



**Arrangements for:
PDA in Radiographic Imaging
at SCQF level 8**

Group Award Code: GC8W

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SQA acknowledges the valuable contribution that Scotland's colleges have made to the development of National Qualification Group Awards.

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1 Introduction

This is the arrangements document for the Group Award: *Professional Development Award (PDA) in Radiographic Imaging at SCQF level 8 GC8W*. This award is a new qualification at SCQF level 8 which has been designed to meet the requirements of NHSScotland to extend the scope of practice of staff working at Assistant Practitioner (AP) level in Clinical Imaging services.

The PDA in Radiographic Imaging is designed to give individuals working in Clinical Imaging areas in NHSScotland the opportunity to improve their professional practice and will provide continuing professional development to allow them to widen their scope of practice for specific areas of radiology services.

Delivery of the award provides a combination of reading, research and practice-based learning all of which are assessed through clinical practice in the workplace.

This document includes background information on the development of the award, its aims and details of the award structure as well as guidance on access, delivery and assessment.

2 Rationale for the development of the Group Award

Background

Recent policy and strategic initiatives including *Delivering Care, Enabling Health* (SEHD, 2006) and *Better Health, Better Care* (SGHD, 2007) have focused on the review and development of NHSScotland's workforce. The term in NHSScotland for non-registered staff employed in a clinical role is Healthcare Support Worker (HCSW) which incorporates those staff on Levels 1 — 4 on the NHS Career Framework. The Assistant Practitioner (AP) role sits at Level 4 on this Framework (NES, 2010). The roles that the HCSW workforce undertakes have been part of the NHS since its inception and the AP roles have been emerging throughout the UK for many years.

Within the *Radiography Career Progression Framework* (known commonly as the four tier structure) (CoR, 2006; 2010), new roles have emerged that support service delivery by developing individuals to undertake specific tasks and activities that improve the patient flow and delivery of an effective and timely service. The four levels of the model represent increasing levels of competence and responsibility within such a multi-disciplinary team: the Assistant Practitioner (AP), the Practitioner, the Advanced Practitioner and the Consultant Practitioner (DoH 2003). The AP role was introduced to the radiography workforce as a result of this study into radiography skill mix (DoH, 2003). The diversity of radiographic practice coupled with increasing demand and the introduction of new technologies and techniques allowed for the exploration of the potential to develop new roles. The AP role was created in the radiography field for three predominant reasons: to address staff shortages, improve patient care and management and to provide career progression for support workers.

The role development of radiographers and radiography support workers is recognised as key to supporting the current and future demands in clinical

radiology and achieving access targets such as the *18 Week Referral to Treatment (RTT) Standard (SGHD, 2008)*. To enable the progress of radiography support workers to Assistant Practitioners (AP), the then Scottish Executive Health Department (SEHD) commissioned the Scottish Qualifications Agency (SQA) to develop two Higher National Certificates (HNC) to support the educational needs required by radiography support workers to progress to Assistant Practitioner level. The two awards, the first for diagnostic imaging in Scotland, were developed to Level 7 on the Scottish Credit and Qualifications Framework and validated in 2005 and approved by the College of Radiographers (CoR) in June 2006.

NHS Education for Scotland (NES) in collaboration with the Health Delivery Directorate at the Scottish Government funded 41 support workers across 10 territorial health boards to enable them to complete one of three AP education programmes. HNCs were undertaken by 34 trainee Assistant Practitioners (TAPs) as a two year day release course at Stow and Dundee Colleges commencing in January 2007. A further 7 TAPs undertook a Certificate in Higher Education (CertHE) course at the Robert Gordon University. This formed Cohort 1 of the NES funding initiative which was complete by 2009 having been very successful with 100% pass rate and no attrition (*Colthart et al, 2010(b)*). NES is pleased to be supporting a second cohort of 22 TAPs who are all due to qualify by March 2011. Eight TAPs undertook the CertHE course at Robert Gordon University and the remaining 14 undertook the HNC at either Stow or Dundee Colleges.

Reported successes of the AP training programme include the fact that APs have fitted well into teams within departments, experienced mentors are in place which has allowed a more streamlined approach to teaching and assessment and that training systems and protocols are now well established following the experiences of the AP training programme. One progress report commented that as the APs became more capable, an easing of workload within the department was noticed and that the continual assessment culture ensured even higher standards of practice.

Since the introduction of the AP role two years ago, many Radiography Managers have approached NES and CoR with a request to widen that scope of practice for specific areas of radiology services. NES undertook baseline data collection (in 2010) which aimed to collect measurable data so that the impact of the APs on a range of outcomes could be recorded now and be re-evaluated against this baseline in the future. Included in this baseline measure was an investigation of potential need to widen the scope of practice for APs in radiology services. This data was collected from Radiography Managers with their Cohort 1 qualified APs appointed in 2009 in mind. Returns were received from 15 Diagnostic Radiography Managers. The following new areas of practice were identified that could possibly be undertaken by APs with further education and training:

- ◆ DPT
- ◆ AAA Screening
- ◆ fluoroscopy
- ◆ lateral skulls
- ◆ OM orbits for foreign body
- ◆ AP chests.

As part of the *Phase 2 Evaluation of the introduction of Assistant Practitioners in Imaging Services in Scotland (IES, unpublished)*, Radiography APs, Managers and Mentors were asked about the potential for role expansion for the AP. Several APs were interested in moving into other areas of work: CT, MRI and mammography, Managers were keen to further develop their APs and mentors thought that APs could be educated and trained to deliver DPT radiography, AP chest, CT and MRI services. Seventy six point five percent of APs in this evaluation were interested in further progression opportunities if they were made available.

With this in mind and the requirement to offer the APs the opportunity to extend their skills, there is a need to develop education and training programmes that support the individual AP in gaining new skills and extending knowledge. The Radiography Managers were also asked to identify the type of and length of education and training required for the AP to develop the new skills and competencies for those identified new areas of practice.

All of these potential new areas (for the AP) of clinical radiology practices were reviewed by the members of the NES Radiography Assistant Practitioner Project Management Group with a view to only developing those areas that would be of use to many departments in NHSScotland and where there would likely be a credible demand for APs to train.

The following six areas of practice were identified as fitting the criteria:

- ◆ OM orbits for foreign body/lateral skulls
- ◆ AP chest
- ◆ CT
- ◆ MRI
- ◆ Dental radiology
- ◆ DEXA

It is obvious that any Radiology department would not expect a Radiography AP to deliver all of these services but it is reasonable to expect that a Manager would wish the AP to deliver one or two of these services. It was incumbent upon NES to support the needs of both the APs and the Service Managers in terms of facilitating any continued education and training. There is need to support the APs in delivering these radiographic techniques following appropriate education and training which, in turn, allows the Managers to have a more flexible and competent workforce and allows the AP role to evolve. The main message coming from service, however, was the need to have any new teaching and assessment to be undertaken within radiology departments and not within any educational institution.

The two reasons for this are:

- i affordability (i.e course fees) in this economic climate
- ii the need to avoid the APs having to attend formal classes within a College with them being unable to support service delivery, which could have a detrimental impact on waiting lists.

It was further acknowledged that the new education and training would need to be standard throughout Scotland and be of sufficient quality to ensure that

the AP's continue to practice safely, effectively and in a patient focussed manner (SGHD, 2010). NES has also identified the need to support Allied Health Professionals (AHPs) including APs to use their learning to change what they do in practice and how they can work for the better (NES, 2011(a)). NHSScotland employed APs should be given the opportunity and support to undertake and achieve a relevant programme of learning including education on practical and theoretical components, at SCQF level 8 (eg Professional Development Award (PDA) or equivalent) (NES, 2010). The NES guide 'A Guide to Healthcare Support Worker Education and Role Development' states that those NHS staff working at Level 4 on the NHS Career Framework should be educated to Level 8 on SCQF (NES, 2010). This guide sets out the nationally agreed educational requirements and core skills for HCSWs at levels two, three and four of the NHS Career Framework which are aligned to SCQF and the Knowledge and Skills Framework (KSF).

A formal and nationally recognised qualification, approved by the radiography professional body, the College of Radiographers (CoR), would indicate achievement of standards and learning and allow transferability of skills. In addition, proof of any new learning and training that allows the delivery of new radiology examinations (using ionising radiations) by the AP is a legal requirement to ensure compliance with Schedule 2 of the Ionising Radiations (Medical Exposure) Regulations (DoH 2000). To this end, NES facilitated a meeting of interested stakeholders (ie SQA, Service Managers and CoR) to devise an educational programme for the APs to undertake which would lead to them, eventually, delivering the new (to them) radiological techniques. It was important that the programme included a nationally recognised qualification and that it could be taught and assessed within the radiology department — this Professional Development Award (PDA) is seen as being a solution to all these needs. A PDA can combine 'on-the-job' learning with elements of formal study and be assessed in a variety of ways (NES/SQA, 2009)

The College of Radiographers, the professional body for those working in clinical imaging services, has been involved from the outset in the development of the PDA in Radiographic Imaging. During training, candidates will need to work to a revised local Scope of Practice that will have been agreed by The College of Radiographers. Upon completion of the PDA, candidates should contact the College of Radiographers to alter their annotation on the voluntary register stating what units they have undertaken. Employing departments should also ensure that a revised Scope of Practise is in place.

2.1 Market Research for PDA

Since the introduction of the Assistant Practitioner (AP) role two years ago, many Radiography Managers in NHSScotland had approached NES and the College of Radiographers (CoR) with a request to widen the scope of practice of the AP role for specific areas of radiology services. NES undertook a short data collection exercise (in 2010) which formed a simple market research that investigated the requirement to widen the scope of practice for APs in Scottish radiology services.

Further discussion at the Scottish Diagnostic Radiography Managers meeting resulted in the particular practice areas being identified that an AP

could deliver with further education and training whilst being the most suitable and useful for further workforce flexibility.

A Qualification Design Team was established which undertook further research and consultation to establish the need for the PDA in Radiographic Imaging. Feedback from the sector was very encouraging and it was clear the development would be viewed positively.

3 Aims of the Group Award

The aims as listed in 3.1 and 3.2 reflect the rationale for creating the award; are benchmarked against SCQF level 8; and meet the objectives of those consulted during the design process, including those who are employing workers in an Assistant Practitioner role in Clinical Imaging.

The overall aim of the award is to develop and extend the role of the Assistant Practitioner in Diagnostic Radiographic Imaging with knowledge and skills that have been formally assessed at SCQF level 8. To achieve the award, candidate demonstration of these skills, abilities and competences will be consistent with the SCQF level 8 benchmark.

3.1 Specific aims of the Group Award

The specific aims relate to the principles and practice of diagnostic radiography and to the characteristic outcomes of learning at SCQF level 8.

In particular, the award will equip candidates with the knowledge, skills and clinical practice to undertake diagnostic imaging within their extended scope of practice. There are four main aspects common to each unit within the award, these are:

- ◆ Anatomy and pathology of the specific area of interest
- ◆ Knowledge of new equipment and relevant physics
- ◆ Health and Safety issues not previously taught within the HNC
- ◆ Performing the examination and critical analysis of the examination

The specific aims of the PDA in Radiographic Imaging include:

- 1 critical evaluation of the clinical and physical condition of patients in order to assess their ability to undertake the examination
- 2 development of specific knowledge which challenges the individual to learn and review anatomy and pathological processes appropriate to the new area of clinical practice
- 3 improvement of specific skills in diagnostic radiography
- 4 improvement of clinical judgment skills through increased knowledge and skills practice
- 5 application of existing knowledge to new technology and techniques
- 6 meeting a skills gap identified by Managers in Clinical Imaging service areas

3.2 Other aims of the Group Award

The general aims of the PDA in Radiographic Imaging include

- 1 developing the AP's interpersonal skills to enhance communication with patients to improve the continuity of care for the patient
- 2 developing learning and study skills to allow the opportunity for progression to degree study
- 3 professional development — developing the AP's interpersonal skills to enhance communication with the Radiographer — to contribute more effectively to team discussions and to increase the effectiveness of the team
- 4 challenging the individual to improve practice and embrace lifelong learning as a key part of their KSF review
- 5 enhanced opportunity for job mobility nationally

There is no automatic certification of Core Skills in the units of this PDA. However candidates will have the opportunity to enhance their communications, team work and interpersonal skills through the general aims of this award. Successful achievement of these aims will be measured through the clinical practice assessments.

4 Recommended Access to Group Award

As with most SQA Qualifications access is at the discretion of the centre. However, it is strongly recommended that candidates wishing to undertake this award should hold an HNC, HECert or equivalent qualification in Diagnostic Imaging at SCQF Level 7 and be able to demonstrate a minimum of one year post qualification in employment as an Assistant Practitioner in Radiography. The over-riding criterion to be satisfied is that the applicant has a realistic chance of achieving the qualification within the programme model delivered by the centre.

5 Group Award structure

The award of PDA Radiographic Imaging is achieved on the successful attainment of any two units from the following six optional units. The award comprises a total of two SQA units making up 16 SCQF credit points at SCQF level 8. The choice of units will be made in consultation with the candidate's Manager/Mentor and will be dependent on both the candidate's preference and service delivery need. Each Radiography department within NHSScotland will have a different service need and will therefore develop the skills of their Assistant Practitioners in different ways. For this reason this Group Award does not have a mandatory section.

5.1 Framework

Unit title	Code	SCQF Credit points	SCQF level	SQA credit value	Linked to Specific Aims
Radiography: Magnetic Resonance Imaging (MRI) Non-Contrast Scans of Internal Auditory Meati (IAMS), Lumbar Spines and Knees for Assistant Practitioners	FN6E 35	8	8	1	1-6
Radiography: Antero-Posterior Chest X-Rays using Static General X-Ray Equipment	FN6F 35	8	8	1	1-6
Dental Radiography for the Assistant Practitioner: Dental Panoramic Tomography (DPT) and Dental Occlusal Radiography	FN6G 35	8	8	1	1-6
Radiography: Dual Energy X-Ray Absorptiometry (DEXA)	FN6H 35	8	8	1	1-6
Radiography: Routine Non-Contrast Enhanced Computerised Tomography Head Scan	FN6J 35	8	8	1	1-6
Radiography: Orbito-Meatal (OM) of the Orbit and Lateral Skull Radiography using Static Equipment in the Non-Acute Setting	FN6K 35	8	8	1	1-6

5.2 Core Skills

There is no automatic certification of Core Skills in the units of this PDA. However candidates will have the opportunity to enhance their communications, team work and interpersonal skills through the general aims of this award. Successful achievement of these aims will be measured through the clinical practice assessments. Their resultant extended scope of clinical practice developed through the successful completion of the PDA in Radiographic Imaging will be recognised by the College of Radiographers (CoR), the Professional Body for Radiography.

5.3 Mapping Information

The SCQF descriptors place this award at SCQF level 8. In applying knowledge and understanding to practice across the full range of units in this PDA, candidates will be using a range of routine skills, techniques, practices and equipment to extend their scope of practice into more complex areas of clinical imaging. They will be involved in the critical evaluation of their practice to enhance the patient experience. They will be working in support of current professional practice in clinical imaging under the guidance of their supervisor/mentor. Working as part of a team they will take continuing

account of their own and others' roles and responsibilities and contributions in carrying out a safe, efficient and effective clinical imaging service. Candidates will be required to use advanced communication skills and interpersonal skills when working with colleagues, patients and their carers in their clinical practice assessments.

5.4 National Occupational Standards

All the units in the PDA Radiographic Imaging have been designed to develop the competences of Assistant Practitioners working in Clinical Imaging. As such they reflect **some** of the knowledge and understanding and performance criteria of the following National Occupational Standards (NOS) from Skills for Health. Please note that although Radiographic Assistant Practitioners are not entitled to interpret plain radiographic images unsupervised they are expected to check that images are of diagnostic quality and can comment on content of images to their supervisor.

	CHS218 Obtain images to assist healthcare interventions	C1.D1 Produce C.T. scanning images of the brain	OH4 Contribute to the production of dental images	CI.B Interpret and report on plain radiographic images
Magnetic Resonance Imaging (MRI) Non-Contrast Scans of Internal Auditory Meati (IAMS), Lumbar Spines and Knees for Assistant Practitioners	X			X
Antero-Posterior Chest X-Rays using Static General X-Ray Equipment	X			X
Dental Radiography for the Assistant Practitioner: Dental Panoramic Tomography (DPT) and Dental Occlusal Radiography	X		X	X
Dual Energy X-Ray Absorptiometry (DEXA)	X			X
Routine non-contrast enhanced Computerised Tomography Head Scan	X	X		X
Orbito-meatal (OM) of the orbit and lateral skull radiography using static equipment in the non-acute setting	X			X

	C1.B3 Interpret and report on plain radiographic images of the chest	C1.A5 Produce plain radiographic images of the skull for diagnostic purposes	C1.E Produce Magnetic Resonance images for diagnostic purposes	CHS110 Assess individuals' suitability to undergo imaging procedure
Magnetic Resonance Imaging (MRI) Non-Contrast Scans of Internal Auditory Meati (IAMS), Lumbar Spines and Knees for Assistant Practitioners			X	X
Antero-Posterior Chest X-Rays using Static General X-Ray Equipment	X			X
Dental Radiography for the Assistant Practitioner: Dental Panoramic Tomography (DPT) and Dental Occlusal Radiography				X
Dual Energy X-Ray Absorptiometry (DEXA)				X
Routine non-contrast enhanced Computerised Tomography Head Scan				X
Orbito-meatal (OM) of the orbit and lateral skull radiography using static equipment in the non-acute setting		X		X

5.5 Professional Body Recognition

The College of Radiographers, the professional body for those working in clinical imaging services, has been involved from the outset in the development of the PDA in Radiographic Imaging. During training, candidates will need to work to a revised local Scope of Practice that will have been agreed by The College of Radiographers. Upon completion of the PDA, candidates should contact the College of Radiographers to alter their annotation on the voluntary register stating what units they have undertaken. Employing departments should also ensure that a revised Scope of Practice is in place.

Some APs may want to progress and study for a BSc (HONs) in Radiography. Although formal articulation routes have not been sought to this qualification, the opportunity exists for successful candidates to apply for Recognition of Prior Learning on an individual basis.

6 Approaches to delivery and assessment

6.1 Delivery

All HN Units will be delivered in the candidate's place of employment with observation, practice and reflection being the key learning tools. The candidates will be familiar with the environment and have to deal only with learning the new techniques whilst applying skills already embedded through their initial SCQF level 7 qualification. Practical in-house training in various forms including self directed learning, tutorials, discussion, guided reading and reflective practice may be used initially to furnish the candidate with the new theory required. The application of existing knowledge to new situations will also be covered, particularly in the following areas:

- ◆ Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)
- ◆ Control of infection
- ◆ Moving and handling
- ◆ Communication skills, verbal, non verbal and written
- ◆ Departmental Radiology Information System
- ◆ Departmental Standard Operating Protocols
- ◆ Policies on Confidentiality

Where these areas are covered sufficiently in one unit and can be transferred to the second unit being undertaken it is expected candidates will have their learning recognised and acknowledged.

The delivery of the two Units in the award may be either sequential or simultaneous.

The facilitation of learning for the award should be through a range of approaches including face-to-face inputs, blended and other forms of directed and self-directed learning.

The delivery mechanisms adopted by centres should be flexible to allow comprehensive access and participation, including e-learning. An Outcomes-based approach, centred round the learning needs of the

individual, may best meet the requirement for flexible delivery. The delivery of the award must take account of its practical nature and of the occupational backgrounds of candidates. Due to the practical nature of this qualification all centres applying for approval to deliver it must demonstrate that they have access to the requisite equipment and full range of cases needed to successfully complete the qualification. In some cases this may require a partnership approach to delivery.

At the outset, centres should make candidates aware of the requirements of the award, including the need to gather evidence, critically analyse and evaluate and report on their experiences. They should also inform candidates at the outset about the type of evidence they have to provide in order to complete each individual Unit and the award successfully. It is likely that delivery of each Unit will consist of some initial orientation and briefing sessions after which candidates should take some responsibility for their own independent learning. Centres should make suitable arrangements to support and guide candidates throughout. This could involve regular meetings with candidates on an individual basis or in groups or through web based discussion.

During the learning period, the AP should be directly supervised at all times until the AP achieves competence and has passed the assessments. Upon successful completion on the Unit(s) (*with the exception of the CT and MRI Units*), the AP may be authorised by their Employer to deliver the imaging service via indirect supervision of the HPC registered Radiographer.

It should be noted that for the CT and MRI Units, there is a requirement that the AP be directly supervised at all times (during training and following successful completion of the Unit). This is due to the fact that the AP would provide a supporting role to the HPC registered Radiographer in accordance with the published College of Radiographers Scope of Practice Document

In CT and MRI services, the AP is permitted to position the patient, check parameters and then expose the patient as long as the supervising Radiographer has also double checked all the parameters and takes responsibility for the procedure

The mode of delivery can be flexible given that the Unit is being delivered in the workplace. The practical element may be planned to appointed examination lists or be executed where opportunities arise. This approach allows individual departments to tailor the delivery of the Unit to its service. The Unit Specifications provide centres with details of Evidence Requirements and guidance on content, context, delivery and assessment.

6.2 Assessment

The award takes a holistic approach to assessment and this is necessary as the two units provide candidates with the opportunity to demonstrate their learning through practice that will be observed and validated. There is an emphasis on assessing a combination of outcomes. Centres are encouraged to identify opportunities for integration of assessments across both Units in the award. Unit Specifications detail the Evidence Requirements and Performance Criteria for each Unit

The outcomes in all Units are assessed through Formative and Summative Clinical Assessment which will utilise reflective practice principles, question and answer techniques as well as observation and delivery of clinical practice. It is expected that, initially, the candidate will observe the Supervising Radiographer undertaking some examinations with discussion and reflection of theory and practice taking place afterwards. Thereafter the candidate will work through cases selected by the Supervising Radiographer commencing with fairly mobile patients and progressing through varying levels of complexity. These formative clinical assessments should be used to allow the candidate to reflect on their performance during the examination and can be used to direct the candidate towards a level of confidence for initiating the summative clinical assessments.

Additionally, practical simulations can be used to allow the candidate to practice the techniques in a non-threatening environment and to allow integration of theory with practice.

When the candidate and Supervising Radiographer are in agreement that the candidate is producing images consistently to diagnostic standard, the candidate will commence performing the examinations. Use of the Formative Clinical Assessment pro forma should ensure recognition of areas of improved practice and areas where further tuition and practice is required. Additionally, upon completion of the examination, the candidate will complete a reflective account of the learning experience and record their feelings and their perspective of how well they performed. These Formative Assessments will be kept in a log for reference. During the initial phases of formative assessment, patients will be selected on a basis that they should not present any additional challenges to the candidate in the overall examination. Increased levels of difficulty in terms of challenges posed by the patient or the technique will be introduced incrementally where required by the Unit.

At a further agreed point in time, normally when the Supervising Radiographer feels that they are not required to prompt or advise the candidate, Summative Clinical Assessments will be introduced to provide a clearly marked level of performance alongside the written feedback and reflection on practice.

Each Unit recommends a minimum number of Summative Clinical Assessments to ensure that the candidate is competent to practice and, if the candidate is not sufficiently confident at that point, further Summative Clinical Assessments will be completed until they achieve diagnostic standards unassisted and are comfortable with their performance.

Given that the award is based on practice, centres should set timescales for completion which are flexible and suit the requirements of the individual candidates and their professional areas. This will take into account the availability of appropriate clinical examination lists to allow the full range of clinical practice to be covered formatively prior to summative assessment. It is anticipated that the learning programme should take no more than six months dependent on the individual candidates needs.

7 General information for centres

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Internal and external verification

All instruments of assessment used within this/these Group Award(s) should be internally verified, using the appropriate policy within the centre and the guidelines set by SQA.

External verification will be carried out by SQA to ensure that internal assessment is within the national guidelines for these qualifications.

Further information on internal and external verification can be found in *SQA's Guide to Assessment* (www.sqa.org.uk).

8 General information for candidates

The aim of the PDA is to provide prospective candidates with the knowledge and skills to be able to successfully complete a combination of two out of six units offered within this award. Four main aspects are common to each unit, these are:

- ◆ Anatomy and pathology of the specific area of interest
- ◆ Knowledge of new equipment and relevant physics
- ◆ Health and Safety issues not previously taught within the HNC
- ◆ Performing the examination and critical analysis of the examination

Candidates will also be expected to evaluate whether there is merit or validity to the request, even though under the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) Assistant Practitioners are unable to justify any radiological examination. During training, candidates will need to work to a revised local Scope of Practice that will have been agreed by The College of Radiographers.

Each unit except the Chest unit requires the candidate to gain additional equipment knowledge; physics and practical skills. Although the basic principles of radiology equipment have been delivered in the previous HNC/Cert HE qualification, there is a significant further step to introduce CT,

MRI, Dental and Dexa equipment. Imaging principles and the physics behind CT and MRI and

Dexa will be taught in a manner that should be understandable; this newly acquired knowledge will develop the candidate so that they can alter parameters to improve image quality

Similarly, new anatomy and specific pathology will be taught which will be additional to the knowledge gained in the HNC/CertHE. The aim is to enhance candidate knowledge to a level where the candidate can gauge whether the image or scan is diagnostic, being mindful that the candidate cannot work unsupervised.

Assistant Practitioners who are currently employed (for at least one year) in Clinical Imaging departments are eligible to undertake the PDA. There is a choice of six units, of which the candidate must complete two units to be eligible for the award.

Candidates will select, in consultation with their Manager and Mentor which two units are the most appropriate to undertake; the decision will be made both on candidate preference and service delivery.

Once you have completed the PDA, you may wish to continue to study for additional units. This decision will be made in discussion and agreement with your employing department

Learning will take place in the workplace through a series of activities: tutorials from HPC registered radiographers or a Radiologist. Guided reading, self directed study, one to one training and simulations will be used by the mentor/supervisor to ensure the candidate is fully conversant with educational processes prior to patient contact.

Assessment will take the form of repetitive completed patient examinations for each unit. Each assessment will be agreed prior to patient contact and objectives will have been made explicit:

A successful examination, is one that has been completed unassisted by the candidate, the examinations should be of diagnostic quality and can be reported by a Radiographer or Radiologist. Increasing degrees of complexity or patient types will be introduced throughout the assessment period. In CT services some specific indications for CT non contrast would be around patients with dementia and short term memory loss. This is a complexity around explanation/consent and how to give reassurance. Patient positioning in CT associated with patients who have limited cervical movement due to scoliosis, arthritis spondylosis etc

Whilst undertaking OM orbits, there would be technical complexity around positioning and critical evaluation of an acceptable image. Limited mobility could increase complexity.

Following patient contact, there will be a de-brief where the candidate and mentor/supervisor will reflect upon the examination, any aspect may be discussed. Towards the end of the assessment stage, the candidate should be able to complete all examinations without intervention of the supervisor. The supervisor should be confident that the candidate is competent to

perform the examinations in the relevant units. It is anticipated that the learning programme should take no more than six months dependent on the individual candidates needs.

Upon completion of the PDA, candidates should contact the College of Radiographers to alter their annotation on the voluntary register stating what units they have undertaken. Employing departments should also ensure that a revised Scope of Practice is in place.

Assistant Practitioners who have successfully completed the PDA will be able to provide a broader range of examinations that will be part of their department planned service delivery. This is likely to be limited to the non-acute setting. It is expected that the candidate will have a heightened job satisfaction and a fuller understanding of radiography. Candidates should note, prior to embarking upon the PDA that their Pay and Conditions will not change from existing arrangements under NHS Pay Scales at Band 4. Some APs may want to progress and study for a BSc (Hons) in Radiography.

Candidates achieving the award will have undertaken many transferable skills during the original HNC/CertHE. However other skills may be acquired through studying the PDA such as improved communication. An example would be taking accurate histories for patients who are about to undergo orbit radiographs prior to an MR examination.

9 Progression pathways

The principal aim of the PDA in Radiographic Imaging is to extend the Scope of Practice of existing Assistant Practitioners in Clinical Imaging services who have completed a qualification in Diagnostic Imaging at SCQF level 7. It is a work based qualification delivered and assessed in a clinical environment for those wishing to develop their skills to be able to provide a broader range of examinations that will be part of their department planned service delivery. Some Assistant Practitioners may want to progress and study for a BSc(Hons) in Radiography. Although formal articulation routes have not been sought to this qualification, the opportunity exists for successful candidates to apply for Recognition of Prior Learning on an individual basis.

10 Glossary of terms

SCQF: This stands for the Scottish Credit and Qualification Framework, which is a new way of speaking about qualifications and how they inter-relate. We use SCQF terminology throughout this guide to refer to credits and levels. For further information on the SCQF visit the SCQF website at www.scqf.org.uk

SCQF credit points: One SCQF credit point equates to 10 hours of learning. NQ Units at SCQF levels 2–6 are worth 6 SCQF credit points, NQ Units at level 7 are worth 8 SCQF points.

SCQF levels: The SCQF covers 12 levels of learning. National Qualification Group Awards are available at SCQF levels 2-6 and will normally be made up of National Units which are available from SCQF levels 2–7.

Dedicated Unit to cover Core Skills: This is a non-subject Unit that is written to cover one or more particular Core Skills.

Embedded Core Skills: This is where the development of a Core Skill is incorporated into the Unit and where the Unit assessment also covers the requirements of Core Skill assessment at a particular level.

Signposted Core Skills: This refers to the opportunities to develop a particular Core Skill at a specified level that lie outwith automatic certification.

Qualification Design Team: The QDT works in conjunction with a Qualification Manager/Development Manager to steer the development of the National Certificate/National Progression Award from its inception/revision through to validation. The group is made up of key stakeholders representing the interests of centres, employers, universities and other relevant organisations.

Consortium-devised National Certificates/National Progression Awards are those developments or revisions undertaken by a group of centres in partnership with SQA.

11 Appendices

Appendix 1: Qualification Framework

Appendix 2: title of Appendix

Appendix 3: title of Appendix

Appendix 1: Qualification Framework

Location of the PDA Radiographic Imaging in SCQF

The table below shows the location of this award in the scheme of health care qualifications in the Scottish Credit and Qualification Framework. It shows a range of possible progression opportunities for successful candidates.

SCQF	'Academic Awards' Develop Capacity	Vocational Awards' Assess Competence
11	MSc	
10	BSc Hons Radiography	
9	Degree	
8	PDA Radiographic Imaging HND Care and Administrative Practice	
7	HNCs Allied Health Professionals Radiography HNC Health Care HNC Care and Administrative Practice	SVQ Healthcare Level 3 Clinical
6		SVQ Healthcare level 2 Clinical

Appendix 2: Framework

Professional Development Award: Radiographic Imaging at SCQF Level 8 Group
Award Code — GC8W

The PDA will be awarded on successful completion of a total of 2 credits. The PDA carries 16 SCQF credit points at SCQF level 8.

Optional units — Any 2 from the following

UNIT TITLE	CODE	SQA CREDIT VALUE	SCQF CREDIT	SCQF LEVEL
Radiography: Magnetic Resonance Imaging (MRI) Non-Contrast Scans of Internal Auditory Meati (IAMS), Lumbar Spines and Knees	FN6E	1	8	8
Radiography: Antero-Posterior Chest X-Rays using Static General X-Ray Equipment	FN6F	1	8	8
Dental Radiography: Dental Panoramic Tomography (DPT) and Dental Occlusal Radiography	FN6G	1	8	8
Radiography: Dual Energy X-Ray Absorptiometry (DEXA)	FN6H	1	8	8
Radiography: Routine non-contrast enhanced Computerised Tomography Head Scan	FN6J	1	8	8
Radiography: Orbito-meatal (OM) of the orbit and lateral skull radiography using static equipment in the non-acute setting	FN6K	1	8	8