



SHU Placement Handbook

Pre-Reg MSc

Radiotherapy & Oncology

2025/27



Last updated Jan 2026 by Tejal Bradley-Patel & Moniek Jansen

Purpose of this handbook

The purpose of this handbook is to provide a source of key information relating to placement roles, responsibilities and processes for Radiotherapy and Oncology at Sheffield Hallam University; it should be read in conjunction with the information on the Radiotherapy and Oncology practice placement website.

<https://www.shu.ac.uk/health-social-placements/profession-information/radiotherapy-and-oncology>

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Contacts

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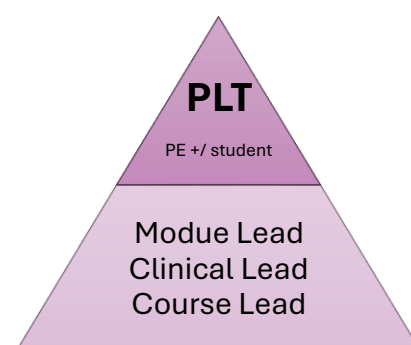
Competency in Practice Module Lead

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The mobile phone numbers and emails provided are work contacts and so will only be answered during working hours.

If your PLT is unavailable / on leave and your query is urgent then you may consider contacting others / using the joint mailbox:

RadiotherapyPLTteam@shu.ac.uk



Hallam Help: <https://www.shu.ac.uk/myhallam/help-and-support>

Submit enquiry	Live chat	0114 225 2222	hallamhelp@shu.ac.uk
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Emergency out of hours line

<https://www.shu.ac.uk/health-social-placements/placement-information/student-support/emergency-contact>

Other useful information / resources

Student support triangle:

Students can view their named advisors on their blackboard homepage.

- Student Support Advisors (SSA):
 - <https://www.shu.ac.uk/myhallam/help-and-support/student-support-advisers>
- Employability advisors:
 - <https://www.shu.ac.uk/careers/see-an-adviser/meet-the-team>
- Academic advisors (AA):
 - Named member of the RONC team

Heather Drury-Smith	h.drury-smith@shu.ac.uk
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Wellbeing services: <https://www.shu.ac.uk/wellbeing>

Students can self-refer for services but may want to speak with their PLT/AA/SSA for guidance.

Occupational health (OH):

- OH contact students prior to starting for clearance purposes. This service is supported via Sheffield Teaching Hospitals.
- New OH referrals after this can be sent via PLT after a conversation with the student, STH recommendations will be shared with the relevant people on placement and may need to be discussed with local OH teams.

Learning support fund + claims (if eligible):

<https://www.nhsbsa.nhs.uk/nhs-learning-support-fund-lsf>

Learning contracts

Some students have learning contracts in place via disabled student support who can recommend reasonable adjustments. They do not have to disclose this to their placement provider but doing so could be beneficial to provide staff with the information to provide appropriate support. Approachable practice educators can be a good starting point for facilitating these discussions if students wish to disclose these.

Mentorship resource ([annual training for clinical staff](#))

Mentors are required to complete mentor training annually. Initial Pebblepad access can be granted once this is complete (login set-up sent via email) – please email the PLT after completing this for the first time to ensure this is created.

The online resource can be referred back to at any time (e.g. for tips on giving feedback).

If a mentor has issues [logging into Pebblepad](#) later down the line – the “forgot password” function can be used to reset this.

Pre-reg MSc Programme structure

The below is intended for an easy guide, it is not a replacement for full module descriptors or assessment briefs which students should be accessing.

Year 1 Modules:

Jan-Mar	Fundamentals of Oncology and Radiotherapy (FORT) ^{40c}	
	- Principles of radiation science related to radiotherapy practice - Anatomy and image interpretation - Characteristics of malignant disease and treatment modalities - Impact of cancer diagnosis and management on patient care	Oncology sites: Haematology · Lymphatic system · Skin · oncological emergencies General: Anatomy · image interpretation · formation of cancer · radiation safety · Public health · aetiology · epidemiology · diagnosis, staging and grading · treatment modalities in managing cancer / patient pathway · RT techniques · RT maths and physics principles (e.g. beam characteristics, the linac, x-ray production, QA and verification) · patient centred care · side effect management · communication · inclusivity
Apr-May	Placement = 3 days per week (Mon-Wed) + 2 days academic (fixed days for 5 weeks) Suggested development tasks: departmental induction and local mandatory requirements · patient positioning · use of immobilisation and equipment · patient information · treatment techniques. Reinforce knowledge from FORT module / oncology sites where possible (e.g. RT for skin cancer) · ensure record keeping and engagement with CiP1 assessment / pebblepad.	
	Evaluating Research Methodologies (ERM) ^{20c} <i>For a relevant research question:</i> - Research paradigms - Evaluate research methods - Professional, ethical and practical factors - Plan and design an appropriate study	Research paradigms · research context · research question development · research methods · systematic literature review · data collection and analysis · ethics and research governance · service user involvement in research · inclusive perspectives of research · proposal development
Jun-Sep	Placement = 4 days per week + 1 study day (no academic modules) + holiday Suggested development tasks: continue to develop clinical skills and tasks as outlined in CiP1 assessment information · build on anatomy and image interpretation (IGRT + CT) · increase awareness of RT prescriptions · calcs · QA/service days · where possible, observe wider patient pathway and support services (e.g. clinics, wards, MDT)	
Sept-Dec	RONC PR Radiotherapy & Oncology 1 (PR RO1) ^{20c}	
	<i>For oncological sites studied in module:</i> - Apply characteristics of malignant disease to evaluate choice of treatment modalities + management - Role of technology, equipment and imaging in radiotherapy - Radiotherapy technique, dose and fractionation and application in practice	Oncology sites: Breast · Urology (Prostate / Bladder / Kidney) · Mid-lower digestive · Pancreas · Liver · Male reproductive · Lung Pre-treatment modalities (CT, MRI, ultrasound, PET, SPECT) · image fusion · RT planning · dose and fractionation · treatment modalities (IMRT, IMAT, SRS, SABR) · approaches to accuracy and reproducibility (IGRT, SGRT, DIBH etc.) · person centred delivery · evidence-based practice
All	RONC Competency in Practice 1 (CIP1) ^{1c}	
	- Professional attitudes and behaviours (<i>appropriate to level of training</i>) - Practice competence and skills appropriate to level of training - Mandatory training + record keeping	Communication with staff / service users / carers · application of theory to practice · surface and radiographic anatomy · varied experiences to aid skill development · recording of objectives · reflections · seeking and acting on feedback · working within department protocols & standards

Year 2 Modules:

Jan-Mar	RONC PR Radiotherapy & Oncology 2 (RONC PR RO2) 40c - RT planning, delivery and application - Accuracy, reproducibility and verification. - Efficacy of technology in practice <i>For oncological sites studied in module:</i> - Evaluate oncology pathway - Ensure person-centred approach to care		Oncology sites: Female reproductive · Upper respiratory · Upper digestive · Endocrine · CNS Palliative and end of life care · physical, psychosexual and psychosocial impact of cancer and treatment · planning · functional imaging · SRS · brachytherapy · image interpretation / IGRT · dosimetric verification · errors and incident reporting · human factors · technological advances (adaptive RT, MRLinac, proton therapy)	
Apr-May	Placement = 3 days per week (Wed-Fri) + 2 days academic (fixed days) Suggested development tasks: pre-treatment rotation required this year Continue to develop clinical skills and seek appropriate opportunities (e.g. experience in wider imaging modalities, brachytherapy, nuclear medicine, calcs, incident reporting, planning) · Reinforce knowledge from academic modules / oncology sites where possible (e.g. treatment for palliative, H&N, pelvis, endocrine) · ensure continued record keeping and engagement with CiP2 assessment / pebblepad / assessment information.			
	RONC PR Evaluating Complexity in Practice (ECP) 20c - Multi-factorial nature, impact and consequences of cancer and treatments - Co-ordinated interventions to address complex needs - Assessment and management of late/long term effects of cancer treatments + specialist interventions			Paediatric oncology · sarcoma · end of life care · long term side effects · survivorship · living well and beyond cancer · pre-habilitation and rehabilitation · health and social inequalities · diversity and inclusion · leadership · capacity and consent · safeguarding · empowering service users to be involved in decision making · personalised care · integrated services and patients' assessment · enhanced, specialist and advanced practitioner roles.
Jun-Nov	Placement = 4 days per week + 1 study day (+ holiday) Suggested development tasks: continue to develop clinical skills · seek development opportunities · continue to engage with assessment tasks as outlined in CiP2 assessment information ·			
Sept - Nov	Creating Original Practice (COP) 40c - Critically investigate/evaluate a chosen topic - Generate, analyse and interpret and present research data - Critically discuss methodology - Analyse implications of research findings and implementation to services/care			Create and contribute to research · application of approaches to research · research methodology including improvement and evaluation · project planning · ethics · data analysis and interpretation · data management · dissemination of findings · challenges in applying study outcomes to practice · addressing inclusivity in your research process
	Placement = 5 days per week (academic modules complete) Suggested development tasks: continue to develop clinical skills · seek development opportunities · continue to engage with assessment tasks as outlined in CiP2 - completion ·			
All	RONC Competency in Practice 2 (CIP1) 1c - Professional attitudes and behaviours (<i>appropriate to level of training</i>) - Demonstrate supervised clinical competence for all clinical skills - Document own development			Communication with staff / service users / carers · application of theory to practice · surface and radiographic anatomy · varied experiences to aid skill development · recording of objectives · reflections · seeking and acting on feedback · working within department protocols & standards

Preparation for placement

On campus week

Prior to clinical practice the Pre-reg MSc students spend 1 week on campus. Sessions withing this week include activities intended to help prepare students and support the transition into clinical practice.

Clearance

This process usually starts prior to starting the course.

- **Occupational health** clearance including immunisations.
 - Some immunisations require a set course of appointments, so it is important students check emails regularly and attend any appointments given.
- **DBS**
 - This would usually cover the duration of the course but may need to be re-applied for e.g. if there is a significant break in study.
- **Mandatory training**
 - There are a number of practical and online mandatory training packages required to be completed annually.

Completion of the above is part of professional requirements, failure to do so will result in being unable to attend placement and a reflection of this in the professionalism tasks.

Mandatory training

Mandatory training requirements vary between years. Requirements will be communicated each year. Failure to complete mandatory training in the required timeframe will result in students not being clear for placement as above.

Personal Dosimetry

Personal radiation monitoring devices are issued to students at the university and radiation safety assessments are included as annual mandatory training.

Engagement with radiation protection is a part of the assessed professionalism component of placement. Students are required to collect, correctly use, and care for the device throughout placement for the duration of their course. This includes uploading data as required in line with training. The device remains University property; students must return the device to the university directly by the end of placement on the course (i.e. at the end of Y3 placement or sooner if withdrawing from the programme). Y3 Professionalism sign-off will not be awarded until the device is returned and any issues are resolved. Y1 and Y2 professionalism also requires continued engagement with the monitoring process.

Students are financially liable for replacement costs (£75) if the device is lost, damaged, or not returned. Students must not be allowed in controlled areas without a working device.

Clinical Attendance

Full attendance is expected during clinical placements. This is to follow expectations of the professional role and provide students with adequate clinical experience. Poor attendance is likely to reflect in their competence and therefore likely to require “refer” placement time.

Working hours

Students are expected to work 7 hours per day (not including lunch breaks) when on placement weeks. The shift patterns are set by local departments based on their service provision. Students are not expected to attend on bank holidays or when the university is closed.

Study days

Study days are intended to allow students time to keep on top of their studies and attend academic sessions. For the Pre-reg MSc programme this depends on the block:

- For blocks coinciding with academic delivery, these days are fixed.
- For blocks without any academic delivery, the *suggested* study day is Monday
- There is a short block with no study day at the end of the programme.

Any individual changes to hours/days should be negotiated between the student and the placement provider, this will be subject to their approval and will need to consider what the team can accommodate. Other commitments (e.g. appointments) should be arranged to minimise disruption to clinical placements. If this is not possible, students should request to swap their study day for that week. It is expected that any requests like this are made in advance (including requests to accommodate religious celebrations) to maintain appropriate professionalism.

Absences due to illness

Any absences need to be communicated appropriately and in following with placement and university processes. As a minimum this would mean reporting absences (or lateness) before the expected start time by:

1. Contacting the team they are expecting to be working with AND
2. Emailing their PLT and practice educator(s)

Students should aim to provide a timeframe when contacting or contact daily. Absences lasting over 1 week* require a GP note. (*this relates to consecutive days including study days and weekends)

Students need to follow the local processes of contacting set out in their placement site.

3 separate instances of absence in an academic year should be flagged to the PLT.

Clinical Assessments summary

Y1 Competence in Practice 1

- Task 1 – Professionalism, average score of 3+
- Task 2 – 3x treatment competencies up to and including participation with IGRT.

Y2 Competence in Practice 2

- Task 1 – Professionalism, average score of 4+
- Task 2 – Competency (competency book completed in full)

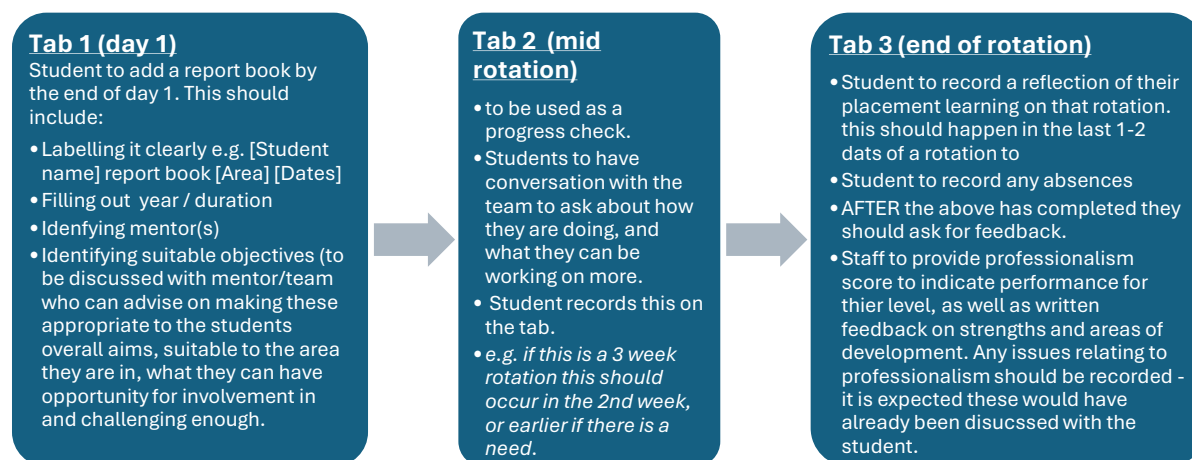
Records of placement performance

- Competency book (PebblePad – *mandatory*)
- Report books (PebblePad - *mandatory*)
- Workbooks (local department + via PebblePad)

Competency book (1 per student for the duration of the course)

- Added to the placement workspace prior to starting the first Y1 clinical block.
- Remains shared for the duration of the course and completed over this time.
- Students are expected to have conversations with mentors around their aims which may relate to specific aspects they need to work on to demonstrate levels of competence.
- Mentors are expected to assess students' competence for these various levels, this should not just include undertaking tasks/skills, but also some questioning to check appropriate knowledge and understanding for that level of sign-off. These should be assessed at suitable time points (e.g. full supervised practice is not appropriate in Y1).
- The “overall confirmation” tab should be completed only by named individuals in the department (appropriate radiographers who have some oversight with student education, can verify that all sign-offs in that area have been completed and there aren't major concerns flagged with maintenance of competence at the end of Y2).

Report books (1 per rotation, multiple through each year)



The inclusion of the overall professionalism section in each report book is to provide clear evidence for the end of year professionalism competency, guided by teams working with the student throughout the year, and make it clear for students how they are progressing. Please only base this on the rotation in question and not previous placements.

Please consider the students level of study when assessing this. Select one box.

	Demonstrated Inadequate Professional Behaviour 1pts	Demonstrated Insufficient - below accepted level of professionalism 2pts	Demonstrated Professional Behaviour 3pts	Demonstrated Very Good Professional Behaviour 4pts	Demonstrated Outstanding Professional Behaviour 5pts
Professionalism					



Report book / Professionalism FAQ:

How does the professionalism score work?

An average of scores from all expected* report books for the year will be calculated at the deadline point.

**e.g., if a student has had 10 rotations prior to their competency deadline, they will be expected to have 10 complete report books, the scores from all of these will be averaged.*

Can I have some guidance on interpreting the scores?

A middle score of 3 may be appropriate if professionalism was “okay”, there may have been some minor issues addressed during the rotation, but the student was able to take onboard feedback and demonstrated improvement. Remember this should be judged based on the expectations of someone at their level of study, not a qualified member of the team.

What if there isn't a report book for a rotation?

Where a student has not created/shared a report book in an appropriate time frame for a placement rotation this will be seen as not following processes and blocking recorded feedback. A score of 1 will be given for that book for the purposes of the yearly average, PLTs should be made aware to record this outcome along with any other comments if required.

What if the student is absent?

If a student is absent for the entirety of a rotation and has followed all correct reporting procedures (informing team, PE and PLT before start times), this is deemed an “authorised absence” there will be no expectation of a report book. Please note that if students are off sick for longer than 1 week, they will need to provide a GP sick/fit note to authorise the absence.

If a student is absent for the entirety of a rotation but the absence is not authorised (not reported appropriately), they will be demonstrating “inadequate professional behaviour” which should be noted as part of the professionalism score for that rotation.

If a student is absent for a portion of a rotation, they should still complete their report book, mentors can comment on their performance for the day(s) they were in attendance as well consider their professionalism and communication around absence reporting when they were absent.

Overall, there must be sufficient recorded evidence to be used for the final assessment.

What if a student is struggling to obtain written feedback?

Where a student has completed their aspects of a report book in an appropriate timeframe, but they are struggling to get feedback recorded, they are encouraged to follow up with their mentor/team again via email copying in the practice educator(s) and PLT for awareness. It is possible that the mentor/team may need further support. Where there is sufficient recorded evidence of the student upholding the process and seeking help, the student will not be penalised for that rotation.

Competency book summary:

This section is a summary pulled from PebblePad for ease of access:

- **Acknowledgement of departmental mandatory reading** – to be signed by the student in induction (e.g. Local rules, Accident and Emergency procedures, uniform etc.)
- **Professionalism Y1/2**– to be signed by PLT after completing a review of report books.
- **Treatment areas** ①: Palliative, Chest, Pelvis, Breast, H&N
- **Pre-treatment areas** ②: Palliative, Chest, Pelvis, Breast, H&N, Overall
- **Confirmation of overall competence:** To be completed by named individuals in the department in the last placement block of Year 2. This is to confirm the student has met competence in the areas identified and there isn't concern with maintaining these. If there are issues raised this would also be documented.

Directed Participation ① ②

Clinical staff should have fully explained the oncology, radiotherapy technique and patient management for a wide number of patients across this anatomical site. Through discussion and observation, the student should start to understand and apply the theory into practice and develop skills to deliver safe radiotherapy treatment. Student participation is facilitated by all of the team and will require explanations and prompts as appropriate.

Active Participation ① ②

The student is able to assist and participate as a member of the team but still requires some assistance from clinical staff. The student is building confidence by being supported by clinical staff resulting in reduced need for prompts throughout the patient pathway. To achieve this level, they will require opportunities to be involved in discussions of oncology, radiotherapy technique delivery and patient management with continued feedback to support knowledge and skill development.

Participation in IGRT: ①

The student is actively involved in some form of IGRT / verification (online / offline) connected within this anatomical area. Clinical staff should discuss the complete process of image acquisition, analysis and basic problem solving.

Patient Information Supervised Practice Competence ①

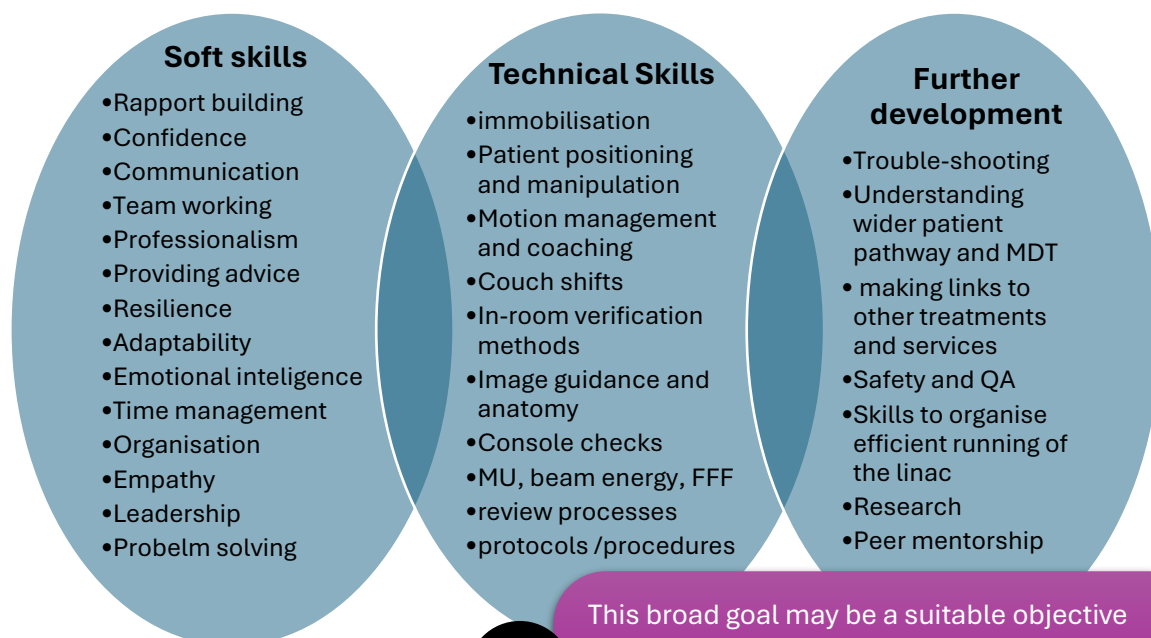
The student is actively involved in providing appropriate information within the patient pathway. They are able to apply their knowledge within oncology, radiotherapy technique and patient management. They should be able to apply their knowledge and skills to solve basic problems and identify when there are issues and seek support appropriately. Students should consistently demonstrate their capability and confidence within this anatomical site.

Supervised Practice Competence ① ②

The student demonstrates an appropriate level of autonomy within the patient treatment pathway. They are able to apply their knowledge within oncology, radiotherapy technique and patient management. They should be able to apply their knowledge and skills to solve basic problems and identify when there are issues and seek support appropriately. Students should consistently demonstrate their capability and confidence within this anatomical site.

The following resources are not a replacement for the formal annual mentor training requirements but may be helpful quick resources for staff and students when it comes to developing links between theory and practice (linking to objectives and asking questions during placement). These are examples, not an exhaustive list.

Examples of themes for objectives (students & staff)



Example of a poor objective

- Get involved with set-ups.

Example of a better objective

- I feel confident with interpreting set-up information from my previous rotation, I now need to work on skills with manipulating patients to align tattoos, I will aim to do this aspect of set-up for [X] patients a day and ensure I ask for feedback and tips on improving my technique.

Example of a poor / generic objective

- Get signed off for prostate.

Example of a better objective

- Be involved in treating a range of pelvic treatments this week, by next week I aim to be taking more of a lead (minimal prompting, but asking for team input on more complex situations as required) ensuring I communicate with the patient in the room, and explain to staff my thought process during imaging and switch-on processes to demonstrate knowledge and understanding of why we do things.
- Engage in conversations with the team throughout the 2 weeks to assess my knowledge on the wider context of these pelvic treatments and patient treatment pathway.

Examples of themes for asking questions (students & staff)

Please note that this is not an exhaustive list. It is intended as some examples of things you can consider for developing student objectives and staff questioning relating to competence.

Practice may differ between areas and departments so please adapt and add as appropriate.



On-set progress tracker for mentors + student

Suggested template for tracking student progress particularly if staffing changes during rotation
– this could be laminated for use on set.

Student Name	Mentor(s)	Year
		Rotation length
Objectives	Progress	Attendance
Recorded on pebblepad ☐	Recorded on pebblepad ☐	Recorded on pebblepad ☐
		Meetings
Other notes:		

Cause for Concern Form

Sheffield Hallam University, Radiotherapy and Oncology

Name of Student	
Name of Placement Learning Tutor	
Name of Practice Educator	

Form initiated by:	Role:

Nature of Concern:
Evidence for concern:
Agreed action:

Signature of Placement Learning Tutor	Date
Signature of Practice Educator	Date
Signature of student	Date

Monitoring of progress on agreed action (Interim) Dates:	
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Conclusion of process

Quality Assurance Check	Yes	No
1. Are there any broader issues that affect quality assurance?		
2. Are there any issues related to safe practice		
3. Has the matter been referred to an appropriate Board/Committee?		