This form is for internal use by the Advanced Medical Imaging team to support you on the programme and will be used to ensure you are enrolled onto the correct modules and award

**Applications will not be processed without this form. All sections must be completed.**

Please refer to the notes to assist you completing this form.

|  |  |
| --- | --- |
| SECTION 1 Contact Details | |
| SURNAME |  |
| PREFERRED FIRST NAME |  |
| E-MAIL ADDRESS Work-  Personal- |  |
| TELEPHONE NO. Work-  Personal- |  |
| WORK ADDRESS |  |
| EMERGENCY CONTACT Name-  Relationship-  Telephone No.- | *We ask for this in case you fall ill during an online session and we need to let someone know* |

**NOTES:  
Section 1** – Contact Details

You will need to provide work and alternative contact details. Once you are enrolled on the programme we will use your university email as your primary contact however, in case of long term interruption we will need an alternative contact for you.

You will need to identify a suitable person who can act as mentor throughout the course; the Mentor will be responsible for the clinical education in your own department and therefore needs to be a qualified and experienced practitioner. Your mentor will be invited to undertake an online training day.

You must have secured a suitable clinical placement in a department suitable to support your specialism that will last throughout the duration of your academic course. It is the students responsibility to secure a placement and no offer will be made without this being in place.

A minimum of 2.5 days a week working in your specialist area is recommended for all clinically focused modules.

An emergency contact must be supplied. This is in case of emergency during any teaching, learning and assessment.

Here are relevant links to University of Salford governance procedures for data protection

<https://www.salford.ac.uk/privacy>

<https://www.salford.ac.uk/privacy/privacy-notice-students>

|  |  |  |
| --- | --- | --- |
| SECTION 2 Information about your intended area of study | | |
| Indicate which workstream you intend to study. | | |
| □ Mammography Practice  □ Mammography Reporting  □ Breast Ultrasound  □ Breast intervention stereo  □ Breast intervention US | □ Ba Swallow or Video fluoroscopy practice/reporting  □ Proctogram practice/reporting  □ CT Colonography practice/ reporting  □ Fluoro guided interventional  Please specify: | □ Chest Reporting  □ Skeletal Reporting  □ CT Head Reporting  □ Cardiac stress course  □ HSG practice/reporting |
| Will you have access to the suggested number of sessions/cases identified for your area of study?  *See appendix 1* | | □ yes  □ no |
| IMPORTANT – It is essential that you complete your online application in full and provide details of all previous postgraduate modules and qualifications. This enables us to enrol you onto the correct modules and ensure you receive the correct terminating award. | | |

**NOTES:**

**Section 2** – Information about your intended area of study

The programme team will enrol you onto modules based on what information you provide in this section.

You should include (as a minimum):

\*your background and current area of practice

\*your intended role and responsibility on completion of this study

When you complete your application form:

We need to know your degree classification and / or if you have recent post graduate education. Our admission criteria is BSc/equivalent of 2:1 or above. If you do not have this you may be asked to complete a piece of written work to supplement your application.

We need to know about any previous post graduate courses you have completed even if this was at the University of Salford. You should provide the awarding institution, the modules and number of credits acquired. This will enable us to identify if you can be awarded accreditation for prior learning. This information is essential if you have previously studied on Advanced Medical Imaging and may impact on the modules available to you.

|  |
| --- |
| **PERSONAL STATEMENT** |
| *You should include the following as a minimum:*  *State your current experience and professional background so that we understand your current knowledge and skills.*  *Explain why you have applied for this course and what your intended outcomes or scope of practice will be on completion.* |

|  |  |
| --- | --- |
| SECTION 3 Declaration | |
| MENTOR DETAILS Name-  Job Role-  Email- |  |
| *I understand that I am required to provide clinical training and supervision to the named student and that we should meet regularly for support. I have read and understood appendix 1.* | |
| Mentor Signature |  |
|  | |
| MANAGER DETAILS Name-  Job Role-  Email- |  |
| ***I understand that in order for the student to be offered a place on this course, the support of a clinical mentor and access to an appropriate caseload in the clinical environment is required throughout the duration of the course.***  ***I agree to support this student through the course and provide the student with access to the required clinical caseload. I have read and understood appendix 1 and appendix 2.*** | |
| Manager Signature |  |
|  | |
| To be completed by the student: | |
| ***I understand that my clinical education is a partnership between myself, my department and the University of Salford, and I authorise appropriate communication between the University of Salford and my department. I have read and understood appendix 1 and appendix 2.*** | |
| Student Signature |  |

**Notes:**

**Section 3** – Declaration

Students on clinical modules are required to complete a caseload. We need to be assured that you will be able to access relevant clinical caseload.

You may be asked to submit examples of work for formative feedback eg; reports, case reflection, case presentation. You may be required to provide examples of your work within assessed presentations, portfolios and assignments.

Our image sharing agreement enables students to use anonymised images with patient data, staff and hospital identifiers removed.

**Appendix 1**

**Suggested hours of clinical work-based learning**

Although we have very good progression and completion statistics, there is an increasing number of students who fail to progress within the normal timeframe of the module because they are not given sufficient access to clinical cases from which to develop their expertise and competence.

Clinical learning hours should be reviewed regularly, along with the progress of the individual learner, as part of a structured mentoring process. It is also worth noting that effective clinical learning happens when the learning is regular, rather than intermittent.

For modules that include clinical assessments in placement, there is a procedure-specific assessment form that can be used to gauge student progress.

We acknowledge that students learn at different rates so the figures below are approximate, based on our experience of working with previous learners and the advice of our clinical experts in these areas.

We do not specify *‘study time’* over and above this clinical learning time and this should be negotiated between the student and their manager and mentor.

|  |  |  |
| --- | --- | --- |
| **Workstream** | **Cases to be completed** | **Clinical Learning Hours** |
| MSK Reporting | Minimum 1500 cases  of which minimum 10% immature skeleton  Total must be split 50% appendicular, 50% axial | * Minimum of 2x 4 hour reporting sessions per week. * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. * Attendance at relevant discrepancy and MDT meeting (minimum 4) |
| Extended Scope of Practice MSK Reporting | Minimum 600 cases  Note: this is an extension of your current practice so you must access an appropriate caseload and mentor. | * Minimum of 2x 4 hour reporting sessions per week. * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. * Attendance at relevant discrepancy and MDT meeting (minimum 4) |
| CT Head Reporting | Minimum 200 cases | * Minimum of 1x 4 hour reporting sessions per week. * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. * Attendance at relevant discrepancy and MDT meeting (minimum 4) |
| Chest Reporting | Minimum 1500 cases  From a range of referral sources | * Minimum of 2x 4 hour reporting sessions per week. * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. * Attendance at relevant discrepancy and MDT meeting (minimum 4) |
| Mammography Reporting  *Caseload will vary depending on where you are based.* | Screening programme: Read 1500 screening sets and report 500 symptomatic breasts.  Symptomatic service: Read 1000 screening sets and report 1000 symptomatic breasts. You will need to make arrangements to access screening images. | * Minimum of 2x 4 hour reporting sessions per week. * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. * Attendance at relevant discrepancy and MDT meeting (minimum 4) |
| Mammography  *Caseload will vary depending on where you are based.* | Minimum 250 performed examinations | * Minimum 25 per week   Symptomatic services only: In order to meet the requirements of this course a minimum number of 20 cases per week is required. If this is not achievable then you need to arrange additional time at a screening service to achieve your case numbers. This will be at an additional cost to your service. |
| Breast MRI Reporting | Minimum 100  Consider that you should have access to report at least 100 cases per year to maintain competency once qualified. | * Minimum of 2 or 3 cases per week. * Attendance at relevant discrepancy and MDT meeting (minimum 4) * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. |
| Breast US | Minimum 200 | * Minimum of 3 scanning sessions per week. * Attendance at relevant discrepancy and MDT meeting (minimum 4) * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. |
| Breast intervention: | 40 Core Biopsy & 10 localisations  or 50 Biopsy | * Minimum of 2 or 3 cases per week. * Attendance at relevant discrepancy and MDT meeting (minimum 4) * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. |
| Barium Swallow and Video Fluoroscopy  Proctogram  CT Colonoscopy  HSG | Minimum 75 performed examinations  Minimum 150 reported | * Minimum 2 lists performed examinations per week plus minimum of 2x 4 hour reporting per week. * Face to face case discussion/ sitting on reporting list with mentor at least twice per month. * Attendance at relevant discrepancy and MDT meeting (minimum 4) |
| Cardiac Stress | 140 – 170 Minimum  Maximum and minimum case numbers are dependent on prior experience | * Minimum 5 cases per week. |
| Fluoroscopy guided procedures | To be negotiated | * To be negotiated |

**Appendix 2**

**IMAGE SHARING AGREEMENT 2017-18**

Directorate of Radiography University of Salford

The Directorate of Radiography at the University of Salford holds a digital image library for use in teaching and assessment on its undergraduate and postgraduate programmes. It is necessary to add to this library to maintain up to date examples of projections and pathology and to ensure that images used in assessments are not repeated.

For this we need the support of our partners who are primarily but not exclusively clinical placement hospitals. We have developed this image sharing agreement to facilitate the sharing of anonymised medical images between the hospital trust and university for educational purposes.

Under this agreement, images will be provided by a hospital trust employee with an established link to the directorate; for example clinical tutor, honorary or hourly paid lecturer. Any images will be anonymised with patient data, staff and hospital identifiers removed before transfer. Any reports sent to support the image will also be anonymised with patient data, staff and hospital identifiers removed.

This agreement also covers images used in teaching activities provided by visiting tutors enabling us to release presentations to students for their directed learning following delivery in accordance with university policy on inclusivity.

In addition, students may be required to provide examples of their work within assessed presentations, portfolios and assignments. This image sharing agreement enables students to use anonymised images with patient data, staff and hospital identifiers removed.

*This replaces any previous versions*

I *(print name)*

**AGREE / DO NOT AGREE** *(Delete as appropriate)*

To the sharing of selected anonymised images (including normal, normal variant and pathological images) with the directorate of Radiography at the University of Salford. In my role as radiology service manager or clinical director I have signed this document with full knowledge and complete compliance with any trust policy that would be associated with this agreement.

Signed:

Designation:

Hospital Trust:

**Recommended reading:**

The Royal College of Radiologist, 2017. Guidance on the use of patient images obtained as part of standard care for teaching, training and research.