role of the supervisor and consider requiring the student to include evidence of supervisor engagement as part of their project submission (paragraph 50).

Recommendations

Recommendation 1

- 14) Monitor the impact of the new placement pattern to determine if it has an effect on students achieving competencies as well as the practice partner's ability to take on and support the students (paragraphs 24, 25, 26, 39 and 51).

Recommendation 2

- 15) Continue to work with MyKnowledgeMap to further develop the Myprogress tool (paragraphs 40, 46 and 47).

Recommendation 3

- 16) Consider further use of external examiners to assure students of the fairness of OSCEs, exploring the use of video or audio recordings (paragraph 49).

Recommendation 4

- 17) Update the placement standard audit tool.

Meeting with clinical partners

Monitoring

- 18) The clinical partners each had a dedicated placement liaison tutor for their site, with whom they could raise any concerns. Each of the partners present in the meeting confirmed that the liaison typically visited the students on placement at least every two or three weeks, but that they could report problems to them at any time. During visits, the liaison tutor meets first with the partner and then with the students. The students have the option to meet them on a one-to-one basis if they require any pastoral support or support with any theoretical aspects of the placement.
- 19) An audit of all placement sites is carried out annually to monitor the standards of the practice education. An agreed action plan ensures continuous improvement. The partners were aware that

there were differences in approaches across different sites. For example, one partner noted that that their equipment was not as modern as others.

Myprogress

- 20) All St George's Radiography students are provided with a tablet that is used to record attendance and competencies through the Myprogress digital portfolio tool, which are signed off by a supervisor. The clinical partners found that these initially caused problems and using the paper-based system had been quicker. However, they had since adapted to them. Attendance is taken twice per day through the tablet.
- 21) Training is provided to those staff responsible for signing off on student competencies. For the more complex tasks, it is typically only the senior staff who complete the sign off. The clinical partners were confident that only students who achieved the competencies were being signed-off and if they suspected there might be a problem then they would raise it with the liaison tutor.

Fitness to practise

- 22) One practice partner expressed a concern over the university's handling of fitness to practise cases. There had been an occasion where a student had fraudulently used the sign-off process, but had then been allowed to continue the placement subject to conditions set by the fitness to practice panel. The partner did not agree with the outcome and had indicated this to the university following the announcement of the decision. They suggested that the process could have been completed in a more transparent manner and that they would have appreciated being invited to the panel.

Change to placement block duration

- 23) The new programmes would introduce a new attendance pattern. The number of weeks in attendance would be shortened and as a result, students would have a five-day week instead of four. The clinical placement would now commence earlier in the programme as well. The clinical partners that met with the Panel saw both advantages and disadvantages to the change.
- 24) There are a number of opportunities for interprofessional education throughout placements, both formally and on an ad-hoc basis. It was noted that the shorter placement blocks that would be introduced through the revalidation could make this more challenging to facilitate.
- 25) Other universities for which the clinical partners also provided placements already had a five-day week. The clinical partners recognized that it was challenging for the students of those universities and that it could increase their anxiety. It made it more difficult for students to get their competencies signed off. It had been common for the students of other universities to require extenuating circumstances and to be left with remaining incomplete competencies at the end of the year.

26) Despite this, the partners acknowledged that there would be advantages to the shorter placement block. They had been involved in the curriculum development, where they had voiced their concerns and also understood the team's rationale for the change. It would allow student to fund themselves throughout their course more easily and provided them with more flexibility. The change would help to prepare students for the workplace, as it mirrored what they would experience after the course. They had the option to complete three longer days instead or could also take weekend shifts. The partners considered the earlier start to the placement to be helpful, as students otherwise spent a long time on the programme without the opportunity to set foot in a department. Additionally, in some ways it would be easier for the partners to manage, as St George's would be consistent with other universities. However, one partner anticipated that the five-day week could make it difficult for them to manage visits by students of other disciplines that had typically been taking place on the day when the students weren't in.

Meeting with senior management

Staffing

27) The relocation of the programme from Penrhyn Road Campus at Kingston University to the St George's site had an impact on the composition of the programme team. A number of staff chose not to relocate and the team now consisted of a mixture of well experienced staff and staff who were newer to the field. The senior managers regarded this as good opportunity for the programme team. The younger staff members would be able to benefit from the experience of the senior staff, but would also bring contemporary and current knowledge to the team. Staff are provided with a mentor and the Head of Department has an open-door policy for them to discuss any concerns. Additionally, the team now sits within an open plan office that is shared with other programmes, which had been helpful for shared projects.

Student support

28) There is a staff to student ratio of fifteen to one. All students have a personal tutor allocated. The Radiography department had been one of the pilot departments for the online tutoring system. All students are required to meet their tutor at least once per semester and can make this appointment at any time.

29) There would be an inclusivity audit across the Faculty, which would lead to an action plan. The senior managers were aware that there had been an attainment gap for BAME students, which the institution had been trying to address, but it would take time for the outcome to become visible.

Learning Resources

30) An investment had been made into the resource to continue delivering Therapeutic Radiography. St George's is currently the only centre in England with image matching software and has provision for

27 computers to train students on Treatment Planning System (TPS). The investment represents a risk, as recruitment had been difficult. The low number of therapeutic students was not confined to St George's, but was a nation-wide problem. Following the unsatisfactory recruitment period last year, they had instigated more outreach to local schools and made full use of the enhanced facilities during open days. There had been a significant increase in interest for the course and the senior managers hoped that this would lead to an increase in successful offers to students.

Employability

31) There was a need to ensure that graduates in radiography would continue to remain employable after completing the programme. To address this, the programme team had completed a robust process of curriculum development that engaged with all stakeholders. Recent developments in radiography had been around artificial intelligence, as well as an increasing use of CyberKnife and the curriculum would reflect these. There would be regular reviews to ensure that the content would remain current and would reflect what employers wanted.

Meeting with service users

Rationale for getting involved in the programme

32) The service users discussed their motivation for becoming involved in the radiography programme. One of them had attended a series of hospital appointments for their relative and had found the service to be disjointed. The other service user that met with the Panel had a significant amount of personal experience with the NHS. Both of the service users wished to enhance the programme so that it could produce students who would provide high quality care.

Involvement in the programme

33) As part of the development of the new curriculum, the programme team had engaged with the service users through a stakeholder meeting, where the service users had the opportunity to provide their input. They noted that they were not yet aware of how their input had been incorporated into the new programmes. It was also noted that they had not been involved during the development of the previous review of the programme.

34) The service users stated that the programme team was intending to facilitate a meeting between them and the students. Additionally, they had been invited to become involved in admissions and assessment and would be attending training for MMIs. They also hoped that there would be an opportunity to meet with other service users.

Support from the programme team

35) The service users felt supported by the programme team throughout their involvement and were in regular contact with the programme team through emails. During events, they were provided with refreshments and felt welcome. They had appreciated being invited to take part in the programme and valued the opportunity to scrutinize and challenge the new curriculum.

Meeting with student representatives

Student support

36) The students of both programmes spoke highly of the support that they had received from the programme team. One of the Diagnostic Radiography students who, due to personal reasons, had needed time off from the course, stated that she had easily been able to make an appointment to get advice about her options. The programme team was patient with her and remained in contact once she returned to the programme to ensure that she was comfortable. Another student stated that she had become pregnant during the course, but had been able to continue through the support and flexibility of the programme team. The Therapeutic Radiography students agreed that it had been easy to get support. One mentioned that she had been accommodated when she needed to move clinical study days, provided that she gave a week's notice.

37) Prior to joining the programme, one of the students had indicated to the programme team that she had both dyslexia and dyspraxia. They arranged a formal assessment to provide her with certification. The course director then met with her to discuss her needs and to agree an action plan to ensure the correct support would be available to her throughout the programme.

38) The students recognised that the programme team had been enhancing the programme to accommodate student needs, following feedback that they'd received from students who had faced difficulties.

Practice placements

39) The students generally agreed that the move to a five-day week would be beneficial to them, as it would better prepare them for the work environment. One student noted that they had appreciated the four-day week as it had allowed for a day of rest that could be used to catch up and to plan ahead.

40) The students had adapted to the use of Myprogress to track their progress on placement. The students and clinical partners were well supported by the programme team in the use of the tablets. They noted that it was occasionally more difficult to review their own progress on Myprogress to identify outstanding competencies compared to when they were working from paper. One of the Therapeutic students stated that during her placement, she had been provided with an additional checklist that helped her to keep track.

Assessment

- 41) The students did not like sitting examinations, stating that they felt the clinical setting was lost in the exam environment. They favoured practical exercises as opposed to writing in an essay format. One student found that it was difficult to apply what had been learned in class to an SBA exam. Another student believed that she could have gained a higher mark if the question in the SBA had been different.
- 42) The formative assessments had been helpful for the students. They found that they could clearly identify the areas that they needed to improve. The formative assessments taught them the correct answers, but also the method required to reach the answer.

Programme structure

- 43) The students had found the programme to be slow at the beginning. The first year Interprofessional Foundation Programme (IFP) module had been interesting, but they would have preferred more image-based work or learning about brain or cardiac anatomy that could have better prepared them for their placement. The Panel highlighted to the students that this would be address through the new curriculum design.

Interprofessional education

- 44) The students stated that radiographers often had difficulty in understanding their professional identify in health care and that the programme could have done more to help with that. For example, the IFP module appeared to be aimed primarily at the students on other programmes, which meant that at the beginning of the programme, the radiography students did not have a strong understanding of their role or of the importance of it. The students also felt that students on other programmes typically didn't understand what radiographers did, aside from "taking pictures". Again, the Panel highlighted to the students that the programme team had sought to address this through the new design (see also paragraph 51).

Service users

- 45) The students had met with service users through teaching sessions, in which they had attended to talk about their experiences and the various departments they had visited for treatment. This had been helpful for the students in understanding how imaging had helped the patients' treatment. One of the students had also been interviewed by a service user as part of the recruitment process.

Meeting with programme team

Myprogress

- 46) The Panel received a demonstration of Myprogress, which is used to help students track their progress whilst on placement and also provides the programme team with attendance data. It was developed by MyKnowledgeMap and replaced the previous paper-based system. The programme team considered it to be an enhancement. They explained that the new digital system made it more difficult for a student to fraudulently sign themselves in. There was now an electronic trail, which included a timestamp and a confirmation email that is sent to the person signing off the competency. As the system was based online, there would be no risk of losing the data provided that it was kept synchronized. Training was provided to staff on a regular basis, but the team acknowledged that some staff could miss the training due to high turnover within some of the trusts. However, the system had been designed to be intuitive.
- 47) As the sign-off process would be completed by entering an email address, the Panel expressed some concerns over how the programme team would ensure that the address belonged to an individual who was authorised to sign-off. The programme team acknowledged that there was still a possibility of fraudulent behaviour if the student was determined to find a way around the system. However, they were confident that they would be able to identify such cases and were constantly working to improve the system.

Assessment

- 48) The new curriculum would include a number of examinations. The team had intended to align learning outcomes and indicative content with the assessment that measured them. In many instances, examinations were deemed to be the most appropriate method. For example, they had received feedback from clinical staff indicating that students had insufficient anatomy knowledge, which had been difficult to assess through an OSCE.
- 49) The newly introduced OSCE processes had been reviewed by external examiners and had also been subject to internal scrutiny. Canvas quizzes that were used in assessment were completed in an invigilated examination environment. An effort was made to keep students who were taking OSCEs separate from each other to avoid information about the questions being released. OSCEs were not currently recorded.
- 50) As part of the Dissemination of Research module, students would be required to develop and submit a 2000 word research proposal. The Panel was unsure if the proposed assessment method would be sufficient to demonstrate that the student had met the learning outcomes, in particular due to the low word-count. The programme team responded that their rationale for the word-count had been to encourage students to develop a paper that would be suitable for publication. Supporting evidence showing the work that led to the production of the proposal would be attached as an appendix and

submitted alongside it. Despite the word-count, the programme team therefore considered it to be a substantive amount of work that the student would be required to complete. The student would have regular contact with their supervisor to monitor their progress and to receive support.

Interprofessional Learning

51) There would be opportunities for interprofessional learning throughout the programme, which would encourage students to consider the different roles within a multidisciplinary team and how to interact with them. There would be modules shared between both Radiography programmes and also modules that would be shared with students from Physiotherapy, Occupational Therapy and Healthcare sciences. Providing opportunities for interprofessional learning within placements was challenging and would continue to be challenging with the shorter placement blocks. This would be kept under review.

Admissions

52) As part of an outreach programme, members of the programme team had visited local schools to raise awareness of radiography amongst sixth form students. The outreach process would take time. They targeted people at a young age, meaning that it could take a number of years before those people would be at the age to submit an application. A particular aim had been to increase the number of Therapeutic Radiography applicants, so that the applicants would feel more comfortable and secure about their decision to apply for the programme. The programme team recognised that joining a course with low numbers could be daunting for applicants. Overall, the move to St George's had helped, as students had previously been disappointed after applying to a St George's course and then learning that it was taught at Kingston. Interviews had already been set up to consider applicants through clearing.

53) There continued to be an intention to increase international recruitment, both within the faculty and at an institutional level. The programme team had been considering Hong Kong, Singapore and the Republic of Malaysia. However, as these countries trained their own radiographers, the programme team would need to provide a rationale for them to come to St George's to study. Supporting international students required more resource than local students. St George's was developing a unit to achieve this.

54) The programme team stated that they were seeking additional funding to support the registry in conducting surveys that would determine where applicants who did not accept an offer from St George's went to study, which would help to inform the recruitment strategy.

GD/July 2019

Annex A

Self-Evaluation Document
Resources Document
Course Document
Programme Specifications
Programme Regulations
Schemes of Assessment
Assessment Strategies
Student Handbooks
Clinical Education Handbooks
Module Directories
Admissions Procedure
Scenario Example
HCPC Mapping Documents
CoR Mapping Documents

Annex B

Programme team:

Marcus Thomas Jackson (Head of Department / Associate Dean)
Sherril Spencer (Associate Professor / Postgraduate Programme Director)

Diagnostic Radiography:

Anthony Dennis (Recruitment / Clinical / Associate Professor)
Jade Fleet (Senior Lecturer)
Marco Schhavottiello (Senior Lecturer)
Yvonne Thackray (Senior Lecturer)
Mathew Foster (Clinical / Senior Lecturer)
Michael Dean (Senior Lecturer)
Nigel Rogers (Course Director / Associate Professor)
Rodnick Vassallo (Senior Lecturer)

Therapeutic Radiography:

Julie Hendry (Course Director / Senior Lecturer)
Lauren Fantham (Clinical / Lecturer)
Yasmeen Malik (Recruitment / Senior Lecturer)

Senior management:

Andy Kent (Dean of the Faculty of Health, Social Care and Education)
Iain Beith (Head of School of Allied Health, Midwifery and Social Care)
Marcus Thomas Jackson (Head of Department / Associate Dean)

Clinical practice partners:

Susan Farrell (Ashford and St Peter's Hospitals)

Joanne Harris (Royal Surrey County Hospital)

Susan Baille (St George's Hospital)