

Course Specification

A. Course Information											
Final award title(s)	BSc (Hons) Diagnostic Radiography Integrated Degree Apprenticeship										
Intermediate exit award title(s)	Diploma in Health Studies Certificate in Health Studies										
UCAS Code		Course Code(s)	5812								
Awarding Institution	London South Bank University										
School	<input type="checkbox"/> ASC <input type="checkbox"/> ACI <input type="checkbox"/> BEA <input type="checkbox"/> BUS <input type="checkbox"/> ENG <input checked="" type="checkbox"/> HSC <input type="checkbox"/> LSS School of Allied and Community Health, Institute of Health and Social Care										
Division	Division of Radiography and Operating Department Practice										
Course Director	Harry Bliss										
Delivery site(s) for course(s)	<input checked="" type="checkbox"/> Southwark <input type="checkbox"/> Havering <input type="checkbox"/> Croydon <input type="checkbox"/> Other: (please specify)										
Mode(s) of delivery	<input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time <input type="checkbox"/> Other (please specify)										
Length of course/start and finish dates	<table border="1"> <thead> <tr> <th>Mode</th> <th>Length years</th> <th>Start - month</th> <th>Finish - month</th> </tr> </thead> <tbody> <tr> <td>Part time</td> <td>3</td> <td>September</td> <td>September</td> </tr> </tbody> </table>			Mode	Length years	Start - month	Finish - month	Part time	3	September	September
Mode	Length years	Start - month	Finish - month								
Part time	3	September	September								
Is this course suitable for a Visa Sponsored Student?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Approval dates:	Course validation date	Feb 2022									
	Course specification last updated and signed off	September 2022									
Professional, Statutory & Regulatory Body accreditation	Health and Care Professions Council Society and College of Radiographers Education Skills Funding Agency (Funding) OFSTED Monitoring and Support Education Inspection Framework (EIF)										
Link to Institute for Apprenticeship (IfA) Standard and Assessment Plan (Apprenticeship only)	https://www.instituteforapprenticeships.org/apprenticeship-standards/diagnostic-radiographer-integrated-degree-v1-2										

Reference points:	Internal	<ul style="list-style-type: none"> • LSBU Corporate Strategy 2020-2025 • LSBU Academic Regulations for Taught Programmes • Academic Quality and Enhancement Website
	External	<ul style="list-style-type: none"> • HCPC Standards of Proficiency for Diagnostic Radiography (2013) • HCPC Standards of Education and Training (2017) • HCPC Standards of Conduct, Performance and Ethics (2016) • Institute of Apprenticeships, Apprenticeship Standards, Diagnostic Radiography (Integrated Degree) (2019) ST0620 • Society and College of Radiographers Indicative Curriculum (2013) • QAA The Frameworks for Higher Education Qualifications of UK Degree Awarding Bodies (2018) • QAA Higher Education Credit Framework for England (2018) • QAA Code of Practice for the Assurance of Academic Quality and Standards in Higher Education, Section 3: Disabled Students (2010) • SEEC Credit Level Descriptors (2021) • OfS Guidance

B. Course Aims and Features

Distinctive features of course	<p>The inclusive curriculum aims to enable the full and equitable participation in and progression through higher education for all prospective and existing apprentices. We are working towards more inclusive policies and educational strategies in teaching and assessment and away from remedial interventions. Inquiry based learning designed with opportunities for blended learning provide an ideal, flexible strategy for all apprentices' needs to be met in an inclusive manner.</p> <p>The distinctive features of the BSc (Hons) Diagnostic Radiography Integrated Degree Apprenticeship programme include:</p> <ul style="list-style-type: none"> • Conferring the professional qualification in Diagnostic Radiography • Meeting the HCPC Standards of Proficiency (2013) and HCPC Standards of Education and Training (2017), and enabling successful apprentices to be eligible to apply for registration with the Health and Care Professions Council. • Studying alongside BSc (Hons) Diagnostic Radiography full-time students on our longstanding and successful course.
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<p>Course Aims</p>	<p>The primary aim of the BSc (Hons) Diagnostic Radiography Integrated Degree Apprenticeship is to produce competent Diagnostic Radiographer practitioners who are fit for award, practice, purpose, and profession and who are able to:</p> <ul style="list-style-type: none"> • Demonstrate strong professional role identity, autonomy, accountability and resilience and be able to act as ambassadors for the profession; • Work in partnership with peers, colleagues, service users and carers, to promote participation, health and wellbeing; • Respond appropriately and sensitively to the needs of service users in an anti-discriminatory, inclusive and culturally competent way; • Practise radiography in the context of current and emergent services and work effectively within a changing political and socio-economic climate; • Contribute to the evolution of the profession through the implementation of evidence-based practice; • Take professional and personal responsibility for life-long learning.
<p>Course Learning Outcomes</p>	<p>The course learning outcomes is based on the 1 reference number ST0619, that apprentices on completion of the apprenticeship can competently demonstrate the following duties:</p> <p>Duty 1 Work as an autonomous practitioner to make decisions in diagnostic radiography.</p> <p>Duty 2 Clinically assess patient condition to decide the most appropriate imaging protocols required to achieve diagnostic imaging.</p> <p>Duty 3 Assess, authorise or reject, if appropriate, the clinical information provided on the request form against justification criteria and clinically prioritise accordingly.</p> <p>Duty 4 Confirm patient identity and obtain patient consent prior to examination and explain how to obtain their results.</p> <p>Duty 5 Move and manipulate imaging equipment safely, position patients and adapt technique to ensure optimal diagnostic images can be achieved. The diagnostic procedures may include general x-ray images including trauma and orthopaedics, dental, ward patients, ambulatory & non- ambulatory care, operating theatre, mobile x-ray (wards, Intensive Care Unit, Emergency department), fluoroscopy and Computed Tomography (CT).</p> <p>Duty 6 Evaluate the quality of images according to the clinical criteria. Recognise normal, normal variants and abnormal image appearances in order to provide a preliminary clinical evaluation</p>

when appropriate and to escalate urgent or unexpected findings in a timely manner.

Duty 7 Deliver high quality patient-centred, compassionate care and maintain patient confidentiality, privacy and dignity at all times.

Duty 8 Accurately record data in compliance with legislation, information governance and local policies and procedures.

Duty 9 Work effectively as part of a multidisciplinary team when delivering holistic patient care.

Duty 10 Maintain appropriate radiation protection for self, patients, staff and public. Maintain a radiation- controlled area when undertaking diagnostic imaging procedures in different care settings e.g. in an imaging department, or on a ward/operating theatre.

Duty 11 Comply with clinical governance including all statutory and local policies, procedures and protocols, e.g. safeguarding, duty of candour, Health and Safety and infection prevention and control etc

Duty 12 Supervise Assistant Practitioners, Healthcare Support Workers, students and other learner groups within imaging and non-imaging services, supporting their development and training and delegate work as appropriate.

Duty 13 Participate in, undertake, analyse and take action on results for diagnostic Imaging Quality Control tests, including reject analysis and audit as part of the Quality Assurance Programme.

Duty 14 Use Continual Professional Development (CPD) and reflection to maintain professional Health and Care Professions Council registration. Keep up to date and engage with current research and evidence-based practice.

Duty 15 Identify and negotiate with the Employer an area of practice to inform service development, e.g. undertake IV cannulation, Computed Tomography (CT) examinations, Magnetic Resonance Imaging (MRI) examinations, imaging skills in paediatrics / dental/ orthopaedics or developing leadership/management skills.

Duty 16 Undertake contrast studies, with appropriate precautions in relation to medicines management before, during and after the examination; dealing with any adverse reactions/aftercare of the patient.

Duty 17 Assist in procedures in Ultrasound, Magnetic Resonance Imaging (MRI), Nuclear Medicine and Interventional Radiology.

	<p>K1: Knows and understands local and national Imaging policies and procedures including patient pathways and the impact of imaging on patient care and treatment.</p> <p>K2: Knowledge of Health and Care Professions Council Standards of Proficiency and Society and College of Radiographers Code of Conduct and professional scope of practice.</p> <p>K3: Knowledge and understanding of relevant anatomy, physiology and pathology, normal, normal variants and abnormal image appearances.</p> <p>K4: Understand key patient signs and symptoms and observation records in order to recognise and manage a deteriorating patient.</p> <p>K5: Knowledge and understanding of local referral justification criteria and relative clinical urgency of clinical conditions, including signs, symptoms and potential consequences.</p> <p>K6: Knowledge and understanding of different patient needs and rights including dignity, diversity and privacy, communication styles and clinical conditions e.g. dementia or learning disabilities.</p> <p>K7: Knowledge and understanding of the principles of radiobiological science, the associated risks and benefits and comparative radiation doses for different imaging protocols including different types of imaging in relation to appropriate authorisation of the justification of imaging requests.</p> <p>K8: Knowledge and understanding of Ionising Radiation (Medical Exposures) Regulations and Ionising Radiation Regulations. Knowledge of Local Rules, local and national Diagnostic Reference Levels (DRLs) including appropriate associated Personal Protective Equipment (PPE), and pregnancy status.</p> <p>K9: Knowledge of the procedure for obtaining consent, the underpinning knowledge of consent, and the procedures for when consent cannot be obtained.</p> <p>K10: Knowledge of human anatomy and physiology to image the area of interest, using external bony landmarks and knowledge of the effects of adapting positioning on the resulting image.</p> <p>K11: Knowledge of safe patient moving and handling techniques.</p>
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K12: Knowledge of the methods of drug administration, the pharmacological basis for interaction of contrast media, including contraindications and how to respond to an emergency situation.

K13: Knowledge of the physiological effects of exposure to Ionising Radiation and the correct use and manipulation of radiation exposures and associated radiation science in order to produce high quality images, whilst maintaining the lowest practicable radiation dose.

K14: Knowledge of the process for escalation of unexpected findings identified on images to ensure optimum patient care.

K15: Knowledge of conflict resolution strategies.

K16: Knowledge of different methods of communication including verbal and non-verbal communication. Knowledge and understanding of the effect of own body language and attitude on others. Knowledge of active listening skills.

K17: Knowledge and understanding of the legal, ethical and professional principles associated with equality, diversity and safeguarding.

K18: Knowledge of patient confidentiality and awareness of responsibility to maintain it in line with ethical and legislative frameworks.

K19: Understands the General Data Protection Regulations and consequences of good and poor data quality on the patient experience/pathway including the need for accurate record keeping and report writing.

K20: Knowledge of different roles and scopes of practice for those under own supervision.

K21: Knowledge of different learning styles, assessment, group dynamics, learning theory, recognition of good and bad practice, delivering constructive feedback.

K22: Understanding of radiographic equipment in the context of how images are produced for both ionising and non-ionising radiation imaging methods and how images are appropriately shared and/or stored.

K23: Knowledge of the theory of the audit cycle, quality control tools / equipment, analysis of results and how to take appropriate action and the principles of service improvement.

	<p>K24: Knowledge of current trends in relevant legislation, the profession and wider healthcare, and an understanding of putting evidence-based practice into daily work.</p> <p>K25: Knowledge of different research methodologies and how to critically analyse research.</p> <p>K26: Knowledge of cyber security relevant to the Imaging department.</p> <p>K27: Knowledge of the application of different Imaging procedures and the associated risks/benefits and precautions/safety requirements.</p> <p>S1: Undertake basic patient observations, recognise a deteriorating patient, and manage immediately and appropriately.</p> <p>S2: Manage time and resources and prioritise workload according to clinical needs.</p> <p>S3: Build and sustain professional relationships and work independently, as part of the imaging team, as part of a multi-disciplinary team, and providing supervision as appropriate.</p> <p>S4: Communicate appropriately with each individual patient, their families and carers, involving them in decision making, where appropriate, and the multi-disciplinary team adapting a style for each individual to provide holistic care, taking account of circumstances and environments.</p> <p>S5: Collate and record information from different sources and critically evaluate to make a logical, informed decision using this information, and communicate decisions appropriately and in a timely way.</p> <p>S6: Critically assess a clinical or professional situation and respond accordingly eg raising concerns as appropriate</p> <p>S7: Use good radiographic techniques and modify as clinically appropriate. Have the technical ability to manipulate a range of equipment, whilst maintaining patient comfort and adequately communicate with patients and colleagues to ensure the safe movement of patients into imaging position. Use appropriate touch techniques to locate external bony landmarks.</p>
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	<p>S8: Recognise normal and abnormal image appearances and when to act upon them. Use abnormality alert systems such as a preliminary clinical evaluation.</p> <p>S9: Assess image technical standard according to a recognised methodology.</p> <p>S10: Provide patient care in accordance with patient condition e.g. patient personal hygiene, basic life support, first aid, basic patient care needs and deliver, where appropriate, brief clinical preventative advice interventions.</p> <p>S11: Respect and maintain patient privacy and dignity at all times in all environments, including emergency situations.</p> <p>S12: Maintain accurate and confidential information using, for example, Radiology Information Systems (RIS), Picture Archiving Communication System (PACS) etc.</p> <p>S13: Maintain data protection and patient confidentiality in clinical practice and complete relevant concise, factual reports and documentation.</p> <p>S14: Use appropriate Personal protective Equipment (PPE) for staff, patients and members of the public.</p> <p>S15: Use radiation protection techniques safely and appropriately, including distraction/immobilisation techniques to effectively minimise overall radiation dose. Appropriate use of radiation dose software. Manipulate exposure factors according to patient condition to create a diagnostic image with the lowest practicable radiation dose.</p> <p>S16: Adopt Imaging and organisational policies, procedures, protocols, guidance and legislation into the clinical environment under different circumstances and situations.</p> <p>S17: Supervise, facilitate learning, motivate and share reasoned clinical judgement with others.</p> <p>S18: Use Quality Assurance tools/equipment, to analyse and interpret results and act upon them in a safe manner.</p> <p>S19: Read and critically analyse research articles, utilise basic research skills and apply research findings to practice.</p> <p>B1: Demonstrate a calm demeanour with empathy, compassion and underpinning emotional resilience to manage day-to-day pressures</p>
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	<p>in unpredictable, emergency and distressing situations, e.g. patients in cardiac arrest, patients suffering life changing injuries and/or disease diagnosis.</p> <p>B2: Confident, flexible and adaptable within own scope of practice.</p> <p>B3: Demonstrate emotional intelligence.</p> <p>B4: Act with professionalism, honesty, integrity and respect in all interactions. Maintain good character as outlined in their professional Code of Conduct and not bring their profession or organisation into disrepute.</p> <p>B5: Reflect on own impact on others, take responsibility and be accountable for own actions. Sensitively challenge others and raise issues when appropriate.</p> <p>B6: Actively reflect on own practice and accept and respond to constructive criticism. Be proactive in implementing improvements in order to improve service delivery and patient care.</p> <p>B7: Be aware of and take responsibility for their own fitness in context of physical and/or mental health issues which may affect performance. Seek help and/or guidance as appropriate. Inform Health and Care Professions Council and employer of any change of circumstance that may affect the right to practise.</p>
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C. Teaching and Learning Strategy

A varied teaching and learning diet is used to allow apprentices to learn in a variety of ways and build competence.

- Module co-ordinators provide material on-line and are encouraged to explore the use of on-line technologies that provide virtual teaching and assessment environments
- Lectures will be used to introduce and provide new information and update existing knowledge
- Tutorials with individuals and groups
- Academic workshops, including problem based learning activities
- Formative assessments
- Skills lab workshops to prepare apprentices for clinical placements
- Critical incident analysis to reflect upon practice based issues
- Structured reading/guided study
- Workbooks to develop and update knowledge
- Online group work and e-learning strategies
- Small group exercises

D. Assessment

The programme is based on the following assumptions that assessment:

- Is an integral part of the learning process of the curriculum;
- Encourages apprentices to develop a variety of skills and abilities and build on the strengths they already have;
- Comprises formative assessment in order to provide feedback to apprentices on their progress;
- Provides constructive and detailed summative feedback to apprentices to enable progression on the programme;
- Will promote the integration of theoretical perspectives with professional practice;
- Will promote the principles of inclusive assessment practice;
- Will test the learning outcomes for each module;
- Encourages apprentices to demonstrate excellence;
- Allows apprentices to demonstrate an appropriate level of thinking;
- Client/patient safety is a key requirement for registration as a Diagnostic Radiographer and as such this is reflected in the assessment profile;
- Enables the apprentice to become an effective and competent practitioner;
- Enables the apprentice to demonstrate skills in evaluating research and other evidence to inform their practice.

In order for the assessment strategy to ensure apprentice success, the following conditions will be in place:

- From the outset of the programme, a clear indication will be given regarding the assessment strategy, university expectations, programme and university regulations and procedures;
- Assessment outlines will be included in module guides;
- Apprentices will have scheduled sessions each in each module of learning, to support their preparation for assessment;
- Criteria and guidelines for all assessed components will be provided to apprentices during modules;
- Formative feedback will be given to apprentices throughout the modules. This will generally be undertaken during the delivery of the module;
- Apprentices with specific learning needs or other difficulties impacting their learning will be identified early in the programme and offered the appropriate educational support to maximise their chance of success.

Assessment methods

A variety of approaches will be used in order to balance the assessment methods and to promote different skills/abilities whilst reflecting the nature of the module of learning. The main rationale for choosing the assessment method is helping apprentices in the development of a wide range of professional knowledge and skills. The types of assignments demonstrate progression of skills and abilities as apprentices progress on the programme.

Apprentices will be assessed in each practice placement against specific practice learning outcomes, incorporated within the practice module. In a similar way, practice learning outcomes will necessarily demonstrate differentiation and progression.

The organisation of theory and practice assessment will promote the integration of theory and practice for apprentices. This coherent approach underpins the structure throughout the programme. The proposed strategy aims to help apprentices to:

- Develop key skills such as communication, information technology and professional practice skills
- Develop a range of transferable skills
- Develop an understanding of the complexity of the professional role
- Integrate knowledge from a variety of disciplines to the practice of Diagnostic Radiography

- Develop skills of self and peer assessment
- Become competent in the application of the Diagnostic Radiography process and Medical Imaging service delivery
- Develop skills in critical reasoning, reflection, analysis, and evaluation
- Develop ability to self-direct and self-manage
- Gain the necessary competencies, knowledge, values and skills to be eligible to apply to register as a Diagnostic Radiographer with the HCPC.

Specific details of the formative and summative assessments on each module are written in the Module Descriptors.

Assessment types used by the course include:

- Presentations.
- Posters.
- Critical evaluations.
- Written examinations.
- Workstation examinations.
- Reports.
- Essays.
- Podcasts.
- Critical reflection.
- Placement portfolio.

All modules include formative assessments, aimed at supporting students to develop knowledge and skills required for the summative assessment.

Feedback is provided throughout each module through a variety of means e.g. discussion forums, drafts of written work, and assessment tutorials.

E. Academic Regulations

The University's Academic Regulations apply for this course: <https://www.lsbu.ac.uk/about-us/policies-regulations-procedures>

The school follows the university regulations apart from:

- Learners will not be eligible for compensation in the modules as a pass in all elements of assessment is required to demonstrate competence.

PROTOCOL FOR THIRD ATTEMPTS

This to apply on for exceptional third attempt at a single assessment in the final year and may only be considered by the examination board in accordance with both of the following eligibility criteria for a single module.

Eligibility criteria

1. Increase in mark between first attempt and second.
2. Second attempt mark to be within 5% of the pass mark.

Non-eligibility criteria

3. Post-registration courses
4. CPPD stand alone modules
5. Apprenticeship courses

F. Entry Requirements

Admission and selection procedures

All admission and selection procedures are based on:

- Fitness for practice
- An imperative to ensure flexibility of entry in accordance with Department of Health guidance.
- The course team's commitment to facilitate equal opportunities at the point of entry and throughout the course.
- The university operates an equal opportunities policy where there is no discrimination in view of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.
- Values-based recruitment.

Admissions process

All offers of places on the programme are conditionally based on:

- Satisfactory outcome of a joint interview with the employer and Higher Education Institution.
- Occupational Health clearance (confirmed from employer).
- Satisfactory outcome of an enhanced Disclosure and Barring Service check.
- Completion of apprenticeship pre-course documentation/contract.
- Applications from candidates with disabilities are considered and assessment of abilities and needs undertaken sensitively. The safety of the potential apprentices is an important consideration.
- Applicants who have previously been enrolled on a Diagnostic Radiography pre-registration programme, or any other health professional education programme, must submit a self-declaration confirming no previous fitness to practise concerns.
- All applicants must be 18 years or over at the commencement of the course.

Application is direct to the University.

Entry requirements

It is anticipated that applicants will have a wide a variety of academic backgrounds, but should possess one of the following:

- A Level BBC or;
- BTEC National Diploma DMM in Science or professionally relevant subject or;
- Access to HE Diploma in Science or similar with 24 Distinctions of which 14 must be in Science or;
- Equivalent level 3 qualifications at 112 UCAS points also considered or;
- Foundation degree/diploma (or similar), 120 credits or;
- Bachelor's degree in a relevant science subject or;
- International Baccalaureate in a relevant science subject (22 points).

Applicants must hold 5 GCSEs A-C including Maths, English and Science **or** equivalent (reformed GCSEs grade 4 or above).

For candidates whose first language is not English

Candidates must have the following minimum International English Language Test Score (IELTS) results at the time of applying:

- 7.0 overall or equivalent.
- 7.0 in the listening and reading sections.
- 7.0 in the writing and speaking sections.

Accreditation of prior learning

Potential apprentices may apply for exemption for certain modules on the basis of prior learning and/or experience through the AP(E)L process when applying. This will be reviewed by the APEL team in the Institute of Health and Social Care for consideration of exemption and following a skills scan administered by the University Central Apprenticeship Team.

G. Course Structure(s)

Course overview

This programme design aims to ensure that future graduates are able to:

- Demonstrate strong professional role identity, autonomy, accountability and resilience;
- Work in partnership with peers, colleagues, service users and carers, to promote participation, health and well-being;
- Practice Radiography in the context of current and emergent services and work effectively within a changing political and socio-economic climate.

Evidence-based practice is as integral to course delivery as it is to service delivery and features strongly in the curriculum. Apprentices will gain an understanding of the evidence base of practice through:

- Lecturers drawing on evidence to underpin their sessions
- Apprentices being required to draw upon research being undertaken in their workplace
- Incorporation of evidence-based concepts into practice
- Experienced, active researchers contributing to course delivery
- Learning about the research process
- Skills of retrieval and critical appraisal of research literature.

Course structure

The university programme is based on a 3-year model, taking 36 months to complete. Apprentices will progress through the same course structure as the existing 3-year BSc (Hons) Diagnostic Radiography part-time course.

There will be one intake a year in September.

Learning will take place on a block-learning model, at any time that an apprentice is not expected to undertake academic learning they will be undertaking the learning and development of the clinical elements of their apprenticeship under the supervision of their employer.

Course structure overview

Study Year	Semester 1 (September – January)	Semester 2 (January – June)	Summer (June – August)	Credits
Year 1 (months 1-12)	LSBU and work-based learning	LSBU and work-based learning	Work-based learning	120
Year 2 (months 13-24)	LSBU and work-based learning	LSBU and work-based learning	Work-based learning	120
Year 3 (months 25-36)	LSBU and work-based learning	LSBU and work-based learning	Work-based learning	120
				360 credits for award

The programme consists of 13 modules:

- 3 Interprofessional Learning modules (Levels 4 (Concepts of Interprofessional and Collaborative Practice), 5 (Appraising Evidence for Research Informed Practice) & 6 (Quality Improvement, Change Management and Leadership)), valued at 20 credits. The modules are shared with diagnostic radiography, therapeutic radiography, operating department practice, physiotherapy, sports rehabilitation, chiropractic, social work, and occupational therapy students.
- 9 profession-specific modules valued at 20 credits.
- 3 profession-specific clinical practice modules valued at 40 credits.

All modules must be passed in order to be awarded the BSc (Hons) Diagnostic Radiography Integrated Degree Apprenticeship and to be eligible to apply for registration with the Health and Care Professions Council. Apprentices who do not complete the course but have sufficient credits will be awarded a Diploma or Certificate in Health Studies. These awards do not confer eligibility to apply for registration with HCPC.

Module overview

BSc (Hons) Diagnostic Radiography Integrated Degree Apprenticeship Pathway	
Semester 1	Semester 2
Year 1	
Introduction to Radiation Science (20 Credits)	Concepts of Interprofessional and Collaborative Practice (20 Credits)
Systemic Anatomy and Physiology 1 (20 Credits)	Principles of Clinical Reasoning in Medical Imaging (20 Credits)
Medical Imaging Practice 1 (40 credits)	
Progress to Year 2	

Year 2	
Medical Imaging Modalities (20 Credits)	Medical Imaging of Pathology and Disease Processes (20 credits)
Systemic Anatomy and Physiology 2 (20 Credits)	
Appraising Evidence for Research Informed Practice (20 Credits)	
Medical Imaging 2 Practice (40 credits)	
Progress to Year 3	
Year 3	
Professional Identity, Autonomy & Accountability (20 credits)	Contemporary Issues in Medical Imaging (20 credits)
Interpretation of Medical Imaging (20 credits)	
Quality Improvement, Change Management and Leadership (20 Credits)	
Medical Imaging Practice 3 (40 credits)	
EPA Gateway criteria achieved (360 credits)	
Award	

Work experience information:

Professional body requirements indicate that a minimum of 60% of the programme must be undertaken in clinical practice. Apprentices must demonstrate competence in all skills, knowledge, and behaviours, as defined by the integrated Degree Apprenticeship Standard. In order to successfully complete the award apprentices must also evidence a **minimum of 20% of their time in 'of the job training' activities**, this can be achieved in a variety of ways; attending lectures, seminars/workshops, tutorials, skills-lab sessions, e-learning, blended learning and self-managed learning.

Apprentices will usually be expected to gain their full work experience at their employing trust. Occasionally more than one trust may form a reciprocal arrangement to ensure the apprentices can work in all the required specialities. In these instances, the employing trust is responsible for ensuring that all required learning opportunities are arranged

Placement information

The primary aim of the BSc (Hons) Diagnostic Radiography integrated Degree Apprenticeship is to produce competent Diagnostic Radiography practitioners who are fit for award, practice, purpose, and profession. On completion of the course successful apprentices will be eligible to apply for

registration with the Health and Care Professions Council.

In accordance with this principle, the apprenticeship programme is practice- and work-based centred and directed to achievement of professional competence. Work-based learning is a knowledge-to-competence strategy. It provides learners with real-life, work-related experiences where they can apply behavioural and professional skills and develop their employability.

The theory which underpins safe practice skills will be delivered at the University and supported in the workplace through a variety of work-based learning methods. Some practice skills will be taught in the classroom, and rehearsed in the skills laboratories, but the majority will be demonstrated in actual clinical settings. This will allow apprentices to experience the realities of performing the skills required under real work conditions. Apprentices will continually learn practical skills towards the required competencies within clinical placements, under the direction of practice educators, mentors, and other professionals within the team.

Practice placements are audited annually as part of our quality assurance measures and it is anticipated that the work-based learning environments, as part of the apprenticeship scheme, will be part of the same audit cycle. Information discussed at tripartite reviews will also look at placement quality to ensure the setting meets the requirements of the HCPC Standards of Education and Training.

Practice and Work Based Experience

Diagnostic Radiography is a practice-based profession. Competency is achieved through experiential learning and active participation, supported by the acquisition of a necessary extensive knowledge base. It is therefore essential to provide each apprentice with a structured education based upon their supervised involvement in practice- and service user-orientated activities. Crucial to the success of practice-based education is the successful integration of academic and clinical components of the programme. The relationship between these two areas of learning is a mutually supportive one: the knowledge base underpins practice activities but is itself sustained through reflection upon and critical appraisal of practice experiences. To facilitate the bridging of the theory-practice interface the programme incorporates the use of skills sessions and laboratory workshops in the university and work-based learning materials and tutorial sessions in clinical practice. Apprentices will also have access to a range of web-based resources via the "Moodle" virtual learning environment.

In order to assist personal development and increase motivation, it is considered important for Diagnostic Radiography apprentices to develop self-awareness, belief in their own abilities and appreciation of their own individual cognisance. Practice placements are at the centre of the Diagnostic Radiography programmes and are designed to enable apprentices to develop a strong role identity as they become increasingly autonomous, accountable and resilient. Integration between the academic curriculum and the practice placements, at the level of the individual, aims to support apprentices to manage and take responsibility for their professional development over time. Personal support will be offered both collectively by the course team and through the provision of a named skills coach.

To facilitate a robust and effective means of communication, each clinical department or significant placement will have a named skills coach who will visit the apprentices and the departmental manager on a regular basis and maintain links with the clinical staff as part of the apprenticeship tripartite process. To complement this, each department has a named practitioner who takes the role of practice coordinator and a mentor to supplement the support of academic staff and maintain quality standards. To ensure continuity of support, the skills coach will make face-to-face tri-partite reviews three times a year for apprentices as standard.

Ongoing monitoring is available via One-file and if necessary additional meetings could be scheduled.

Organisation of Compulsory Placements

Practice placements are an integral component of the total curriculum that enables the apprentice to develop, demonstrate and achieve competence to practise. It is therefore undertaken as a requirement of the educational programme leading to a qualification in Diagnostic Radiography.

It is necessary for apprentices to gain supervised experience of working with patients, service users and carers who experience different needs and whose care is managed in different service context. Although apprentices will be employed at one specific employer for the duration of their course, they will need to undertake placement in a variety of areas of practice in order to gain the required experience. This needs to be done with reference to both course and service needs, and requires local knowledge to effectively meet all requirements. The following criteria will be taken into consideration to ensure balance of experience:

1. The apprentice must complete at least one physical and one psychosocial placement across practice placements 2, 3 and 4.
2. Apprentices' balance of experience must include working in acute/long-term/in-patient and community settings.
3. Consideration is given to experience of working with people across the lifespan.

The host employer is responsible for organising these placements either within their own organisation or with another provider. A reciprocal arrangement and/or honorary contract basis can facilitate the movement of apprentices into these additional placement settings.

The Practice Coordinator in each employer undertakes the organisation and allocation of individual placements. They provide an interface for apprentices between the university and work-based mentors. The Practice Coordinator will regularly meet with the apprentices based within their clinical area and provide each apprentice with a year-on-year practical training programme, which is designed to make best use of learning and assessment opportunities. They are also responsible for providing regular structured tutorial sessions for their apprentices. They are able to assist apprentices with portfolio construction and management. They are the first point of contact for apprentices who are experiencing difficulties in the workplace environment.

Because of the diverse nature of placements and changing staff, it will be the Practice Coordinator's responsibility in each Trust to support the various individual mentors in that placement. The course team at LSBU will always offer support to individual mentors where necessary, but it is necessary for mentors to have local support on a day-to-day basis.

It is important to stress that these roles are not performed in isolation. The continuous joint cooperation between these key players in the workplace and the course team is a vital component of cohesive apprentice support and one which will ultimately determine the success of course delivery.

Integration of Compulsory Placements and the academic curriculum

In order to meet professional requirements, practice experiences are integrated into the academic curriculum. Practice Placement is organised through the programme as illustrated in the table below.

Practice Placement	Focus of Placement	Time schedule
One (Module: Medical Imaging Practice 1)	Introduction to medical imaging practice	Year 1 Semesters 1&2

Two (Module: Medical Imaging Practice 2)	Continued development of apprentices' clinical skills in conventional medical imaging, and introduces specialist modalities	Year 2 Semesters 1&2
Three (Module: Medical Imaging Practice 3)	Continued development of apprentices' clinical skills to demonstrate HCPC Standards of Proficiency, in addition to the introduction of specialist referral pathways	Year 3 Semesters 1&2

Placement Levels, Learning Outcomes and Assessment

Prior to each placement apprentices will receive university-based placement preparation, which will support their preparation and understanding of the level and their responsibility on the practice placement.

Apprentice Support in Practice and Work Based Learning

Learning agreements are established between the apprentice and the practice educator early on in the placement and formal supervision time will be used for supporting the apprentice's progressive learning on the agreed outcomes and reviewing and revising objectives and plans for the remainder of the placement in light of this. The weekly records should indicate areas both for recognition of achievement and areas that need specific work. In addition to formal supervision, short feedback and discussion sessions may occur naturally between intervention sessions or at the end of a working day.

As with academic work, it is important for the apprentice to gain feedback on practice and to recognise how he or she is progressing with the acquisition and application of their skills. An assessment strategy that has an integral mechanism for providing apprentices with verbal and written feedback on performance and for making graded judgements using predetermined criteria can support learning and development.

It is important for apprentices to be given feedback on specific strengths and limitations in their practice so that they know where improvements might be made. It is also important for them to be given opportunity to act on the feedback in an attempt to improve performance during the timeframe of the practice experience; apprentices will therefore have a midway and final assessment.

Apprentices, when in their host employer organisations, are employees. A comprehensive system of support for the apprentices should include:

- Library and/or learning resource facilities located within participating employer organisation.
- "Moodle" virtual learning environment and email support from the Skills Coach, Module Leaders or Course Director.
- Clinical education and assessment supported by practice educators and mentors within participating clinical sites.
- Close collaboration between university and clinical sites via regular meetings with service providers at all levels.
- Regular, planned visits to clinical sites to support apprentices, practice educators and mentors.
- All apprentices are allocated a Skills Coach for assistance with personal or pastoral issues.

Raising a concern by an apprentice

LSBU and all our placement provider organisations fully support apprentices who raise concerns and/or need to exercise a professional duty of candour. If an apprentice raises a concern with their

Trust and/or the University, they will be fully supported by the Trust and the University throughout the ensuing process.

Where an apprentice has concerns about the safety or wellbeing of people who access services, is concerned that a member of staff, another student, carer, family member or visitor is behaving inappropriately (this may include concerns about someone being under the influence of alcohol, drugs or other substances), or has witnessed unsafe, unprofessional or poor practice, the apprentice should raise their concern by informing their nominated Practice Educator, Manager, or member of their Trust/care organisation Practice Education Team, and/or a member of staff from the University (e.g. Skills Coach or Course Director).

Where an apprentice is concerned there is an immediate risk of harm to a patient the HCPC requires that it be reported immediately to anyone listed above in order to protect the health, wellbeing and safety of a patient or others. While it is preferable for the apprentice to raise concerns with someone in the practice learning opportunity, ultimately it is very important that the student raise their concern with somebody within the Trust or the University. All Trusts will have their own specific policies and guidance regarding raising and escalating concerns and safeguarding patients and others. These policies will be followed when any concern is raised even if it was initially raised through the University.

Consent

Apprentices must always seek the understanding and cooperation of the patient/service user before undertaking any clinical/care activity, while being aware that a patient/client has the right to decline care by a student. If an apprentice has any concerns about the ability of the patient/client to give consent, or is uncertain of their response, they should involve their Practice Educator or a qualified member of staff in establishing effective communication with the patient/client.

Preparation for Practice Educators

Preparation for Practice Educators and practice learning is fundamental. This is facilitated through a number of forums. These include:

- Invitation to a clinical liaison meeting within each semester. These meetings include updates from both clinical sites and the university, and feedback from students.
- Practice educator training day. This is provided free of charge to all radiographers who work in LSBU partner host Trusts. This training prepares them for working with students and LSBU documentation.
- Annual clinical staff update training. This provides new staff a chance to learn more about working with students in the clinical environment and LSBU portfolio, and a refresher opportunity for existing staff.

Audit of Practice Placement and Management of Data

Quality monitoring of practice placements as part of work-based learning is carried out bi-annually through the National Education and Training Survey (NETS) administered by Health Education England, and through course monitoring processes. Quality monitoring is also undertaken by academic and practice staff as part of the tri-partite reviews. Any areas of concern are discussed with staff and action plans identified.

Through this process ways in which good practice can be supported and any issues arising can be resolved. The Commitment Statement sets out how LSBU, the Employer and the Apprentice will work together to support the Apprentice to complete the Apprenticeship and achieve the Apprenticeship Standard.

The Division of Radiography and ODP at LSBU has always maintained effective quality assurance and monitoring arrangements through robust links with employers and service providers. The different professional groups within the division hosts "Practice Educator meetings" meeting twice-yearly (November and May). The meeting aims are to maintain and develop links between the University and employers, and provide a forum for feedback on issues relevant to education and practice. The standing agenda covers the portfolio of courses at LSBU and curricula, practice placement, service updates, innovations in practice, and student recruitment and retention.

These arrangements will remain central to the provision of the BSc (Hons) Diagnostic Radiography integrated Degree Apprenticeship framework. Any areas of concern will be discussed and action plans identified. The Placement Quality Monitoring Protocol for practice placements across the Division of Radiography and ODP is in the LSBU School of Allied and Community Health, Practice Learning Guidelines, Appendix D: Diagnostic Radiography Specific Information.

H. Course Modules

Module Title	Level	Semester / Year	Credit value	Assessment
Introduction to Radiation Science	4	1 / 1	20	Formative assessment: Mock examination Summative assessment: EX1 2 hour unseen written examination 40% pass mark 100% weighting
Systemic Anatomy and Physiology 1	4	1 / 1	20	Formative assessment: Mock examination Summative assessment: EX1 2 hour unseen written examination 40% pass mark 100% weighting
Principles of Clinical Reasoning in Medical Imaging	4	2 / 1	20	Formative assessment: 500 word draft or plan of summative assignment Summative assessment: CW1 3000 word written assignment

				OR, 20 minute podcast 40% pass mark 100% weighting
Concepts of Interprofessional and Collaborative Practice	4	2 / 1	20	Formative assessment: 500 word draft or plan of summative assignment Summative assessment: CW1 3000 word written assignment 100% weighting
Medical Imaging Practice 1	4	1 & 2 / 1	40	Formative assessment: Mock examinations Continuous clinical monitoring via clinical portfolio Summative assessment: EX1 (Semester 1) 2 hour unseen written examination 50% weighting EX2 (Semester 2) 1 hour unseen workstation examination 50% weighting CW1 Clinical Portfolio Pass/Fail Students are required to achieve a pass in all elements of assessment.
Medical Imaging Modalities	5	1 / 1	20	Formative assessment: Group presentation Summative assessment: CW1 Poster presentation examination 40% pass mark 100% weighting
Systemic Anatomy and Physiology 2	5	1 / 2	20	Formative assessment: Mock examination Summative assessment: EX1 2 hour unseen written examination 40% pass mark 100% weighting

Medical Imaging of Pathology and Disease Processes	5	2 / 2	20	Formative assessment: 500 word draft or plan of summative assignment Summative assessment: CW1 3000 word written assignment OR, 20 minute podcast 100% weighting
Appraising Evidence for Research Informed Practice	5	1 & 2 / 2	20	Formative assessment: 500 word draft or plan of summative assignment Summative assessment: CW1 3000 word written assignment 100% weighting
Medical Imaging 2 Practice	6	1 & 2 / 2	40	Formative assessment: Mock examinations Continuous clinical monitoring via clinical portfolio Summative assessment: EX1 (Semester 1) 2 hour unseen written examination 50% weighting EX2 (Semester 2) 1 hour unseen workstation examination 50% weighting CW1 Clinical Portfolio Pass/Fail Students are required to achieve a pass in all elements of assessment.
Professional Identity, Autonomy and Accountability	6	1 / 3	20	Formative assessment: 500 word draft or plan of summative assignment Summative assessment: CW1 3000 word written assignment OR, 20 minute podcast 100% weighting
Interpretation of Medical Imaging	6	1 / 3	20	Formative assessment: Mock written exam

				<p>Summative assessment: EX1 2-hour unseen work station written examination 40% Pass mark 100% Weighting</p>
Contemporary Issues in Medical Imaging	6	2 / 3	20	<p>Formative assessment: 500 word draft of the summative assignment.</p> <p>Summative assessment: CW1 3000 literature review 40% pass mark 100% weighting</p>
Improving quality, change management and leadership		1 & 2 / 3	20	<p>Formative assessment: 500 word draft or plan of summative assignment</p> <p>Summative assessment: CW1 3000 word written assignment OR, 20 minute podcast 100% weighting</p>
Medical Imaging Practice 3	6	1 & 2 / 3	40	<p>Formative assessment: Mock examinations Continuous clinical monitoring via clinical portfolio</p> <p>Summative assessment: EX1 (Semester 1) 2 hour unseen written examination 50% weighting</p> <p>EX2 (Semester 2) 1 hour unseen workstation examination 50% weighting</p> <p>CW1 Clinical Portfolio Pass/Fail</p> <p>Students are required to achieve a pass in all elements of assessment.</p>
I. Timetable Information				

An indication of the timetable is included in the Curriculum Maps. Apprentices attend University ('off-the-job' training) in blocks to ensure that it sits at the same time as the full time course delivery. Outside of this they will be full time in their place of employment undertaking work-based learning.

An indicative provisional timetable is available 9 months prior to the start of the academic year. A confirmed timetable is made available at the end of each academic year for the following academic year.

J. Apprenticeship Standards Curriculum Map

Level 4

Professional Practice	Clinical Reasoning in Medical Imaging	Introduction to Radiation Science	Systemic Anatomy and Physiology 1	Medical Imaging Practice 1	Concepts of Interprofessional and Collaborative Practice
K1: Knows and understands local and national Imaging policies and procedures including patient pathways and the impact of imaging on patient care and treatment.	TDA	TDA		TDA	
K2: Knowledge of Health and Care Professions Council Standards of Proficiency and Society and College of Radiographers Code of Conduct and professional scope of practice.	TDA	D		TDA	D
K3: Knowledge and understanding of relevant anatomy, physiology and pathology, normal, normal variants and abnormal image appearances.	D		TDA	TDA	
K4: Understand key patient signs and symptoms and observation records in order to recognise and manage a deteriorating patient.	D			TDA	
K5: Knowledge and understanding of local	TDA	D	D	TDA	

referral justification criteria and relative clinical urgency of clinical conditions, including signs, symptoms and potential consequences.					
K6: Knowledge and understanding of different patient needs and rights including dignity, diversity and privacy, communication styles and clinical conditions e.g. dementia or learning disabilities.	DA			TDA	TDA
K7: Knowledge and understanding of the principles of radiobiological science, the associated risks and benefits and comparative radiation doses for different imaging protocols including different types of imaging in relation to appropriate authorisation of the justification of imaging requests.	TDA	TDA		TDA	
K8: Knowledge and understanding of Ionising Radiation (Medical Exposures) Regulations and Ionising Radiation Regulations. Knowledge of Local Rules, local and national Diagnostic Reference Levels (DRLs) including appropriate associated Personal Protective Equipment (PPE), and pregnancy status.	TDA	TDA		TDA	
K9: Knowledge of the procedure for obtaining consent, the underpinning knowledge of consent, and the procedures for when consent cannot be obtained.	TDA	D		TDA	D
K10: Knowledge of human anatomy and physiology to image the area of interest, using external bony landmarks and knowledge of the effects of adapting positioning on the resulting image.			TDA	TDA	
K11: Knowledge of safe patient moving and handling techniques.				TDA	

K12: Knowledge of the methods of drug administration, the pharmacological basis for interaction of contrast media, including contraindications and how to respond to an emergency situation.				TDA	
K13: Knowledge of the physiological effects of exposure to Ionising Radiation and the correct use and manipulation of radiation exposures and associated radiation science in order to produce high quality images, whilst maintaining the lowest practicable radiation dose.	TDA	TDA		TDA	
K14: Knowledge of the process for escalation of unexpected findings identified on images to ensure optimum patient care.				TDA	
K15: Knowledge of conflict resolution strategies.				TDA	TDA
K16: Knowledge of different methods of communication including verbal and non-verbal communication. Knowledge and understanding of the effect of own body language and attitude on others. Knowledge of active listening skills.	TDA			TDA	TDA
K17: Knowledge and understanding of the legal, ethical and professional principles associated with equality, diversity and safeguarding.	TDA			TDA	DA
K18: Knowledge of patient confidentiality and awareness of responsibility to maintain it in line with ethical and legislative frameworks.	TDA			TDA	D
K19: Understands the General Data Protection Regulations and consequences of good and poor data quality on the patient experience/pathway including the need for accurate record keeping and report writing.	TDA			TDA	

K20: Knowledge of different roles and scopes of practice for those under own supervision.	TDA	D		TDA	D
K21: Knowledge of different learning styles, assessment, group dynamics, learning theory, recognition of good and bad practice, delivering constructive feedback.				D	TDA
K22: Understanding of radiographic equipment in the context of how images are produced for both ionising and non-ionising radiation imaging methods and how images are appropriately shared and/or stored.	TDA	TDA		TDA	
K23: Knowledge of the theory of the audit cycle, quality control tools / equipment, analysis of results and how to take appropriate action and the principles of service improvement.		TDA		TDA	
K24: Knowledge of current trends in relevant legislation, the profession and wider healthcare, and an understanding of putting evidence-based practice into daily work.	TDA	D		DA	D
K25: Knowledge of different research methodologies and how to critically analyse research.					
K26: Knowledge of cyber security relevant to the Imaging department.				TDA	
K27: Knowledge of the application of different Imaging procedures and the associated risks/benefits and precautions/safety requirements.	DA			TDA	
S1: Undertake basic patient observations, recognise a deteriorating patient, and manage immediately and appropriately.	D			TDA	
S2: Manage time and resources and prioritise workload according to clinical needs.				TDA	DA
S3: Build and sustain professional relationships				TDA	TDA

and work independently, as part of the imaging team, as part of a multi-disciplinary team, and providing supervision as appropriate.					
S4: Communicate appropriately with each individual patient, their families and carers, involving them in decision making, where appropriate, and the multi-disciplinary team adapting a style for each individual to provide holistic care, taking account of circumstances and environments.	D			TDA	D
S5: Collate and record information from different sources and critically evaluate to make a logical, informed decision using this information, and communicate decisions appropriately and in a timely way.	D			TDA	D
S6: Critically assess a clinical or professional situation and respond accordingly eg raising concerns as appropriate				TDA	D
S7: Use good radiographic techniques and modify as clinically appropriate. Have the technical ability to manipulate a range of equipment, whilst maintaining patient comfort and adequately communicate with patients and colleagues to ensure the safe movement of patients into imaging position. Use appropriate touch techniques to locate external bony landmarks.				TDA	
S8: Recognise normal and abnormal image appearances and when to act upon them. Use abnormality alert systems such as a preliminary clinical evaluation.				TDA	
S9: Assess image technical standard according to a recognised methodology.				TDA	
S10: Provide patient care in accordance with patient condition e.g. patient				TDA	

personal hygiene, basic life support, first aid, basic patient care needs and deliver, where appropriate, brief clinical preventative advice interventions.					
S11: Respect and maintain patient privacy and dignity at all times in all environments, including emergency situations.	DA			TDA	D
S12: Maintain accurate and confidential information using, for example, Radiology Information Systems (RIS), Picture Archiving Communication System (PACS) etc.				TDA	
S13: Maintain data protection and patient confidentiality in clinical practice and complete relevant concise, factual reports and documentation.				TDA	
S14: Use appropriate Personal protective Equipment (PPE) for staff, patients and members of the public.				TDA	
S15: Use radiation protection techniques safely and appropriately, including distraction/immobilisation techniques to effectively minimise overall radiation dose. Appropriate use of radiation dose software. Manipulate exposure factors according to patient condition to create a diagnostic image with the lowest practicable radiation dose.	D	D		TDA	
S16: Adopt Imaging and organisational policies, procedures, protocols, guidance and legislation into the clinical environment under different circumstances and situations.				TDA	
S17: Supervise, facilitate learning, motivate and share reasoned clinical judgement with others.	D			D	DA
S18: Use Quality Assurance tools/equipment, to analyse		D		TDA	

and interpret results and act upon them in a safe manner.					
S19: Read and critically analyse research articles, utilise basic research skills and apply research findings to practice.	DA			DA	
B1: Demonstrate a calm demeanour with empathy, compassion and underpinning emotional resilience to manage day-to-day pressures in unpredictable, emergency and distressing situations, e.g. patients in cardiac arrest, patients suffering life changing injuries and/or disease diagnosis.				TDA	D
B2: Confident, flexible and adaptable within own scope of practice.				TDA	D
B3: Demonstrate emotional intelligence.				TDA	D
B4: Act with professionalism, honesty, integrity and respect in all interactions. Maintain good character as outlined in their professional Code of Conduct and not bring their profession or organisation into disrepute.				TDA	TDA
B5: Reflect on own impact on others, take responsibility and be accountable for own actions. Sensitively challenge others and raise issues when appropriate.	TDA			TDA	TDA
B6: Actively reflect on own practice and accept and respond to constructive criticism. Be proactive in implementing improvements in order to improve service delivery and patient care.	TDA			TDA	TDA
B7: Be aware of and take responsibility for their own fitness in context of physical and/or mental health issues which may affect performance. Seek help and/or guidance as appropriate. Inform Health and Care Professions Council and employer of				TDA	D

any change of circumstance that may affect the right to practise.					
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Level 5

	Systemic Anatomy and Physiology 2	Medical Imaging modalities	Medical Imaging of pathology and disease processes	Medial Imaging Practice 2	Appraising evidence for research informed practice
K1: Knows and understands local and national Imaging policies and procedures including patient pathways and the impact of imaging on patient care and treatment.		TDA	TDA	TDA	
K2: Knowledge of Health and Care Professions Council Standards of Proficiency and Society and College of Radiographers Code of Conduct and professional scope of practice.				TDA	D
K3: Knowledge and understanding of relevant anatomy, physiology and pathology, normal, normal variants and abnormal image appearances.	TDA	D	TDA	TDA	
K4: Understand key patient signs and symptoms and observation records in order to recognise and manage a deteriorating patient.			D	TDA	
K5: Knowledge and understanding of local referral justification criteria and relative clinical urgency of clinical conditions, including signs, symptoms and potential consequences.		TDA	TDA	TDA	
K6: Knowledge and understanding of different patient needs and rights including dignity, diversity and privacy, communication styles and clinical conditions e.g. dementia or learning disabilities.		D	D	TDA	
K7: Knowledge and understanding of the principles of radiobiological science, the associated risks and benefits and		TDA		TDA	

comparative radiation doses for different imaging protocols including different types of imaging in relation to appropriate authorisation of the justification of imaging requests.					
K8: Knowledge and understanding of Ionising Radiation (Medical Exposures) Regulations and Ionising Radiation Regulations. Knowledge of Local Rules, local and national Diagnostic Reference Levels (DRLs) including appropriate associated Personal Protective Equipment (PPE), and pregnancy status.		TDA		TDA	
K9: Knowledge of the procedure for obtaining consent, the underpinning knowledge of consent, and the procedures for when consent cannot be obtained.		TDA		TDA	
K10: Knowledge of human anatomy and physiology to image the area of interest, using external bony landmarks and knowledge of the effects of adapting positioning on the resulting image.	TDA	D	DA	TDA	
K11: Knowledge of safe patient moving and handling techniques.				TDA	
K12: Knowledge of the methods of drug administration, the pharmacological basis for interaction of contrast media, including contraindications and how to respond to an emergency situation.		TDA		TDA	
K13: Knowledge of the physiological effects of exposure to Ionising Radiation and the correct use and manipulation of radiation exposures and associated radiation science in order to produce high quality images, whilst maintaining the lowest practicable radiation dose.		DA		TDA	

K14: Knowledge of the process for escalation of unexpected findings identified on images to ensure optimum patient care.				TDA	
K15: Knowledge of conflict resolution strategies.				TDA	
K16: Knowledge of different methods of communication including verbal and non-verbal communication. Knowledge and understanding of the effect of own body language and attitude on others. Knowledge of active listening skills.				TDA	
K17: Knowledge and understanding of the legal, ethical and professional principles associated with equality, diversity and safeguarding.				TDA	D
K18: Knowledge of patient confidentiality and awareness of responsibility to maintain it in line with ethical and legislative frameworks.				TDA	D
K19: Understands the General Data Protection Regulations and consequences of good and poor data quality on the patient experience/pathway including the need for accurate record keeping and report writing.				TDA	
K20: Knowledge of different roles and scopes of practice for those under own supervision.				TDA	
K21: Knowledge of different learning styles, assessment, group dynamics, learning theory, recognition of good and bad practice, delivering constructive feedback.				TDA	TDA
K22: Understanding of radiographic equipment in the context of how images are produced for both ionising and non-ionising radiation imaging methods and how images are appropriately shared and/or stored.		TDA		TDA	

K23: Knowledge of the theory of the audit cycle, quality control tools / equipment, analysis of results and how to take appropriate action and the principles of service improvement.		D		TDA	
K24: Knowledge of current trends in relevant legislation, the profession and wider healthcare, and an understanding of putting evidence-based practice into daily work.			D	TDA	TDA
K25: Knowledge of different research methodologies and how to critically analyse research.					TDA
K26: Knowledge of cyber security relevant to the Imaging department.				TDA	
K27: Knowledge of the application of different Imaging procedures and the associated risks/benefits and precautions/safety requirements.		TDA		TDA	
S1: Undertake basic patient observations, recognise a deteriorating patient, and manage immediately and appropriately.				TDA	
S2: Manage time and resources and prioritise workload according to clinical needs.				TDA	
S3: Build and sustain professional relationships and work independently, as part of the imaging team, as part of a multi-disciplinary team, and providing supervision as appropriate.				TDA	
S4: Communicate appropriately with each individual patient, their families and carers, involving them in decision making, where appropriate, and the multi-disciplinary team adapting a style for each individual to provide holistic care, taking account of circumstances and environments.				TDA	
S5: Collate and record information from different sources and critically				TDA	

evaluate to make a logical, informed decision using this information, and communicate decisions appropriately and in a timely way.					
S6: Critically assess a clinical or professional situation and respond accordingly eg raising concerns as appropriate				TDA	
S7: Use good radiographic techniques and modify as clinically appropriate. Have the technical ability to manipulate a range of equipment, whilst maintaining patient comfort and adequately communicate with patients and colleagues to ensure the safe movement of patients into imaging position. Use appropriate touch techniques to locate external bony landmarks.				TDA	
S8: Recognise normal and abnormal image appearances and when to act upon them. Use abnormality alert systems such as a preliminary clinical evaluation.		D	D	TDA	
S9: Assess image technical standard according to a recognised methodology.				TDA	
S10: Provide patient care in accordance with patient condition e.g. patient personal hygiene, basic life support, first aid, basic patient care needs and deliver, where appropriate, brief clinical preventative advice interventions.				TDA	
S11: Respect and maintain patient privacy and dignity at all times in all environments, including emergency situations.		D		TDA	
S12: Maintain accurate and confidential information using, for example, Radiology Information Systems (RIS), Picture Archiving Communication System (PACS) etc.				TDA	
S13: Maintain data protection and patient confidentiality in clinical				TDA	

practice and complete relevant concise, factual reports and documentation.					
S14: Use appropriate Personal protective Equipment (PPE) for staff, patients and members of the public.				TDA	
S15: Use radiation protection techniques safely and appropriately, including distraction/immobilisation techniques to effectively minimise overall radiation dose. Appropriate use of radiation dose software. Manipulate exposure factors according to patient condition to create a diagnostic image with the lowest practicable radiation dose.		D		TDA	
S16: Adopt Imaging and organisational policies, procedures, protocols, guidance and legislation into the clinical environment under different circumstances and situations.		D		TDA	
S17: Supervise, facilitate learning, motivate and share reasoned clinical judgement with others.				TDA	
S18: Use Quality Assurance tools/equipment, to analyse and interpret results and act upon them in a safe manner.		DA		TDA	
S19: Read and critically analyse research articles, utilise basic research skills and apply research findings to practice.					TDA
B1: Demonstrate a calm demeanour with empathy, compassion and underpinning emotional resilience to manage day-to-day pressures in unpredictable, emergency and distressing situations, e.g. patients in cardiac arrest, patients suffering life changing injuries and/or disease diagnosis.				TDA	

B2: Confident, flexible and adaptable within own scope of practice.				TDA	
B3: Demonstrate emotional intelligence.				TDA	
B4: Act with professionalism, honesty, integrity and respect in all interactions. Maintain good character as outlined in their professional Code of Conduct and not bring their profession or organisation into disrepute.				TDA	
B5: Reflect on own impact on others, take responsibility and be accountable for own actions. Sensitively challenge others and raise issues when appropriate.				TDA	
B6: Actively reflect on own practice and accept and respond to constructive criticism. Be proactive in implementing improvements in order to improve service delivery and patient care.				TDA	
B7: Be aware of and take responsibility for their own fitness in context of physical and/or mental health issues which may affect performance. Seek help and/or guidance as appropriate. Inform Health and Care Professions Council and employer of any change of circumstance that may affect the right to practise.				TDA	

Level 6

	Professional Identity, Autonomy and Accountability	Contemporary Issues in Medical Imaging	Interpretation of Medical Imaging	Medical Imaging Practice 3	Improving quality, change management and leadership
K1: Knows and understands local and national Imaging policies and procedures including patient pathways and the impact of imaging on patient care and treatment.	TDA	TDA	D	TDA	

K2: Knowledge of Health and Care Professions Council Standards of Proficiency and Society and College of Radiographers Code of Conduct and professional scope of practice.	TDA			TDA	D
K3: Knowledge and understanding of relevant anatomy, physiology and pathology, normal, normal variants and abnormal image appearances.			TDA	TDA	
K4: Understand key patient signs and symptoms and observation records in order to recognise and manage a deteriorating patient.			D	TDA	
K5: Knowledge and understanding of local referral justification criteria and relative clinical urgency of clinical conditions, including signs, symptoms and potential consequences.			D	TDA	
K6: Knowledge and understanding of different patient needs and rights including dignity, diversity and privacy, communication styles and clinical conditions e.g. dementia or learning disabilities.	TDA			TDA	D
K7: Knowledge and understanding of the principles of radiobiological science, the associated risks and benefits and comparative radiation doses for different imaging protocols including different types of imaging in relation to appropriate authorisation of the justification of imaging requests.			D	TDA	
K8: Knowledge and understanding of Ionising Radiation (Medical Exposures) Regulations and Ionising Radiation Regulations. Knowledge of Local Rules, local and national Diagnostic Reference Levels (DRLs)	D			TDA	

including appropriate associated Personal Protective Equipment (PPE), and pregnancy status.					
K9: Knowledge of the procedure for obtaining consent, the underpinning knowledge of consent, and the procedures for when consent cannot be obtained.	D			TDA	
K10: Knowledge of human anatomy and physiology to image the area of interest, using external bony landmarks and knowledge of the effects of adapting positioning on the resulting image.			TDA	TDA	
K11: Knowledge of safe patient moving and handling techniques.				TDA	
K12: Knowledge of the methods of drug administration, the pharmacological basis for interaction of contrast media, including contraindications and how to respond to an emergency situation.				TDA	
K13: Knowledge of the physiological effects of exposure to Ionising Radiation and the correct use and manipulation of radiation exposures and associated radiation science in order to produce high quality images, whilst maintaining the lowest practicable radiation dose.				TDA	
K14: Knowledge of the process for escalation of unexpected findings identified on images to ensure optimum patient care.	TDA		TDA	TDA	
K15: Knowledge of conflict resolution strategies.	D			TDA	
K16: Knowledge of different methods of communication including verbal and non-verbal communication. Knowledge and understanding of the effect of own body language and	D			TDA	TDA

attitude on others. Knowledge of active listening skills.					
K17: Knowledge and understanding of the legal, ethical and professional principles associated with equality, diversity and safeguarding.	TDA			TDA	D
K18: Knowledge of patient confidentiality and awareness of responsibility to maintain it in line with ethical and legislative frameworks.	TDA			TDA	D
K19: Understands the General Data Protection Regulations and consequences of good and poor data quality on the patient experience/pathway including the need for accurate record keeping and report writing.	D			TDA	
K20: Knowledge of different roles and scopes of practice for those under own supervision.	TDA			TDA	
K21: Knowledge of different learning styles, assessment, group dynamics, learning theory, recognition of good and bad practice, delivering constructive feedback.	D	TDA		TDA	DA
K22: Understanding of radiographic equipment in the context of how images are produced for both ionising and non-ionising radiation imaging methods and how images are appropriately shared and/or stored.				TDA	
K23: Knowledge of the theory of the audit cycle, quality control tools / equipment, analysis of results and how to take appropriate action and the principles of service improvement.	D	TDA		TDA	TDA
K24: Knowledge of current trends in relevant legislation, the profession and wider healthcare, and an understanding of putting evidence-based practice into daily work.	D	TDA		TDA	DA

K25: Knowledge of different research methodologies and how to critically analyse research.		TDA			
K26: Knowledge of cyber security relevant to the Imaging department.	D			DA	
K27: Knowledge of the application of different Imaging procedures and the associated risks/benefits and precautions/safety requirements.				TDA	
S1: Undertake basic patient observations, recognise a deteriorating patient, and manage immediately and appropriately.				TDA	
S2: Manage time and resources and prioritise workload according to clinical needs.	TDA			TDA	TDA
S3: Build and sustain professional relationships and work independently, as part of the imaging team, as part of a multi-disciplinary team, and providing supervision as appropriate.	TDA			TDA	
S4: Communicate appropriately with each individual patient, their families and carers, involving them in decision making, where appropriate, and the multi-disciplinary team adapting a style for each individual to provide holistic care, taking account of circumstances and environments.	TDA			TDA	D
S5: Collate and record information from different sources and critically evaluate to make a logical, informed decision using this information, and communicate decisions appropriately and in a timely way.				TDA	
S6: Critically assess a clinical or professional situation and respond accordingly eg raising concerns as appropriate	TDA			TDA	

S7: Use good radiographic techniques and modify as clinically appropriate. Have the technical ability to manipulate a range of equipment, whilst maintaining patient comfort and adequately communicate with patients and colleagues to ensure the safe movement of patients into imaging position. Use appropriate touch techniques to locate external bony landmarks.				TDA	
S8: Recognise normal and abnormal image appearances and when to act upon them. Use abnormality alert systems such as a preliminary clinical evaluation.			TDA	TDA	
S9: Assess image technical standard according to a recognised methodology.			D	TDA	
S10: Provide patient care in accordance with patient condition e.g. patient personal hygiene, basic life support, first aid, basic patient care needs and deliver, where appropriate, brief clinical preventative advice interventions.				TDA	
S11: Respect and maintain patient privacy and dignity at all times in all environments, including emergency situations.	D			TDA	
S12: Maintain accurate and confidential information using, for example, Radiology Information Systems (RIS), Picture Archiving Communication System (PACS) etc.				TDA	
S13: Maintain data protection and patient confidentiality in clinical practice and complete relevant concise, factual reports and documentation.					
S14: Use appropriate Personal protective Equipment (PPE) for staff, patients and members of the public.	D			TDA	

S15: Use radiation protection techniques safely and appropriately, including distraction/immobilisation techniques to effectively minimise overall radiation dose. Appropriate use of radiation dose software. Manipulate exposure factors according to patient condition to create a diagnostic image with the lowest practicable radiation dose.				TDA	
S16: Adopt Imaging and organisational policies, procedures, protocols, guidance and legislation into the clinical environment under different circumstances and situations.	D			TDA	
S17: Supervise, facilitate learning, motivate and share reasoned clinical judgement with others.	TDA			TDA	
S18: Use Quality Assurance tools/equipment, to analyse and interpret results and act upon them in a safe manner.				TDA	
S19: Read and critically analyse research articles, utilise basic research skills and apply research findings to practice.		TDA			D
B1: Demonstrate a calm demeanour with empathy, compassion and underpinning emotional resilience to manage day-to-day pressures in unpredictable, emergency and distressing situations, e.g. patients in cardiac arrest, patients suffering life changing injuries and/or disease diagnosis.	D			TDA	
B2: Confident, flexible and adaptable within own scope of practice.	TDA			TDA	
B3: Demonstrate emotional intelligence.	D			DA	
B4: Act with professionalism, honesty, integrity and respect in all interactions. Maintain	TDA			TDA	

good character as outlined in their professional Code of Conduct and not bring their profession or organisation into disrepute.					
B5: Reflect on own impact on others, take responsibility and be accountable for own actions. Sensitively challenge others and raise issues when appropriate.	TDA			TDA	DA
B6: Actively reflect on own practice and accept and respond to constructive criticism. Be proactive in implementing improvements in order to improve service delivery and patient care.	TDA			TDA	DA
B7: Be aware of and take responsibility for their own fitness in context of physical and/or mental health issues which may affect performance. Seek help and/or guidance as appropriate. Inform Health and Care Professions Council and employer of any change of circumstance that may affect the right to practise.	TDA			TDA	

DUTIES

Level 4

Professional Practice		Clinical Reasoning in Medical Imaging	Introduction to Radiation Science	Systemic Anatomy and Physiology 1	Medical Imaging Practice 1	Concepts of Interprofessional and Collaborative Practice
DUTY	CRITERIA FOR MEASURING PERFORMANCE					
Duty 1 Work as an autonomous practitioner to make decisions in diagnostic radiography.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures	TDA	D	D	TDA	D
Duty 2 Clinically assess patient condition to decide the	Adhere to Health and Care Professions Council	TDA			TDA	

most appropriate imaging protocols required to achieve diagnostic imaging.	Standards of Proficiency, performance, conduct and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures					
Duty 3 Assess, authorise or reject, if appropriate, the clinical information provided on the request form against justification criteria and clinically prioritise accordingly.	Adhere to HCPC Standards of Proficiency, performance conduct and ethics, Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations and Ionising Radiation Regulations; and local policies and procedures	TA	TA	T	TDA	
Duty 4 Confirm patient identity and obtain patient consent prior to examination and explain how to obtain their results.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations; and Ionising Radiation Regulations and local policies and procedures	TDA	T		TDA	D
Duty 5 Move and manipulate imaging equipment safely, position patients and adapt technique to ensure optimal diagnostic images can be achieved. The diagnostic procedures may include general x-ray images including trauma and orthopaedics, dental, ward patients,	Adhere to HCPC Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations and Ionising Radiation				TDA	

ambulatory & non-ambulatory care, operating theatre, mobile x-ray (wards, Intensive Care Unit, Emergency department), fluoroscopy and Computed Tomography (CT).	Regulations; local policies and procedures					
Duty 6 Evaluate the quality of images according to the clinical criteria. Recognise normal, normal variants and abnormal image appearances in order to provide a preliminary clinical evaluation when appropriate and to escalate urgent or unexpected findings in a timely manner.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations; local policies and procedures			TD	TDA	
Duty 7 Deliver high quality patient-centred, compassionate care and maintain patient confidentiality, privacy and dignity at all times.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct[Text Wrapping Break]and ethics; Society and College of Radiographers guidance; local policies and procedures	TDA			TDA	TDA
Duty 8 Accurately record data in compliance with legislation, information governance and local policies and procedures.	Comply with national legislation, including data protection and Ionising Radiation (Medical Exposure) Regulations and local policies and procedures[Text Wrapping Break][Text Wrapping Break]Adhere to Health and Care Professions Council Standards of Proficiency, Performance, Conduct[Text Wrapping Break]and Ethics and Society	TD	TD		TDA	

	and College of Radiographers Code of Professional Conduct					
Duty 9 Work effectively as part of a multidisciplinary team when delivering holistic patient care.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics;,, and Society and College of Radiographers guidance; national legislation and local policies and[Text Wrapping Break]procedures				TDA	TDA
Duty 10 Maintain appropriate radiation protection for self, patients, staff and public. Maintain a radiation- controlled area when undertaking diagnostic imaging procedures in different care settings e.g. in an imaging department, or on a ward/operating theatre.	Adhere to Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations and local policies and procedures[Text Wrapping Break][Text Wrapping Break]Adhere to Health and Care Professions Council Code of Conduct.	TDA	TDA		TDA	
Duty 11 Comply with clinical governance including all statutory and local policies, procedures and protocols, e.g. safeguarding, duty of candour, Health and Safety and infection prevention and control etc	Comply with national legislation and local policy and procedures		T		TDA	D
Duty 12 Supervise Assistant Practitioners, Healthcare Support Workers, students and other learner groups within imaging and non-imaging services, supporting their development and training and delegate work as appropriate.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct[Text Wrapping Break]and ethics;,, and Society and College of Radiographers guidance; national legislation and local policies and procedures					

Duty 13 Participate in, undertake, analyse and take action on results for diagnostic Imaging Quality Control tests, including reject analysis and audit as part of the Quality Assurance Programme.	Comply with Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations and [Text Wrapping Break]local quality assurance policies and procedures				TDA	
Duty 14 Use Continual Professional Development (CPD) and reflection to maintain professional Health and Care Professions Council registration. Keep up to date and engage with current research and evidence-based practice.	Comply with Health and Care Professions Council Standards of Proficiency, Society and College of [Text Wrapping Break]Radiographers guidance and local policies	TDA			TDA	DA
Duty 15 Identify and negotiate with the Employer an area of practice to inform service development, e.g. undertake IV cannulation, Computed Tomography (CT) examinations, Magnetic Resonance Imaging (MRI) examinations, imaging skills in paediatrics / dental/ orthopaedics or developing leadership/management skills.	Comply with Health and Care Professions Council Standards of Proficiency and Society and College [Text Wrapping Break]of Radiographers guidance					
Duty 16 Undertake contrast studies, with appropriate precautions in relation to medicines management before, during and after the examination; dealing with any adverse reactions/aftercare of the patient.	Comply with medicines management policies and procedures					
Duty 17 Assist in procedures in Ultrasound, Magnetic Resonance Imaging (MRI), Nuclear Medicine and Interventional Radiology.	Comply with Health and Care Professions Council Standards of Proficiency and Society and College [Text Wrapping Break]of Radiographers guidance					

Level 5

Professional Practice		Systemic Anatomy and Physiology 2	Medical Imaging modalities	Medical Imaging of pathology and disease processes	Medial Imaging Practice 2	Appraising evidence for research informed practice
DUTY	CRITERIA FOR MEASURING PERFORMANCE					
Duty 1 Work as an autonomous practitioner to make decisions in diagnostic radiography.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct[Text Wrapping Break]and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures		TDA		TDA	D
Duty 2 Clinically assess patient condition to decide the most appropriate imaging protocols required to achieve diagnostic imaging.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct[Text Wrapping Break]and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures	D		TD	TDA	
Duty 3 Assess, authorise or reject, if appropriate, the clinical information provided on the request form against justification criteria and clinically prioritise accordingly.	Adhere to HCPC Standards of Proficiency, performance conduct and ethics, Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations and Ionising Radiation Regulations; and local policies and procedures	D		D	TDA	
Duty 4 Confirm patient identity and obtain patient consent prior to examination and	Adhere to Health and Care Professions Council Standards of Proficiency, performance,				TDA	

explain how to obtain their results.	conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations; and Ionising Radiation Regulations and local policies and[Text Wrapping Break]procedures					
Duty 5 Move and manipulate imaging equipment safely, position patients and adapt technique to ensure optimal diagnostic images can be achieved. The diagnostic procedures may include general x-ray images including trauma and orthopaedics, dental, ward patients, ambulatory & non-ambulatory care, operating theatre, mobile x-ray (wards, Intensive Care Unit, Emergency department), fluoroscopy and Computed Tomography (CT).	Adhere to HCPC Standards of Proficiency, performance, conduct and ethics; Society and College of[Text Wrapping Break]Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations and Ionising Radiation Regulations; local policies and procedures				TDA	
Duty 6 Evaluate the quality of images according to the clinical criteria. Recognise normal, normal variants and abnormal image appearances in order to provide a preliminary clinical evaluation when appropriate and to escalate urgent or unexpected findings in a timely manner.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations; local policies and procedures	TDA			TDA	
Duty 7 Deliver high quality patient-centred, compassionate care and maintain patient confidentiality, privacy and dignity at all times.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct[Text Wrapping Break]and ethics; Society and				TDA	D

	College of Radiographers guidance; local policies and procedures					
Duty 8 Accurately record data in compliance with legislation, information governance and local policies and procedures.	Comply with national legislation, including data protection and Ionising Radiation (Medical Exposure) Regulations and local policies and procedures[Text Wrapping Break][Text Wrapping Break]Adhere to Health and Care Professions Council Standards of Proficiency, Performance, Conduct[Text Wrapping Break]and Ethics and Society and College of Radiographers Code of Professional Conduct				TDA	
Duty 9 Work effectively as part of a multidisciplinary team when delivering holistic patient care.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics;; and Society and College of Radiographers guidance; national legislation and local policies and[Text Wrapping Break]procedures				TDA	D
Duty 10 Maintain appropriate radiation protection for self, patients, staff and public. Maintain a radiation- controlled area when undertaking diagnostic imaging procedures in different care settings e.g. in an imaging department, or on a ward/operating theatre.	Adhere to Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations and local policies and procedures[Text Wrapping Break][Text Wrapping Break]Adhere to Health and Care Professions Council Code of Conduct.		D		TDA	
Duty 11 Comply with clinical governance	Comply with national legislation and local				TDA	D

including all statutory and local policies, procedures and protocols, e.g. safeguarding, duty of candour, Health and Safety and infection prevention and control etc	policy and procedures					
Duty 12 Supervise Assistant Practitioners, Healthcare Support Workers, students and other learner groups within imaging and non-imaging services, supporting their development and training and delegate work as appropriate.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct[Text Wrapping Break]and ethics;, and Society and College of Radiographers guidance; national legislation and local policies and procedures					
Duty 13 Participate in, undertake, analyse and take action on results for diagnostic Imaging Quality Control tests, including reject analysis and audit as part of the Quality Assurance Programme.	Comply with Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations and[Text Wrapping Break]local quality assurance policies and procedures		TD		TDA	
Duty 14 Use Continual Professional Development (CPD) and reflection to maintain professional Health and Care Professions Council registration. Keep up to date and engage with current research and evidence-based practice.	Comply with Health and Care Professions Council Standards of Proficiency, Society and College of[Text Wrapping Break]Radiographers guidance and local policies				TDA	D
Duty 15 Identify and negotiate with the Employer an area of practice to inform service development, e.g. undertake IV cannulation, Computed Tomography (CT) examinations, Magnetic Resonance Imaging (MRI) examinations, imaging skills in paediatrics / dental/ orthopaedics or developing	Comply with Health and Care Professions Council Standards of Proficiency and Society and College[Text Wrapping Break]of Radiographers guidance		D		TDA	

leadership/management skills.						
Duty 16 Undertake contrast studies, with appropriate precautions in relation to medicines management before, during and after the examination; dealing with any adverse reactions/aftercare of the patient.	Comply with medicines management policies and procedures				TDA	
Duty 17 Assist in procedures in Ultrasound, Magnetic Resonance Imaging (MRI), Nuclear Medicine and Interventional Radiology.	Comply with Health and Care Professions Council Standards of Proficiency and Society and College of Radiographers guidance		D		TDA	

Level 6

Professional Practice		Professional Identity, Autonomy and Accountability	Contemporary Issues in Medical Imaging	Interpretation of Medical Imaging	Medical Imaging Practice 3	Improving quality, change management and leadership
DUTY	CRITERIA FOR MEASURING PERFORMANCE					
Duty 1 Work as an autonomous practitioner to make decisions in diagnostic radiography.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures	TDA	TD	TD	TDA	D
Duty 2 Clinically assess patient condition to decide the most appropriate imaging protocols required to achieve diagnostic imaging.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct			D	TDA	

	Break]and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures					
Duty 3 Assess, authorise or reject, if appropriate, the clinical information provided on the request form against justification criteria and clinically prioritise accordingly.	Adhere to HCPC Standards of Proficiency, performance conduct and ethics, Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations and Ionising Radiation Regulations; and local policies and procedures		T	D	TDA	
Duty 4 Confirm patient identity and obtain patient consent prior to examination and explain how to obtain their results.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations; and Ionising Radiation Regulations and local policies and[Text Wrapping Break]procedures	D	D		TDA	
Duty 5 Move and manipulate imaging equipment safely, position patients and adapt technique to ensure optimal diagnostic images can be achieved. The diagnostic procedures may include general x-ray images including trauma and	Adhere to HCPC Standards of Proficiency, performance, conduct and ethics; Society and College of[Text Wrapping Break]Radiographers guidance; national legislation including Ionising Radiation (Medical				TDA	

orthopaedics, dental, ward patients, ambulatory & non-ambulatory care, operating theatre, mobile x-ray (wards, Intensive Care Unit, Emergency department), fluoroscopy and Computed Tomography (CT).	Exposure) Regulations and Ionising Radiation Regulations; local policies and procedures					
Duty 6 Evaluate the quality of images according to the clinical criteria. Recognise normal, normal variants and abnormal image appearances in order to provide a preliminary clinical evaluation when appropriate and to escalate urgent or unexpected findings in a timely manner.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; national legislation including Ionising Radiation (Medical Exposure) Regulations; local policies and procedures	DA		DA	TDA	
Duty 7 Deliver high quality patient-centred, compassionate care and maintain patient confidentiality, privacy and dignity at all times.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics; Society and College of Radiographers guidance; local policies and procedures	D	D		TDA	D
Duty 8 Accurately record data in compliance with legislation, information governance and local policies and procedures.	Comply with national legislation, including data protection and Ionising Radiation (Medical Exposure) Regulations and local policies and procedures; Adhere to Health and Care	TDA	D		TDA	

	Professions Council Standards of Proficiency, Performance, Conduct[Text Wrapping Break]and Ethics and Society and College of Radiographers Code of Professional Conduct					
Duty 9 Work effectively as part of a multidisciplinary team when delivering holistic patient care.	Adhere to Health and Care Professions Council Standards of Proficiency, performance, conduct and ethics;, and Society and College of Radiographers guidance; national legislation and local policies and[Text Wrapping Break]procedures	D	D		TDA	D
Duty 10 Maintain appropriate radiation protection for self, patients, staff and public. Maintain a radiation- controlled area when undertaking diagnostic imaging procedures in different care settings e.g. in an imaging department, or on a ward/operating theatre.	Adhere to Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations and local policies and procedures[Text Wrapping Break][Text Wrapping Break]Adhere to Health and Care Professions Council Code of Conduct.		D		TDA	
Duty 11 Comply with clinical governance including all statutory and local policies, procedures and protocols, e.g. safeguarding, duty of candour, Health and Safety and infection prevention and control etc	Comply with national legislation and local policy and procedures	TDA	TD		TDA	D
Duty 12 Supervise Assistant Practitioners, Healthcare Support	Adhere to Health and Care Professions Council Standards	D			TDA	

Workers, students and other learner groups within imaging and non-imaging services, supporting their development and training and delegate work as appropriate.	of Proficiency, performance, conduct[Text Wrapping Break]and ethics; and Society and College of Radiographers guidance; national legislation and local policies and procedures					
Duty 13 Participate in, undertake, analyse and take action on results for diagnostic Imaging Quality Control tests, including reject analysis and audit as part of the Quality Assurance Programme.	Comply with Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations and[Text Wrapping Break]local quality assurance policies and procedures		T		TDA	
Duty 14 Use Continual Professional Development (CPD) and reflection to maintain professional Health and Care Professions Council registration. Keep up to date and engage with current research and evidence-based practice.	Comply with Health and Care Professions Council Standards of Proficiency, Society and College of[Text Wrapping Break]Radiographers guidance and local policies	TDA	TDA		TDA	D
Duty 15 Identify and negotiate with the Employer an area of practice to inform service development, e.g. undertake IV cannulation, Computed Tomography (CT) examinations, Magnetic Resonance Imaging (MRI) examinations, imaging skills in paediatrics / dental/ orthopaedics or developing leadership/management skills.	Comply with Health and Care Professions Council Standards of Proficiency and Society and College[Text Wrapping Break]of Radiographers guidance				TDA	
Duty 16 Undertake contrast studies, with appropriate precautions in relation to medicines	Comply with medicines management policies and procedures				TDA	

management before, during and after the examination; dealing with any adverse reactions/aftercare of the patient.						
Duty 17 Assist in procedures in Ultrasound, Magnetic Resonance Imaging (MRI), Nuclear Medicine and Interventional Radiology.	Comply with Health and Care Professions Council Standards of Proficiency and Society and College[Text Wrapping Break]of Radiographers guidance				TDA	

K. Costs and Financial Support

Tuition fees/financial support/accommodation and living costs

- Information on tuition fees/financial support can be found by clicking on the following link: <http://www.lsbu.ac.uk/courses/undergraduate/fees-and-funding> or
- <http://www.lsbu.ac.uk/courses/postgraduate/fees-and-funding>

List of Appendices

Appendix A: Terminology **Appendix A: Terminology**

(Please review the definitions and add those according to your own course and context to help prospective students who may not be familiar with terms used in higher education.)

Some examples are listed below:

accelerated degree	accelerated degrees (also known as two-year degrees) are full bachelor's degrees (undergraduate courses) you can complete in a condensed time period
awarding body	a UK higher education provider (typically a university) with the power to award higher education qualifications such as degrees
bursary	a financial award made to students to support their studies; sometimes used interchangeably with 'scholarship'
collaborative provision	a formal arrangement between a degree-awarding body and a partner organisation, allowing for the latter to provide higher education on behalf of the former
compulsory module	a module that students are required to take

contact hours	the time allocated to direct contact between a student and a member of staff through, for example, timetabled lectures, seminars and tutorials
coursework	student work that contributes towards the final result but is not assessed by written examination
current students	students enrolled on a course who have not yet completed their studies or been awarded their qualification
delivery organisation	an organisation that delivers learning opportunities on behalf of a degree-awarding body
distance-learning course	a course of study that does not involve face-to-face contact between students and tutors
extended degree	an extended degree provides a bridging route for students who don't meet the initial entry requirements for the undergraduate degree. The first year provides the necessary knowledge and skills before students begin the degree-level course.
extracurricular	activities undertaken by students outside their studies
feedback (on assessment)	advice to students following their completion of a piece of assessed or examined work
formative assessment	a type of assessment designed to help students learn more effectively, to progress in their studies and to prepare for summative assessment; formative assessment does not contribute to the final mark, grade or class of degree awarded to students
foundation	foundation year programmes are designed to develop skills and subject-specific knowledge to ensure a student can advance to a degree course. They may be offered as stand-alone one-year courses or integrated into degree programmes.
higher education provider	organisations that deliver higher education
independent learning	learning that occurs outside the classroom that might include preparation for scheduled sessions, follow-up work, wider reading or practice, completion of assessment tasks, or revision
integrated	an integrated Master's degree combines undergraduate and postgraduate study. In relation to Apprenticeships, integrated would usually mean that the End Point Assessment (EPA) is integrated with the academic award
intensity of study	the time taken to complete a part-time course compared to the equivalent full-time version: for example, half-time study would equate to 0.5 intensity of study
lecture	a presentation or talk on a particular topic; in general lectures involve larger groups of students than seminars and tutorials
learning zone	a flexible student space that supports independent and social learning
material information	information students need to make an informed decision, such as about what and where to study

mode of study	different ways of studying, such as full-time, part-time, e-learning or work-based learning
modular course	a course delivered using modules
module	a self-contained, formally structured unit of study, with a coherent and explicit set of learning outcomes and assessment criteria; some providers use the word 'course' or 'course unit' to refer to individual modules
national teaching fellowship	a national award for individuals who have made an outstanding impact on student learning and the teaching profession
navigability (of websites)	the ease with which users can obtain the information they require from a website
optional module	a module or course unit that students choose to take
performance (examinations)	a type of examination used in performance-based subjects such as drama and music
pre-registration (HSC only)	a pre-registration course is designed for students who are not already registered with an independent regulator such as the Nursing and Midwifery Council (NMC)
professional body	an organisation that oversees the activities of a particular profession and represents the interests of its members
prospective student	those applying or considering applying for any programme, at any level and employing any mode of study, with a higher education provider
regulated course	a course that is regulated by a regulatory body
regulatory body	an organisation recognised by government as being responsible for the regulation or approval of a particular range of issues and activities
scholarship	a type of bursary that recognises academic achievement and potential, and which is sometimes used interchangeably with 'bursary'
semester	either of the parts of an academic year that is divided into two for purposes of teaching and assessment (in contrast to division into terms)
seminar	seminars generally involve smaller numbers than lectures and enable students to engage in discussion of a particular topic and/or to explore it in more detail than might be covered in a lecture
summative assessment	formal assessment of students' work, contributing to the final result
term	any of the parts of an academic year that is divided into three or more for purposes of teaching and assessment (in contrast to division into semesters)

top-up degree	A top-up degree is the final year (Level 6) of an undergraduate degree course. It allows students to top-up an existing qualification to a full BA, BSc or BEng.
total study time	the total time required to study a module, unit or course, including all class contact, independent learning, revision and assessment
tutorial	one-to-one or small group supervision, feedback or detailed discussion on a particular topic or project
work/study placement	a planned period of experience outside the institution (for example, in a workplace or at another higher education institution) to help students develop particular skills, knowledge or understanding as part of their course
workload	see 'total study time'
written examination	a question or set of questions relating to a particular area of study to which candidates write answers usually (but not always) under timed conditions