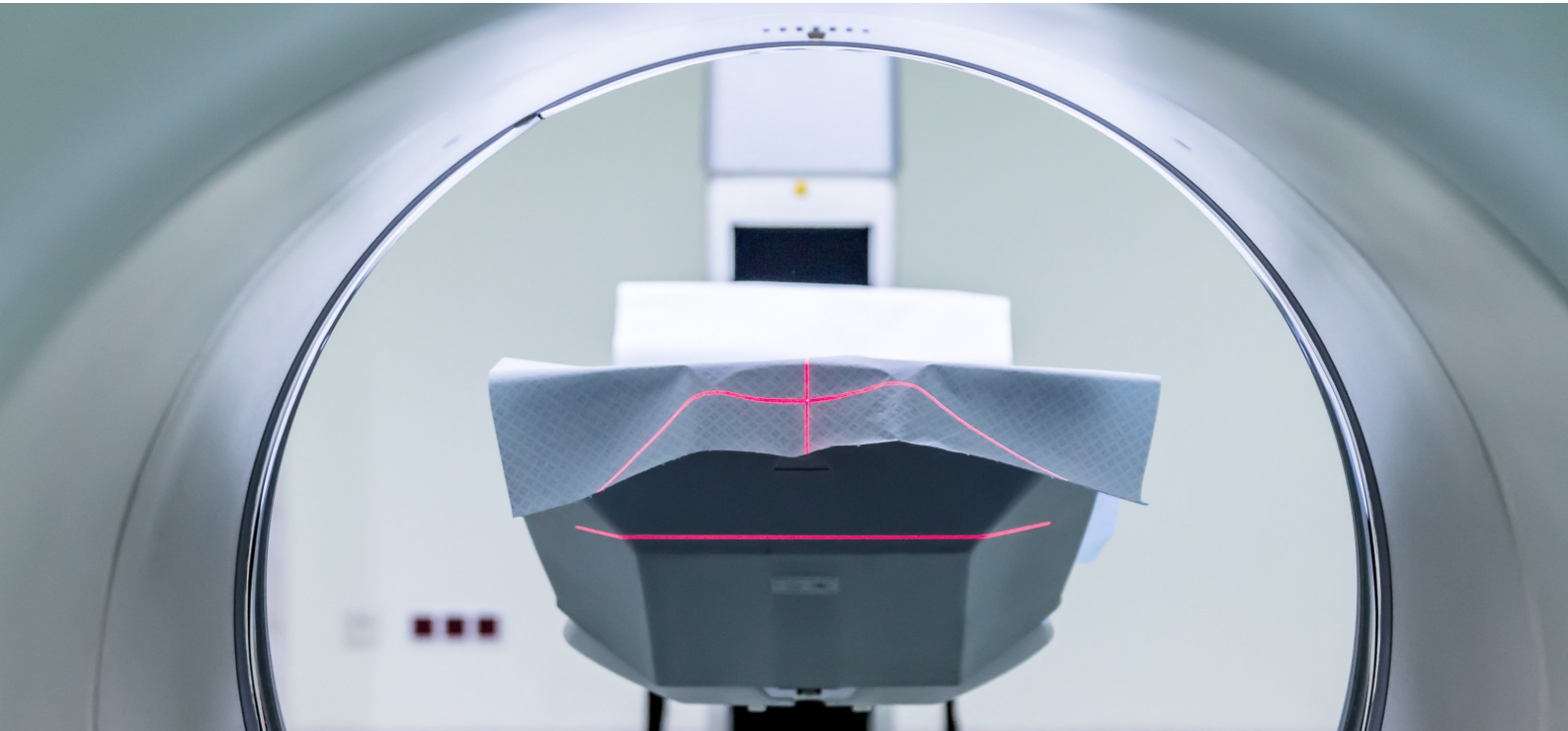


**CASE  
STUDY**

# LEVEL 6 DIAGNOSTIC RADIOGRAPHER (DEGREE)

The Level 6 Diagnostic Radiographer (integrated degree) apprenticeship standard was approved for delivery on 5th April 2022. Keep reading to discover a HEI (Higher Education Institution), Employer and Apprentice perspective on this fantastic apprenticeship.



**HEI**

We spoke to Dr. Christine Heales, Senior Lecturer Medical Imaging at the University of Exeter. Dr. Heales is the Programme Lead for BSc (Hons) Diagnostic Radiography and Imaging Degree Apprenticeship, MSc Diagnostic Radiography and Imaging Degree Apprenticeship (pre-registration).

## What was the issue?

As a Higher Education Institute that already provides a pre-registration route into radiography (the BSc (Hons) Medical Imaging (Diagnostic Radiography) degree programme) we were all too aware of the tension between increasing the numbers of new entrants into the profession of diagnostic radiography and the capacity of Radiology departments to support ever increasing numbers of pre-registration learners whilst maintaining service provision and meeting the needs of their workforce. Therefore, when the degree apprenticeship route into radiography emerged, our partnership Radiology departments expressed an interest – could this alternative route provide a solution?

### What was your approach to creating a degree apprenticeship programme?

Degree apprentices (DAs) are based within their employing department over the duration of their programme (3 years for the BSc route, 2 years for the pre-registration MSc route). This gives departments flexibility in terms of co-ordinating learner rotas; whilst all pre-registration learners need to achieve the same clinical competencies, as the DAs are within the department for longer periods of time their rotas can be flexed around any peak demands created by the traditional placements associated with full-time undergraduate programmes.

We therefore approached the development of our Diagnostic Radiographer Degree Apprenticeship (DRDA) provision with a blank piece of paper. We aimed to create a programme that fully reflects the nature of apprenticeship provision; that is of learning within the workplace underpinned by the degree. Half of the credits for the programme are, therefore, obtained through workplace learning modules which comprise of structured workplace learning activities as well as the development of clinical skills and competencies.

We worked closely with our partnership clinical sites and took on board their feedback when designing the delivery model. For our BSc, we therefore elected to have a model with three campus weeks per year and regular live online teaching in between. This was intended to give the DAs sufficient time on campus to build a community with each other and with us, whilst ensuring the time away from home was manageable, both for them from a personal perspective, but also from the perspective of their employers. For our MSc we have adapted this approach (one campus week and six virtual masterclasses) to better suit the pace of delivery and in recognition of the fact that DAs on this programme have already successfully studied at degree level. The regular live teaching online between campus weeks supplements the distance learning that we provide, and is intended to maintain that sense of community.

### Widening access to the profession.

In recognition of the fact that a significant number of employers aimed to use the DA route as a way of upskilling existing employees, we have worked closely with them to produce a clear non-standard entry route. It has been important to be clear about the academic demands of studying at degree level. The degree apprenticeship is an alternative, not an easier route into radiography, and the level of study/achievement required is no different to 'conventional' full-time undergraduate programmes. Conversely, it is also important to recognise the value of relevant workplace experience and how this, combined with alternative qualifications, can also mean someone has the capability to be successful on the degree apprenticeship programme. As a result, we believe we have created wider opportunities for individuals to study to become radiographers by supporting non-standard entry. Conversely, our two year pre-registration MSc is due to commence in November 2022, this offers an accelerated route for individuals already holding a science or engineering degree. We have again designed a programme specifically for this 2 year route, taking on board what we've learned from our BSc.

# Healthcare

## Apprenticeships

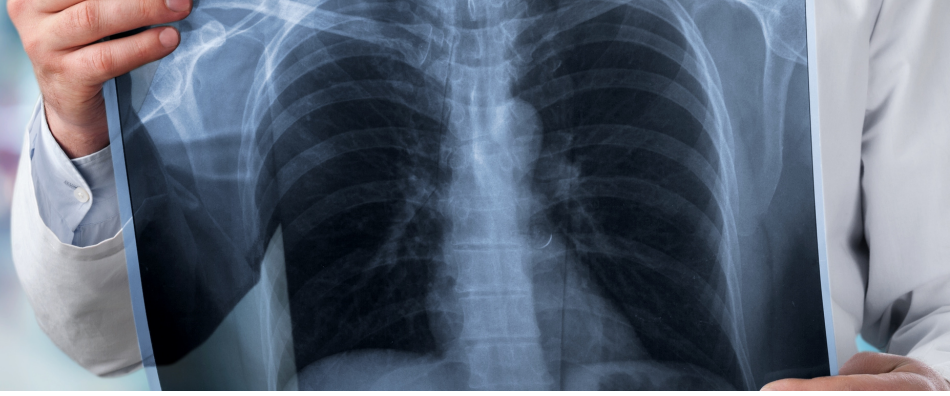
So overall we feel our DA provision has removed barriers that may have made it impossible for some people to become radiographers whilst also providing an alternative route for school leavers and, with the creation of the MSc pathway, also creating new career opportunities for graduates.

### Support, monitoring and progress.

It is important not to underestimate the demands placed on DAs. There is an expectation that all programme requirements fit within a DA's contracted hours. It is a requirement of the funding rules around degree apprenticeship provision that DAs are given one day per week (average of 6 hours per week) as 'Off The Job' (OTJ) time; and are in the department undertaking clinical skills development and workplace learning activities the remainder of their time. The only breaks they receive are for annual leave. The consistency of these demands over the duration of their programme can be tiring, and pressure can build, particularly around assessment periods. As mentioned previously, it is worth remembering that the academic level DAs are required to achieve in their academic assignments are the same as for conventional full-time undergraduate programmes. We have also worked with our first cohort of DAs to create assessment plans that work best for them (spreading them out a little to even out the workload without spreading them out so much that they feel they are always being assessed and have no opportunity to just focus on learning). This is where employing departments have been able to be supportive; for example by providing additional OTJ time around assessment windows.



We do include a number of formative (mock) assessments, right from day one. This is intended to give us, and the DAs, early and on-going information about how they are progressing. This enables us to proactively provide support where needed. It also helps them see the progress they are, and do make, boosting their confidence in their academic ability. Our Academic Mentors are key to this process. The Academic Mentor is, in essence, a personal tutor who works with both their mentee and their mentee's employing department, to best support the DA through the programme. This includes a pastoral element; listening and supporting a DA in general terms, through to the more academic considerations such as signposting the DA to relevant University support services (such as study skills development, Wellbeing). The Academic Mentor also has a governance role as they both monitor progress and work with the DA to ensure that sufficient records are kept to meet funding rules and that the DA is collating sufficient evidence to pass through the degree apprenticeship standard gateway towards the end of their final year. The Academic Mentor is also the point of contact for Workplace Mentors (who are provided by the employing departments).



### **Continuing to collaborate with employers.**

As previously mentioned, we discussed our initial ideas with our partnership sites, and then broadened our collaboration to include potential employer sites also. We involved volunteers from our undergraduate programme in the initial discussions so that we could be sure we had included the perspective of the learner, albeit from the 'conventional' programme. We also included service users in our collaborative events. It continues to be important to us that our provision meets employer needs, so we continue to consult as we both develop and sustain this provision. Employers are invited to both our quality monitoring and strategic meetings, and workplace mentors meet regularly with the Lead for Workplace Learning.

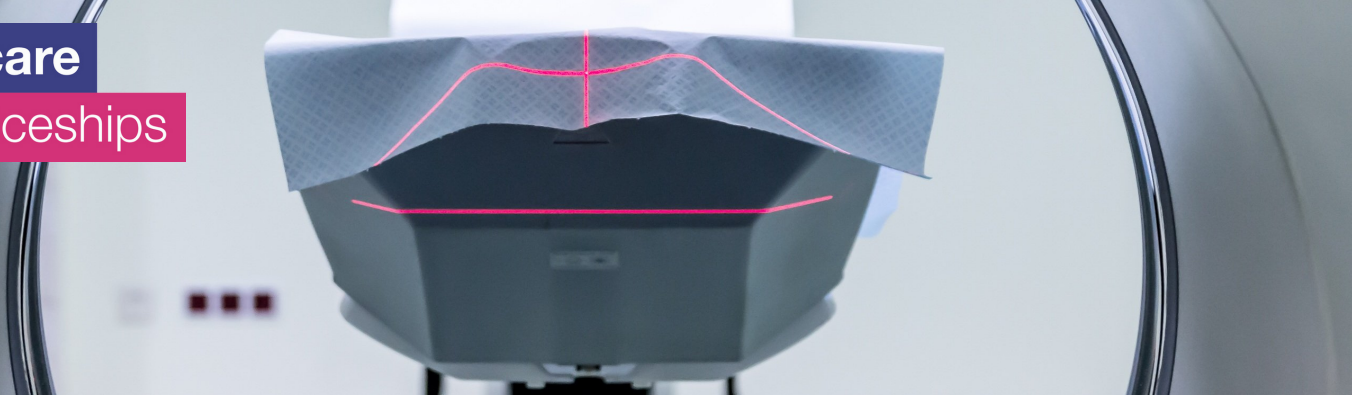
### **What is your view on the benefits of the degree apprenticeship route?**

As a general rule, employing departments are supplementing their existing undergraduate student numbers with DAs, thereby increasing the overall number of new entrants into the profession. This is, in the main, due to the fact that the DAs are in the workplace 80% of their time, and so their clinical experience can usually be flexed around the requirements of existing clinical placements for full-time students. The amount of workplace time also means that the DAs gain holistic skills and are able to integrate into the team where they are, most likely, going to be working upon qualification. It is probable that DAs will retain a commitment to their employer and will help meet local workforce needs.

We have included an employer negotiated module within the final year of both of our programmes, in part to align with Duty 15 of the apprenticeship standard. This module enables DAs to gain further skills in a particular clinical area; this can be aligned to a career aspiration, to meet a departmental need and / or to support them for their first qualified role. This area of practice can encompass any modality including general radiography, or leadership, quality assurance and so on. Finally, this route has made radiography available as a profession to a number of people who could not, for whatever reason, have undertaken the conventional undergraduate route. The value of this cannot be emphasised enough.

### **Our view on the challenges.**

We felt it was essential to design a specific programme (rather than adapt our undergraduate provision), not least to ensure the learning materials would fit within the available study time of one day per week (average of 6 hours per week). To ensure the same breadth and depth of underpinning theory was covered, this necessitated the creation of workplace learning activities. This meant we were designing and creating a completely new programme with its own requirements and timeline. Although beyond our control, our BSc DRDA commenced the week before the first lockdown for the Covid-19 pandemic. This created the need for very significant changes to delivery for all of our provision, and created additional pressures and workload for the team across the board. Having said that, our preparatory work on what creates effective distance learning was useful!



We had some idea of the challenges of being a DA, clearly rolling out this provision has given us a clearer insight into this and both the training and the information we provide to employers has subsequently evolved. One of the key differences between this and conventional programmes is that the employing department are, ultimately, providing the learning environment, supported by us. DAs are in the workplace learning about radiography after just one campus week – their skills and behaviour development therefore precede the acquisition of the associated knowledge. This places a lot of responsibility on employing departments who are also required to support the workplace learning activities. It is very much about creating a culture where the DA is being paid to learn, rather than being paid to work.

Our final challenge was being the first DRDA programme in the country. Whilst we already understand the processes for HCPC approval and also Society of Radiographers approval, we were not familiar with degree apprenticeship provision. We had good support from our internal DA team in terms of explaining all the different rules and administrative requirements. We also have to be Ofsted ready and in fact had our first inspection in May 2022, which adds on another layer of administrative requirements.

### Final thoughts

It has been a steep learning curve, exacerbated by the Covid-19 pandemic but we are delighted to be able to offer the degree apprenticeship route alongside our undergraduate provision. We're in this business as we're all committed to the profession of radiography and to be able to open up opportunities to more people has been very exciting. We very much hope we are helping meet a workforce need whilst providing more options for routes into a fascinating profession.

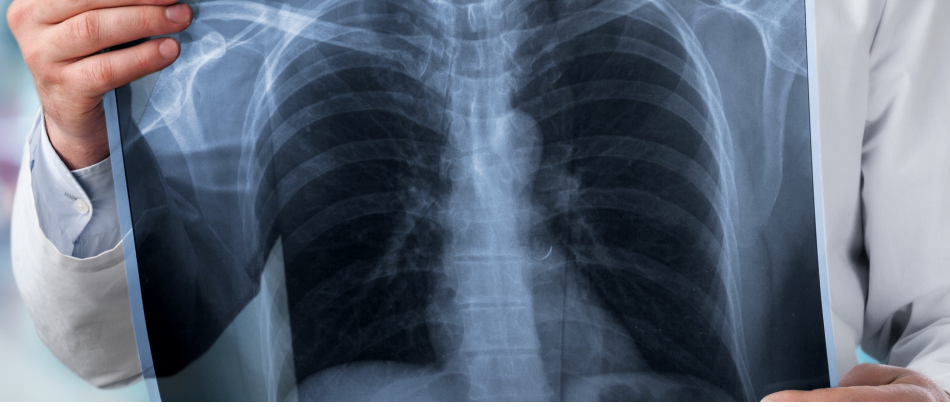


**We spoke to Gill Kite, Superintendent Radiographer at Royal Devon University Healthcare NHS Foundation Trust.**

### Why have Degree Apprentices?

Radiographer recruitment has been challenging for several years now and more departments have needed to think creatively about their workforce and how we provide the service. The Diagnostic Radiographer Apprenticeship came along at just the right time, and we were very appreciative that the University of Exeter took this on where other HEI's wouldn't initially due to financial implications.

We had support workers who wanted to train to be radiographers, who we happily wanted to support to upskill, however due to family commitments they would not have been able to train to be a radiographer via the traditional undergraduate route, and so the apprenticeship has been perfect.



Our first radiographer apprentices started at the start of the pandemic in March 2020, which probably wasn't the most ideal time to start a course. However, they were very enthusiastic and soon became very useful members of the imaging team; there were weeks during 2021 where our imaging service would have been compromised had we not had the apprentices bolstering the radiographic workforce. Our first three apprentices are due to qualify early next year and already it's easy to see they will be confident, professional and very competent radiographers from the outset.

It's important that we have given this opportunity to our existing staff as retention has also been an issue in the past, however our apprentices have firm roots in the area, are very thankful for the opportunity and so are more likely to remain in our employment.

We have also recruited externally to apprentice roles in subsequent years, this has become a very competitive process, as it's such a good opportunity for the area, with lots of applicants and the calibre of applicants is always high; our main problem being not enough posts to offer and difficult decisions to make between preferred candidates.

### **Accommodating Degree Apprentices in addition to 'traditional' undergraduate radiography students on placement.**

We were very conscious that there might be some difficulties having both undergraduates and apprentices at different levels in the department. However, one of the first things that we did was re-brand them all as 'Diagnostic Radiography Learners', giving them a separate learners rota so they were all on the same rota, getting the same amount of experience and working the same shift patterns.

We also set up weekly combined clinical supervision sessions which have been a great success as they have been able to learn so much from, and support each other, especially now we have a full mix of all three years studying in the department.

### **Challenges for the clinical workplace.**

There have been challenges, such as the amount of assessments that need to be completed. With increased learners, and only a certain number of available assessors in the department, especially where staffing levels have been difficult. However, we have faced those challenges together and because the learners have felt supported they have been happy to reschedule assessments knowing that we will get them done before the end of their placement or end of required modules. We have also increased the number of trained assessors for both undergraduates and apprentices.

The apprentices have found the remote learning and workload challenging at times, but again we have faced that challenge together and supported them when they have needed extra time, academic help, guidance or time to contact the university for more specific guidance.



Ensuring that they have pastoral support in the department has been essential, making sure that there is always someone available should they need it. It has been important to make sure that the apprentices take their annual leave and have important downtime, rather than keep working and studying without break. We found that the first-year apprentices seem to be afraid they would miss something important if they took time off. However this has been easier to manage as the apprentices relax more through the later years of their apprenticeship and something we look out for now in the first years ensuring they book leave at regular intervals.

### **Benefits of the Degree Apprenticeship route.**

The benefit for the department has been high. Not only have we been able to upskill staff who were at a level that they were unable to go any further in the department and so job satisfaction was low, we have also managed to bolster the imaging service significantly and next year we will have our first 'home grown' radiographers qualifying.

It has also benefitted other staff in the department as the support staff have seen that there are interesting options for future progression, and it has provided CPD (Continuing Professional Development) opportunities and new skills for radiographers who have become SOAP (Structured Objective Assessment of Practice) assessors, mentors, supervisors and trainers.

It has highlighted radiography in the trust and community as our apprentices have actively participated in the national apprentice week activities within the trust and career day talks with school and college students. We have never had so many requests for information about becoming a radiographer and work experience as we have now which can only be a good thing for the future work force.

It has given the individuals just the career boost that they needed and a wonderful opportunity to train to become a registered professional whilst being paid, have the benefits of employment, be able to live and study at home and have a relatively normal family life.



**We spoke to Rachael Bradford who is a final year apprentice Diagnostic Radiographer at the University of Exeter.**

### **Why the degree apprenticeship rather than the traditional University based undergraduate route?**

I am a mother, an armed forces wife and have financial responsibilities that each have prevented me from studying via the traditional undergraduate route. The degree apprenticeship has enabled me to chase my dreams of holding a professional qualification whilst living, learning and earning in the city I call home.

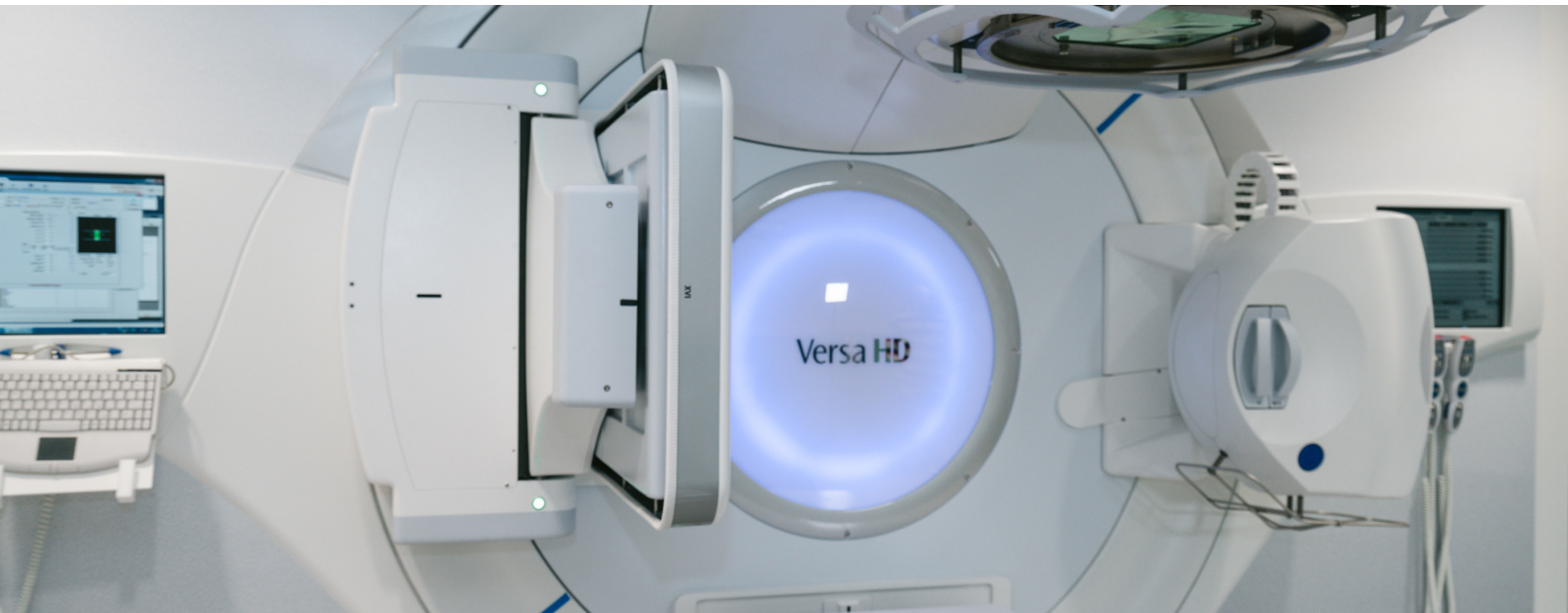
# Healthcare

## Apprenticeships

The blend of time spent clinically and 'off the job' studying has negated the headache of long placements in different locations that comes with the undergraduate route. I can balance all the demands on my time. The predominantly distance-learning model provides flexibility to the pace and order of my learning.

### What this route has meant to me

I have spent over a decade working at my trust and the apprenticeship has paved the way to progress from a non-registered role into a registered one. There is a clear development route from where I started as a band 2, to a band 5 and my professional qualification shall only continue to open doors to more opportunities. Not only have I made lifelong friends, but I have also built many working relationships across the modalities and raised the profile of the apprenticeship. The course has cemented my passion for patient centred care, facilitating learning and the NHS as a whole. Above all, I have been able to act as a role model to my daughters and show them that working hard, enjoying what you do and to never be afraid to challenge yourself can bring huge rewards.



### Challenges

It goes without saying that the Covid-19 pandemic bought a whole new frontier of challenges to an already difficult task of being part of the trailblazing cohort. We did however benefit from the whole university having to rapidly diversify to delivering course content online, making lectures more interactive and enjoyable. Apprentices are additional to the undergraduate learners in departments and getting fair exposure to clinical experiences or assessments conducted can be tricky. The hardest element has been explaining the differences between the degree apprenticeship and undergraduate routes and tackling the misconception that it is 'the easier route'.

### Opportunities

The apprenticeship has given me the opportunity to study with other like-minded people from across the country who were in a similar situation to me. They wanted and could achieve more but responsibilities outside of work held them back. I have been inspired by a committed and passionate lecturing team who actively respond to feedback. I feel so fortunate and proud to be able to say that I studied as one of the first diagnostic degree apprentices in the country and wherever my career may take me, I hope many more people are given this opportunity too.