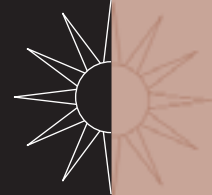


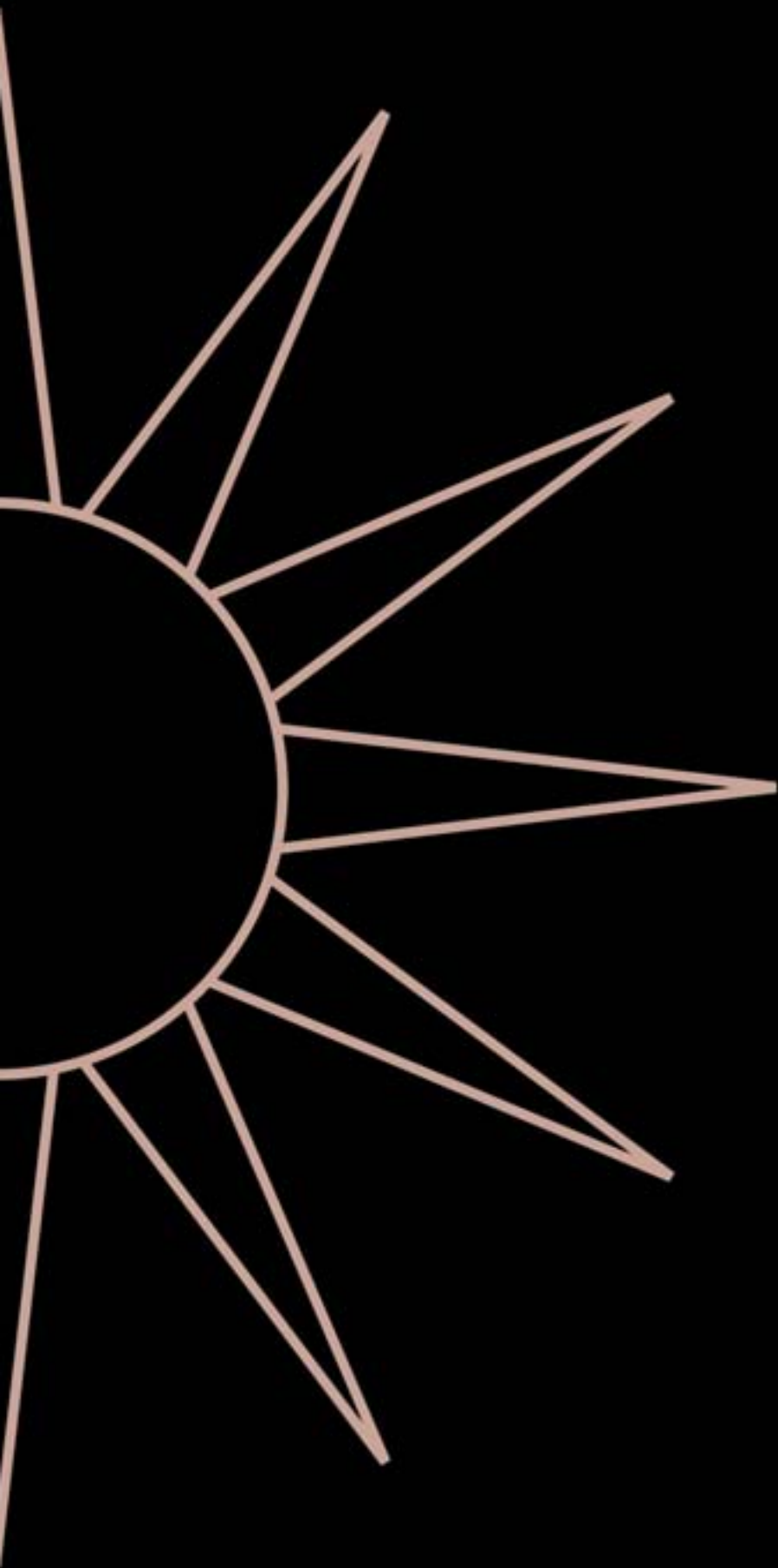
THE COLLEGE OF
RADIOGRAPHERS



The Scope of Practice of Assistant Practitioners in Clinical Imaging

THE SOCIETY OF
RADIOGRAPHERS





The Scope of Practice of Assistant Practitioners in Clinical Imaging

**Society of Radiographers'
Responsible Officer:
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**January 2007
First edition
ISBN 1 871101 40 9**

**£15 to SCoR members
£25 non-members**

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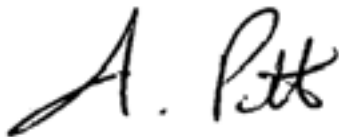
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Foreword

This document has been produced to provide definitive statements regarding the policy of the Society and College of Radiographers (SCoR) in respect of the practice of Assistant Practitioners in Clinical Imaging. Initial policy guidance was stated in the College of Radiographers' publication Education and Practice Development: Moving Ahead (CoR 2003) but it is evident that practice has developed and this new guidance reflects the important role that Assistant Practitioners can play in the delivery of imaging services as part of the four tier structure. It is recognised that practices vary throughout the UK and therefore the SCoR has published these statements as a benchmark for safe and effective practice.

The guidance has been developed following a consultation process with members of the Society of Radiographers through the website. It also follows advice provided by representatives of the Health Protection Agency, for which we are grateful.

These statements reflect current practice and it is envisaged that evidence based research will be used to further refine future guidance.

A handwritten signature in black ink, appearing to read 'A. Pitt', written in a cursive style.

Andy Pitt
President

1. Introduction

- 1.1 The 'Assistant Practitioner' was introduced to the radiography workforce as a result of a study into skill mix in radiography¹. 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. Within the career progression framework², 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. There was no suggestion at any point that these new roles would replace radiographers¹ but that they would provide additional capacity in the workforce to allow radiographers to develop and fulfil their own potential. They also fulfilled the need to develop career progression opportunities for the support workforce.
- 1.2 For all new roles there is a need to develop education and training programmes that support the individual in acquiring new skills and extending knowledge. There must be a framework of supervision that allows for development and ensures patient safety during both development and ongoing practice.
- 1.3 The Assistant Practitioner was developed as a skilled support worker, working under the direction of a registered healthcare practitioner. Guidance was issued as these roles were developed². The intention of that guidance was to underline the importance of these new roles in the establishment of new working practices that, while assisting in service delivery, neither compromise the safety of the patient nor compromise the quality of care. To this end, the Society and College of Radiographers has established its voluntary register for Assistant Practitioners.

2. The Assistant Practitioner

2.1 The definition of the Assistant Practitioner appears in the Skill Mix document¹ as follows:

‘An Assistant Practitioner performs protocol-limited clinical tasks under the direction and supervision of a state registered practitioner.’

(It should be noted that at the time of publication the term ‘state registered’ was still valid).

2.2 The implementation of the Society and College of Radiographers’ accreditation process for Assistant Practitioners has produced anecdotal evidence that some Assistant Practitioners may be working beyond the scope of practice approved by the Society and College of Radiographers. This additional guidance document is intended to support Radiology Service Managers, Radiographers and Assistant Practitioners by stating clearly the rationale for the Scope of Practice of Assistant Practitioners and clarifying the responsibilities of all concerned.

2.3 It is intended that the Scope of Practice for the entire radiography workforce be kept under review and research evidence used to support future developments in the Scope of Practice such that services to patients continue to be improved.

3. Rationale for the Scope of Practice of Assistant Practitioners

3.1 The Department of Health project that examined skill mix identified and developed the Scope of Practice of Assistant Practitioners through a process of consultation and field testing in a number of pilot sites. The project concluded that the activity of the Assistant Practitioner would be related to undertaking plain film radiography under the supervision of a registered health care practitioner (radiographer). There was also the possibility that other activities that would provide support for radiographers (and, as such, where Assistant Practitioners would be working under direct supervision) could be explored.

3.2 The Society and College of Radiographers' policy regarding the practice of Assistant Practitioners was published in Educational and Professional Development: Moving Ahead³:

“Assistant Practitioners, like general support staff, are [also] likely to be diverse but they will differ from the general support workforce in that, as part of their duties, they will perform limited clinical imaging examinations or treatment procedures in concert with, and under the supervision of, state registered radiographers. The range of such examinations or treatments will vary in accordance with locally identified need but is likely to be confined to standard examinations or treatments carried out on ambulant adult patients, and conducted in accordance with locally agreed protocols.”

3.3 Therefore the original Scope of Practice was defined by the Society and College of Radiographers as predominantly plain film radiography of the adult ambulant patient and was determined through consultation and in consideration of the relative risk associated with the activity.

4. The Scope of Practice related to specific imaging procedures

4.1 Mammography

4.1.1 Assistant Practitioners have become a well established element of the workforce in the NHS Breast Screening Programme. The focus of their activity is with non- symptomatic well women. It is becoming evident that, as breast care services are re-aligned, there may be the opportunity for them to expand their Scope of Practice to include symptomatic patients. However, this must be on the understanding that they have undertaken the additional education and training necessary for them to fulfil this role and that they continue to work under protocol and the supervision of a radiographer. In addition, the employing authority must be advised of their additional duties and expanded Scope of Practice and the justification for projections additional to the standard cranio-caudal and medio-lateral projections must be made by a registered health care practitioner.

4.1.2 Assistant Practitioners have been employed to work alongside radiographers on mobile breast screening units. This is considered acceptable as the radiographer remains responsible for the episode of care. In no circumstances does the Society and College of Radiographers accept that the mobile screening service can be delivered entirely by Assistant Practitioners working without this level of supervision. Additionally, the same considerations must be given to the Assistant Practitioner in respect of Health and Safety as to radiographers undertaking mammography, ie there must be proper attention to rest periods and rotation of duties to minimise the risk of work related musculo-skeletal disorders.

4.2 Computed tomography and magnetic resonance imaging

The initial Scope of Practice of the Assistant Practitioner was limited to the acquisition of plain film radiographs of the adult, ambulant patient. The role of an Assistant Practitioner in computed tomography (CT) and magnetic resonance imaging (MRI) is related to providing support for other registered healthcare practitioners, eg, radiographers and radiologists, and for aspects of patient care. Therefore, in these situations, the provisions of direct supervision prevail.

4.3 Fluoroscopy within the clinical imaging department

The role of the Assistant Practitioner during investigations involving fluoroscopy within the main imaging department is to support the registered health care practitioner. Therefore, in these situations, the provisions of direct supervision prevail.

5. Practices outside the Scope of Assistant Practitioners

There are a number of situations in which the responsibilities related to radiation protection and patient care are considered to be beyond the Scope of Practice and role of the Assistant Practitioner.

5.1 Mobile x-ray units in areas remote from the main department

- 5.1.1 The Society and College of Radiographers considers that patients requiring imaging in situations remote from the main department will be presenting with conditions that are more challenging. These may relate to critically ill or high dependency patients and as a consequence there is a likelihood that the imaging technique(s) will need to be adapted to meet the needs of the patient. This is outside the Scope of Practice of Assistant Practitioners.
- 5.1.2 Best practice indicates that, from a radiation protection perspective, patients should be imaged in the main department wherever practicable. The use of mobile imaging equipment requires the Operator to establish and maintain a temporary controlled area. The Society and College of Radiographers states unequivocally that this level of responsibility to monitor the environment and exposure of staff is beyond that of an Assistant Practitioner.

5.2 Fluoroscopy in operating departments and locations remote from the clinical imaging department

- 5.2.1 In addition to the reasons outlined above regarding complexity of the patient's condition, including unconsciousness, it is essential to continuously monitor the patient's condition and the radiation exposure in order to determine and communicate that prolonged or continued exposure cannot be justified. Justification is the responsibility of a Practitioner under IR(ME)R 2000⁴ and the education and training prescribed by the Society and College of Radiographers for Assistant Practitioners does not equip them for this activity and level of responsibility. Therefore this activity is not supported by the Society and College of Radiographers unless there is direct supervision by a registered healthcare practitioner educated and trained in aspects of radiation protection, including justification. Additionally, it is considered that to prolong the patient's exposure to anaesthesia while advice or assistance is sought from the supervising radiographer may compromise the patient's wellbeing.
- 5.2.2 In establishing and maintaining a controlled area there is an additional requirement to monitor aspects of radiation safety for all members of clinical staff within the environment. This again is considered to be beyond the Scope of Practice and authority of the Assistant Practitioner.
- 5.2.3 Some centres may hold the view that the medical practitioner leading the operation or investigation is the Practitioner under IR(ME)R 2000 and can therefore fulfil the requirements for justification as well as maintain a safe radiation environment for staff. This view is not supported by the Society and College of Radiographers in that it believes that the medical practitioner's role should be focussed on the clinical procedure being undertaken. Where the medical practitioner is undertaking the role of Practitioner under IR(ME)R 2000, it is imperative that the employer has carried out and documented a thorough risk assessment including the radiation safety aspects for both patients and staff relative to the episode of care. This includes ensuring that the Practitioner has been adequately trained to act in that capacity as required by IR(ME)R 2000, specifically Regulations 4 (4) and 11.

5.2.4 Both the Practitioner and the Operator have a duty to adhere to the ALARP (as low as reasonably practicable) principles of dose reduction and the maintenance of a safe radiation environment.

5.3 Children

5.3.1 As discussed in the recent Society and College of Radiographers' publication 'The Child and the Law: The Roles and Responsibilities of the Radiographer'⁵ the responsibilities of the radiography workforce to children are both critically important and complex. They include such issues as:

- Child protection
- Confidentiality and consent
- Non-accidental injury and skeletal survey
- Co-operation, distraction and immobilisation

5.3.2 The radiographer has a clear duty of care to play in safeguarding and promoting the welfare of children including responsibility for child protection. The Society and College of Radiographers believes that because of the complexity of issues and the possible serious consequences of any mistakes, the interests of children are best served by radiographers taking the responsibility for the imaging procedure. Any actions taken by Assistant Practitioners with regard to children should be under the direct supervision of the radiographer.

5.3.3 The imaging of children frequently requires adaptation of technique and therefore this would preclude the Assistant Practitioner from independently undertaking the examination. Where no modification of technique is required and where children may be deemed to be 'Gillick competent'* it may be possible for an experienced and accredited Assistant Practitioner to undertake some standard examinations provided that the welfare interests of the child are being overseen by a registered healthcare practitioner who is trained in this aspect of care.

* Gillick competence is a term used in medical law to describe when a minor may be able to consent to his or her own medical treatment, despite a young age.

6. Professional responsibilities of the supervising radiographer

6.1 The 'Episode of Care'

- 6.1.1. When a patient/client presents for a diagnostic imaging examination, they are entitled to receive the highest standards of care. Therefore the responsibility for ensuring the quality and standards of the episode of care remains with the registered practitioner (radiographer). The episode of care begins with the justification for the examination which must be undertaken by someone recognised as a Practitioner under IR(ME)R 2000. The Practitioner can then allocate the image acquisition phase to an Assistant Practitioner. The Assistant Practitioner should be able to evaluate the image for its technical elements such that the image demonstrates the anatomy that forms the area of interest of the examination.
- 6.1.2 The Assistant Practitioner as an Operator is responsible for the tasks they undertake in relation to a medical exposure. However, the professional and clinical judgement that the images obtained are appropriate to the clinical request and relevant clinical history remains the responsibility of the supervising radiographer. Additionally, the need for any supplementary projections or repeat images must be agreed with the supervising radiographer. The judgement that the examination has been completed satisfactorily must be made by the supervising radiographer prior to the discharge or onward referral of the patient from the imaging department.

6.2 Supervision

- 6.2.1 The Society and College of Radiographers has published a Statement and a Framework related to clinical supervision^{6,7}. It should be recognised that clinical supervision is a quality assurance framework and not a quality control process. Clinical supervision is a two-way process between an individual and his/her mentors, supervisors and peers and is intended to ensure that safe, effective practice is carried out at all times. Where the Assistant Practitioner is supervised by a radiographer, the Society and College of Radiographers considers that the supervising radiographer should be banded at Band 6 or above as only at this level will they be able to demonstrate the level of knowledge and skills necessary to supervise others effectively.
- 6.2.2 The responsibilities of supervision involve the radiographer making professional judgements as to the ability of the Assistant Practitioner to undertake the allocated task. Where a supervising radiographer judges that the Assistant Practitioner being supervised is not able to undertake the allocated task, the supervising radiographer is directly responsible and accountable for ensuring that the task is re-allocated, or for carrying out the task personally. It is also the responsibility of the Assistant Practitioner to alert the supervising radiographer to situations where they do not have the competence or confidence to undertake the relevant task. Responsibility for the episode of care remains with the supervising radiographer as the autonomous, regulated practitioner.
- 6.2.3 It is expected that Assistant Practitioners will be subject to direct supervision. This means that they will know clearly who is supervising them for all examinations that they undertake and that their supervisor will be working with them in the examination room or is immediately accessible for support and advice. To fulfil the condition of direct supervision for fluoroscopic procedures the radiographer or radiologist will be present in the examination room and leading the procedure.
- 6.2.4 Legal opinion has advised that 'adequate supervision' for Assistant Practitioners cannot be provided by telephone and therefore the Society and College of Radiographers does not support this practice.

7. Responsibility of the employer

- 7.1 It is the responsibility of the employer to ensure that individuals carrying out roles and functions under IR(ME)R 2000 are 'adequately educated and trained for their role'⁴. Adequate training can be determined by reference to Schedule 2 of the Regulations. The employer is also responsible for ensuring that the Assistant Practitioner does not undertake tasks for which they have not been trained.
- 7.2 The role of the Practitioner, under IR(ME)R 2000, enables them to adapt protocol and therefore this precludes the Assistant Practitioner from undertaking this role.
- 7.3 Best practice indicates that those healthcare practitioners requesting imaging procedures should be appropriately trained for this role. Further definitive guidance in regard to acting as a Referrer under IR(ME)R 2006⁸ has been developed by SCoR in partnership with other professional organisations⁹.
- 7.4 In all cases, records must be kept of the education and training of all individuals with responsibilities related to IR(ME)R 2000 and 2006.

8. The Society of Radiographers' Professional Indemnity Scheme

- 8.1 The policy of confining the Scope of Practice of the Assistant Practitioner to the adult, conscious and co-operative patient forms the basis upon which the Society's professional indemnity insurance is based. The insurance premium is based on an assessment of risk and limitation of practice reduces the risk. Professional Indemnity Insurance provided by the Society of Radiographers does not cover the Assistant Practitioner nor the supervising radiographer if the Assistant Practitioner is acting outside the Scope of Practice determined by the Council of the Society of Radiographers and for which the individual is accredited.
- 8.2 The Society and College of Radiographers gives advice on all aspects of radiographic practice and does so in the best interests of patients and the public. This includes advising on the Scope of Practice of those individuals who practise radiography. It is expected that members of the Society of Radiographers and those accredited by the Society and College of Radiographers adhere to the relevant Scope of Practice whether as an Assistant Practitioner or as a supervising radiographer.
- 8.3 Ultimately, it is the employer's responsibility to ensure that its employees are adequately educated and trained for their role. It is strongly advised that clinical governance guidelines are followed and that a thorough risk assessment is undertaken in order to develop protocols for Assistant Practitioners, and that the employer is aware of these new practices and accepts vicarious liability for its employees.

8.4 Local variations in the Scope of Practice and professional indemnity insurance

- 8.4.1 It is accepted that Assistant Practitioners will develop their skills and become experienced in defined aspects of clinical imaging. Over time it may be possible for an individual Assistant Practitioner who has undergone further relevant and College of Radiographers' approved education and training to be accredited for additional competences. The Society and College of Radiographers will consider such requests for accreditation on an individual basis using the standards and procedures of the Approval and Accreditation Board.
- 8.4.2 Where an employer, manager, supervising radiographer(s) and Assistant Practitioner(s) agree a protocol that extends the Scope of Practice of an Assistant Practitioner beyond that approved by the Council of the Society of Radiographers, it may be possible to gain approval for a local variation to the Scope of Practice that is applicable to the named Assistant Practitioner(s) involved. Information regarding the proposed extension to practice and the names of the individual Assistant Practitioner(s) should be forwarded to the Approval and Accreditation Board at The Society and College of Radiographers for consideration. Should such a proposal be approved, the Society of Radiographers' professional indemnity insurance cover would be extended to those individuals and their supervising radiographers.
- 8.4.3 In considering such requests, it must be recognised that the Society will consider them primarily from the perspective of safe practice by the radiographer(s) and Assistant Practitioner(s) concerned.

9. Research and audit of practice

It is important that the practice of the Assistant Practitioner is subject to the same clinical audit processes as for other members of the clinical imaging workforce. Extension of the role and Scope of Practice of the Assistant Practitioner to meet service demands will be considered by the Society and College of Radiographers on the basis of robust research and audit data to support such proposed change.

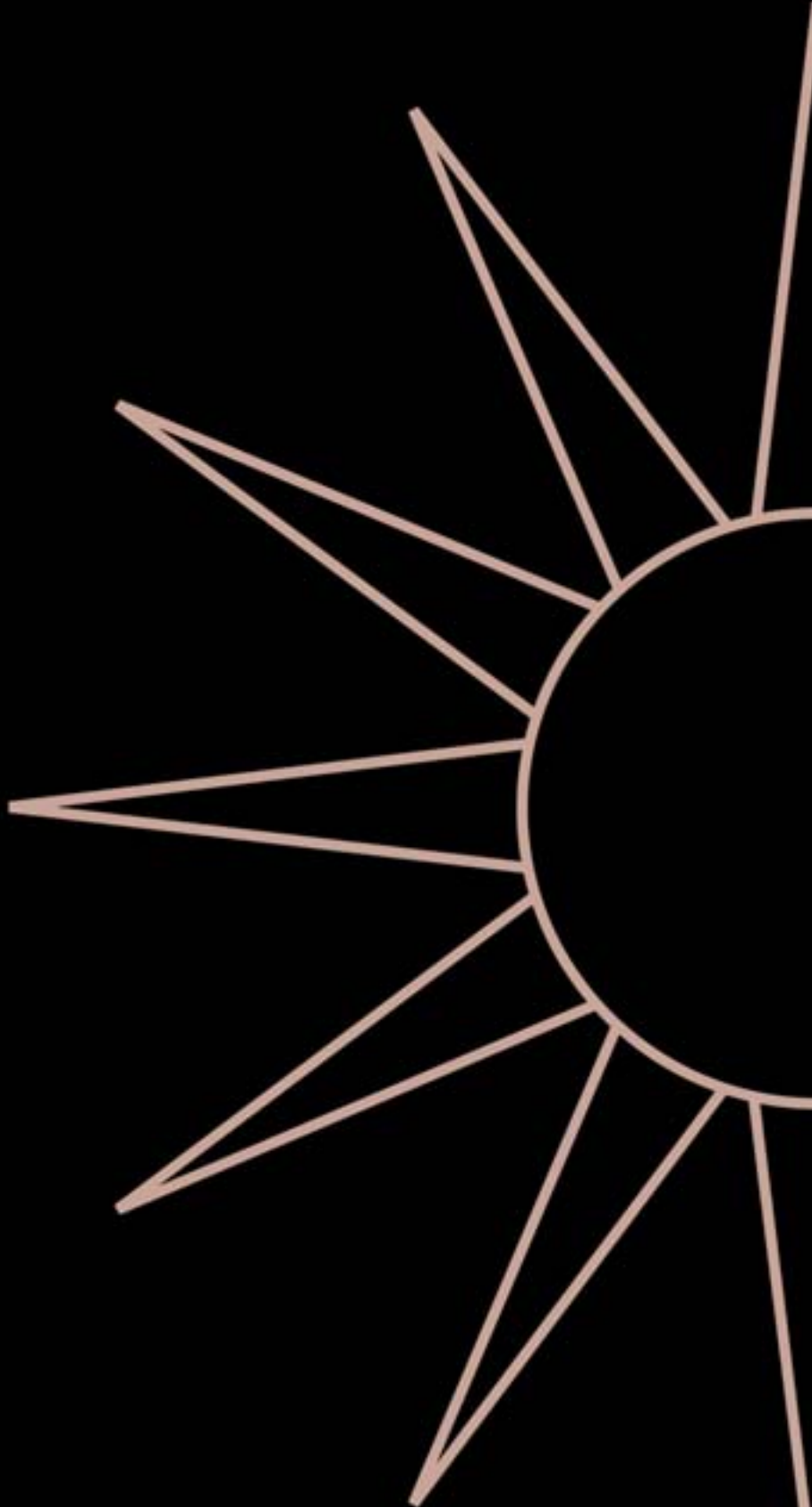
10. Summary

- 10.1 This document supports the role of Assistant Practitioners in the delivery of clinical imaging services but, importantly, within a framework that is safe for patients, assistants, supervising radiographers and employers alike. It re-states clearly the Scope of Practice for Assistant Practitioners set out in 'Education and Professional Development: Moving Ahead'³.
- 10.2 The Society and College of Radiographers recognises that service delivery models continue to evolve and that the clinical imaging workforce must also continue to develop. This document supports employers and managers in this development but within a safe, effective and evidence-based framework.
- 10.3 Radiology service managers and employers are advised to seek advice and clarification with regard to the Scope of Practice of Assistant Practitioners in circumstances that they consider may not be covered by this guidance document. Enquiries should be directed, in the first instance, to the Professional and Educational Department.

References

1. Radiography Skills Mix: A report on the four tier service delivery model (June 2003)
Department of Health
2. CoR Career Progression Framework: Radiography Support Workforce. London: CoR April 2003
3. CoR Education and Professional Development: Moving Ahead. London: CoR November 2003
4. IR(ME)R. The Ionising Radiation (Medical Exposure) Regulations 2000 (SI 2000 No 1059).
London: HMSO, 2000
5. CoR The Child and the Law: The Roles and Responsibilities of the Radiographer. London:
CoR October 2005
6. CoR Clinical Supervision Framework: A Position Statement. London: CoR March 2003
7. CoR Clinical Supervision Framework. London: CoR March 2003
8. IR(ME)R. The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006 (SI 2006
No 2523). London: HMSO, 2006
9. Joint Document (RCN, CoR, GCC, GOC, CSP, NHS Alliance & RCR) Clinical imaging
requests from non-medically qualified professionals. London: RCN November 2006







The College of Radiographers

Limited company registration number 1287383

Registered charity number 272505

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£25 non-members

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