**Diagnostic Radiographer (Integrated Degree) (Level 6) Apprenticeship Completion – Case Study**

## A person smiling for a selfie Description automatically generated with low confidenceDr Christine Heales

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### Why did you decide to add the degree apprenticeship to your curriculum?

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?

**How did you create the 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.

**How does the apprenticeship widen 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 commenced 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 two-year route, taking on board what we’ve learned from our BSc.

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.

**How do you support and monitor the progress of your apprentices?**

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 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 UG 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, and 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 (this is done through our e-Portfolio platform) 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).

**How are you 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 are some of 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, undertaken the conventional undergraduate route. The value of this cannot be emphasised enough.

**Have there been any 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. 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 SCoR 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.

**Do you have any 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.