

XXX NHS Trust

Policy for Assistant Practitioners to Provide Imaging draft

Approved By:	CSI CMG Quality & Safety Committee
Date Approved:	XXX
Trust Reference:	XXX
Version:	V4
Supersedes:	N/A
Author / Originator(s):	XXX
Name of Responsible Committee/Individual:	Imaging Board
Latest Review Date	September 2023
Next Review Date:	September 2026

The Society of Radiographers provides this document as a useful example to support service development. Users should verify and update the content to align with regulatory requirements and adhere to relevant national and local guidance. March 2025

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

KEY WORDS

Assistant Practitioner

Imaging Scheme of work

Scope of Practice

Cross-Sectional

Plain Film

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the XXX NHS Trusts Policy and Procedures for the safe and effective provision of care and diagnostic imaging of patients by Assistant Practitioners within Imaging Departments.

This document has been produced to support staff in role development. It includes agreed protocols which form an agreed Scope of Practice for Assistant Practitioners.

It is supported by national documentation; local initiatives; pressures to deliver clinically efficient and cost- effective health care.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This policy applies to all Assistant Practitioners working within the XXX NHS Trust departments of Imaging.

- 2.2 This policy will apply to both qualified and trainee Assistant Practitioners who have completed or are in the process of completing a recognised course of study – Appendix 1.
- 2.3 The procedures outlined within this policy will be undertaken under appropriate supervision (Appendix 2) without compromise to patient care, the diagnostic quality of the investigation or patient safety.
- 2.4 Assistant Practitioners will be required to perform imaging on all patient groups as described in the enclosed Scope of Practice & Scheme of Work documentation – Appendices 3, 4 & 5

3 DEFINITIONS AND ABBREVIATIONS

Imaging Protocols: Local protocols for specific imaging examination requirements which are developed from National guidance.

Scheme of work: Site and modality specific information listing examination inclusions & exclusions to the Assistant Practitioner role.

Scope of practice: Local schemes of work & imaging protocols combined to form Scope of Practice documentation.

4 ROLES

- 4.1 The **executive lead** responsible for this Policy is the Chief Nurse
- 4.2 The **Operational Lead for Imaging** is designated as having overall responsibility for overseeing this role ensuring that:
 - a) all radiographic, trainee and qualified assistant practitioners are aware of this policy
 - b) There are procedures in place for providing assurance that the policy is followed
- 4.3 **Modality Lead radiographers** are responsible for the compliance of the policy in their area
- 4.4 **Radiographic staff, trainee and qualified assistant practitioners** have a duty to follow this policy and report any concerns which may impact on patient safety.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

- 5.1 All Assistant Practitioners who undertake this role must have completed a relevant, recognised course of training - Appendix 1.
- 5.2 On successful completion of the course the Assistant Practitioner will be deemed competent to undertake those imaging duties, covered in the competency logbook provided by the course, whilst working under the supervision of an HCPC registered Radiographer.

- 5.3 Definitions of supervision are contained within Appendix 2.
- 5.4 All imaging duties must follow agreed protocols for each radiographic procedure. These protocols together with the enclosed schemes of work form the Scope of Practice for Assistant Practitioners – Appendix 3
- 5.5 Assistant Practitioners must follow this policy for carrying out imaging duties
- 5.6 Documentation should be recorded in line with Trust and local policy to include:
 - i) The work undertaken by the Assistant Practitioner must be identifiable.
 - ii) Patient confidentiality should be maintained in accordance with the Data Protection Act (2018)
 - iii) The Radiology Department / Clinical Support & Imaging will maintain a record of initial training and on-going training. Continued competence for each Assistant Practitioner will be assessed annually and supported by the appraisal system.

This policy is supported by the following procedures found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure	Appendix
Ionising Radiation Safety Policy. Trust Ref:B	

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 All Assistant Practitioners who undertake this role must have completed a relevant, recognised course of training in line with national and professional requirements. The training course completed or being undertaken has been approved by the Imaging Board in line with the Training, Education and Development (TED) group recommendations.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 These are set out in the Policy Monitoring table set out below.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Compliance with Policy	Superintendent Radiographers & Modality Leads working with Service development team	Reporting to Service Development Team	3yr Review as per policy. On-going review in response to Service changes and staff training & development needs.	Imaging Board amendment to Policy as required.
Compliance with Training requirements	Departmental managers	Appraisal	Annually	

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim, therefore, is to provide a safe environment free from discrimination and treat all individuals fairly with dignity, and appropriately, according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

This policy is supported by Government documentation, professional body guidance and local initiatives, pressures to deliver clinically efficient and cost-effective health care.

References:

NHS Plan 2000, Pilot Scheme from Breast Care

Ionising Radiations (Medical Exposures) Regulations 2017

Ionising Radiations (Medical Exposures) Regulations 2024

Skills for health: Competencies / National Occupational Standards – Assistant Practitioners

Skills for Health 'The role of Assistant Practitioners in the NHS: factors affecting evolution and development of the role'

[The Radiography Support and Assistant Workforce: regulatory compliance, governance arrangements, supervision and delegation.](#)

[Developing career pathways for diagnostic imaging support worker roles guidance on roles and responsibilities](#)

Trust policy:

Ionising Radiation Safety Policy Trust ref: XXX

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 10.2 This policy and associated scheme of work will be reviewed by the General Managers, Consultant Radiographers, Superintendent Radiographers and Modality Lead radiographers via the Senior Staff meeting.
- 10.3 The review date will be 3 years from the date of this document.

Plain film (& Fluoroscopy where included in the programme studied) – excluding Mammography

- Diploma Of Higher Education Medical Imaging Practice
- FdSc: Clinical Imaging.

Cross-Sectional Imaging

- FdSc: Clinical Imaging.
-

For all modalities any UK Diagnostic Radiography course where at least 120 credits have been awarded at level 5 (DipHE, FdSC, HND etc.) in suitable modules. Suitable modules will be assessed by the relevant modality lead and practice educator and additional training or support may be given as part of the induction process.

Courses recognised by the Imaging Service for Additional Assistant Practitioner training

- Dental Radiography module,
- Level 4, 20 credit module to demonstrate competence to perform orthopantomography and lateral cephalometry.

The level of Direct and/or Indirect supervision required will depend on the assistant practitioner's knowledge and competence, the complexity of the task, and the hazards involved.

'Such supervision as necessary' to ensure the maintenance of clinical standards and the health and safety of patients and staff.

What does a supervisor do?

Checks that you did what you were supposed to do.

Provides support when you need it.

Advises and assists whenever there is a situation that you do not feel comfortable with.

Different levels of supervision

Direct Supervision

1. When the risks of the work and the inexperience of the person requires the work to be directly supervised by a competent person. One to one direct observation of and support as necessary for the complete task.

Indirect (remote) Supervision

1. The risks of the work and the experience and competence of the person require the supervisors' authority and /or advice before that work can be carried out. The supervisor is aware of what the person is doing but is not directly observing the task.
2. The risks of the work and the experience and competence of the person are such to allow the work to commence following an appropriate scheme of work. The task is completed according to schemes of work.
3. Although the risk of the work is high, the experience and competence of the staff are such that the work can be carried out with limited supervision. The task can be completed in a way determined by the person due to difficulties arising following the scheme of work without advice being sought.

In all cases, assistant practitioners access to a registered radiographer by direct contact, mobile phone /PACS web support must be available.

Trainee & Qualified Assistant Practitioners

1. Assistant Practitioners together with registered radiographers support the work undertaken within the Imaging departments. Their duties include the performance of imaging examinations including initiation of exposure to the patient of X-rays or Magnetic Resonance dependent on their area of expertise.
2. Whilst carrying out examinations the Assistant Practitioner MUST,
 - Follow locally agreed procedures
 - Work under the supervision (direct or indirect) of a Radiographer (Appendix 2)
 - Minimise the radiation dose/risks to the patient.
 - Put the interests of the patient first.
 - Recognise their own competency/recognise their limitations and never work beyond them.
3. Examinations performed during training are documented in the trainee's log book. This ensures all examinations are covered by the training programme.

An additional short course of study must be completed to be able to undertake specific examinations, for example:

- Fluoroscopy for ECMO cannulations and Vascular Access
- Being deemed competent to complete an MRI safety questionnaire independently.
- OPG / PA Mandible in ED
- CBCT for dental examinations

Evidence of course completion must be documented in the individuals' personal file.

Qualified Assistant Practitioner:

- **Indirect Supervision:** Adults and Children over 7 years of age with no additional factors which may make imaging harder to achieve. (accompanied)–
–Radiographer aware Assistant Practitioner is performing the examination; they are not necessarily in the same room.
- **Direct Supervision:** Working directly **with** the Radiographer concerned.

Trainee & Qualified Assistant Practitioners must ensure they do not work outside their scope of practice at any time, seeking help, advice and appropriate supervision prior to any examinations they feel may be beyond their range of experience.

Practically this means:

Projectional Radiography, and Fluoroscopy

Assistant Practitioners In Training:

- Direct supervision of all procedures.
- All Images to be checked by a registered radiographer.
- A Trainee Assistant Practitioner cannot authorise requests for imaging.
- A Trainee Assistant Practitioner can not take responsibility for the radiation exposure unless entitled as an operator for that examination
- A Trainee Assistant Practitioner will not be able to image skulls or facial bones whilst training or upon qualification and subsequent employment.

Qualified Assistant Practitioners:

Assistant Practitioners will be expected to work under remote/ direct supervision as specified in appendix 2.

1. Receive and authorise request forms under protocol (as operators) and in accordance with the Ionising Radiation Safety XXX NHS Trust policy.
2. Book patients onto CRIS,
3. Confirm patient identity (Ionising Radiation Safety XXX NHS Trust Policy XXX 15.3)
4. Confirm pregnancy status (Ionising Radiation Safety XXX NHS Trust Policy XXX 15.5) Where relevant, complete and witness pregnancy status forms
5. Undertake projectional radiographic examinations (excluding skull and facial bones) in a safe and appropriate manner assessing and checking their own work in adherence with local department schemes of work (Appendices 4-5)
6. Undertake fluoroscopic procedures in adherence to local department schemes of work. (Appendices 4-5)
7. Process images
8. Seek a radiographer's input for any unfamiliar, untoward or unexpected findings
9. Forward images to PACS
10. Post process details on CRIS
11. For Bone Densitometry examinations – register the patients on the scanner,
12. Archive images and authorise requests according to protocol
13. Send patient onwards as per protocol with appropriate advice on next steps

Items 1-12 directly above may be carried out without direct reference to a qualified radiographer unless they fall outside any of the above protocols and policies.

Assistant Practitioners who have completed an approved additional course of training in Dental Radiography may also perform orthopantomography lateral cephalometry and CBCT (for dental work only) in a safe and appropriate manner, checking their own work in this area whilst ensuring adherence to local department schemes of work

(appendices 4-5)

Cross-sectional imaging

1. Assistant Practitioner's will always have direct supervision, during training and upon qualification from a registered supervising radiographer.
2. Qualified Assistant Practitioners will scan under protocol whilst being supervised by a supervising radiographer within the same control room who will be immediately available for advice and/or assistance if necessary. All examinations will be conducted according to protocol and be deemed 'complete' when all protocolled scan sequences are completed to the required standard, archived and sent for reporting. Examination reporting will be carried out by a qualified reporting Radiologist/Radiographer.
3. Trainee Assistant Practitioner's completing Patient Safety Questionnaires in MRI must have them countersigned by the supervising radiographer prior to the patient's entrance to the scan room.

Qualified Assistant Practitioner's may complete safety questionnaires without recourse to the supervising radiographer(s) providing they have completed the 6 week training programme (MRI) induction to an adequate standard and signed off as competent by the Modality Lead Radiographer (MRI). Any queries or questions regarding the safety questionnaire which fall outside of the scope covered by the MRI induction should be referred to the supervising Radiographer prior to the patient being taken into the scan room.

Completed MRI induction training records will be kept in the site Superintendents' office.

4. Trainee Assistant Practitioners and qualified Assistant Practitioners are not permitted to inject patients with contrast agents. Following in-house training in IV cannulation, they are allowed to cannulate the patient and flush the cannula with saline, load the pump, and flush the line, but they must not connect the contrast-filled line to the patient or flush through the contrast agent. Qualified Assistant Practitioners are also allowed to monitor the patient during injection for extravasations at the injection site. This must meet the requirements of the legislative mechanism used by the radiographer for administration – where a PGD is in use, the radiographer must complete the whole process for administration. Where the injection is under a PSD, the AP can take part.
5. Trainee Assistant Practitioner's and qualified Assistant Practitioners can prepare and give oral contrast in line with examination protocol as specified by Radiologist / Radiographer instruction - as per department procedure and after being checked by a qualified member of staff. This must meet any legislative requirement for supply and administration of POMs.
6. Trainee Assistant Practitioners and qualified Assistant Practitioners can position the patient, select appropriate scan protocol as per the justified and authorised referral, and initiate the scan under direct supervision as specified.
7. Trainee Assistant Practitioners are to check with the supervising radiographer when the examination is complete.

Qualified Assistant Practitioner's may complete the examination without recourse to a qualified radiographer when all requirements for a complete examination are met (point 2 above) AND they are deemed competent and signed off by the Modality Lead radiographer in that area following completion of the 6 week MRI

induction programme.

8. Post process images & archive as necessary.
9. Ensure the patient has all required information and send the patient away including removal of cannula when appropriate.

10. Post process patient details on Radiology Information System.
11. Work in adherence with local department schemes of work (Appendices 4 - 5)
12. Records of quality, recalls and discrepancies are maintained centrally and addressed through appropriate Clinical Governance committees.

All Assistant Practitioners will be:

- Responsible for their professional standards and Continuous Personal Development.
- Accountable for the quality of their work and adherence to governing regulations, policies, procedures and guidelines.

Records of quality, recalls and discrepancies are maintained by the superintendent responsible for the area of work and addressed through appropriate Governance forums.

The following national legislation and local policies will be strictly observed:

- Policy for Assistant Practitioners to Provide Clinical Imaging
- Health and Safety at Work Act
- Ionising Radiation Regulations 2017
- Ionising Radiation (Medical Exposure) Regulations 2024 (and associated Trust Policies XXXX)
- Data Protection Act
- Freedom of Information Act
- Local Rules for MRI Safety
- Local rules for radiation safety
- Referral Guidelines for MRI
- MRI operational policy – Cross-sectional Imaging staff only.

Staff will be required to sign that they have read and understood this policy as part of the MRI induction programme. This will be checked and re-signed annually prior to their appraisal review meeting.

The qualified Assistant Practitioner will be entitled to their scope of practice as an **'Operator'** under the terms of the IR(ME)R legislation.

Introduction

This document has been discussed and formulated by the appropriate Superintendent Radiographers, Modality Lead radiographers and General Managers within the Imaging Service at XXX NHS Trust in conjunction with the Superintendent Radiographer responsible for Assistant Practitioner training.

The purpose of the document is to identify the frameworks within which Assistant Practitioners that have successfully completed a two year Foundation degree can undertake imaging procedures within the Radiology Departments of XXX NHS Trust. Recognised 2 year Foundation degrees are as follows:[deleted]

All newly appointed Assistant Practitioners will complete an induction covering areas within which they will be expected to practice. These areas include (depending on site base):

- Projectional radiography all areas – including mobiles
- Paediatrics – projectional radiography non complex only- excludes mobiles
- General Fluoroscopy
- Bone Densitometry Scanning

Local variations are in place to account for varying case-mix between the sites and local needs. These are listed at the end of this document.

Governing regulations, policies, procedures and guidelines

All staff are required to practice in line with relevant government legislation, trust and local policies and procedures and work within the parameters identified in trust and local guidelines. More specifically in respect of staff, patient and public safety and privacy the following will be strictly observed:

Policy for Assistant Practitioners to Provide Clinical Imaging
Health and Safety at Work Act

Ionising Radiation Regulations 2017

Ionising Radiation (Medical Exposure) Regulations 2024 (and associated Trust Policies XXX)
Data Protection Act
Freedom of Information Act
Local Rules for radiation safety
Referral Guidelines
MRI operational policy –Cross sectional imaging staff only

The Assistant Practitioner is an ‘**Operator**’ under the terms of the IR(ME)R legislation.

Assistant Practitioners (2 year qualification) will be expected to:

Receive and authorise request forms (in line with national, trust and local referral guidelines).
Book patients onto CRIS,
Confirm patient identity (Ionising Radiation Safety XXX NHS Trust Policy XXX Appendix 5 section 3
Confirm pregnancy status (Ionising Radiation Safety XXX NHS Trust Policy XXX Appendix 5 section 5)

Where relevant complete and witness pregnancy status forms
Undertake the examinations in a safe and appropriate manner
Meet all technical and professional standards for the examination
Process images
Take appropriate action on any areas of uncertainty
Forward images to PACS
Post process details on CRIS

The above activities may be carried out without direct reference to a Radiographer.

Complete competency sheets for all equipment in each area - signed off’ annually by a supervising Radiographer with who has also been deemed competent on the relevant equipment.

Site A

Projectional radiography areas – A&E, Outpatient's, GP's, Inpatients,
Mobiles Paediatrics
General Fluoroscopy –Room 14 (Mobile C-arm in Vascular Access)
Maxillo-Facial Clinic

Projectional radiography: A&E, Inpatients, Outpatients and GP's

Inclusion: All areas including OPT and AP mandible for trauma work
CBCT is limited to dental work following a short course of additional
study. This will be documented in the individuals' personal file.

Exclusions: Skull and facial bones

Mobiles

Inclusion: All follow up adult mobile chest and abdomen x-rays including Critical Care Units

Exclusions: Examinations other than a chest and abdomen x-ray, trauma series in Resus unless under direct supervision of a radiographer
Theatres –projectional radiography and mobile fluoroscopic examinations

Paediatrics

Inclusion: Plain film examinations in the Paediatric and A&E areas of the department patients above age 7 years with non complex presentation.

Exclusions: Mobiles and Fluoroscopy examinations unless under direct supervision of a radiographer, complex presentation / major trauma.

Fluoroscopy

Inclusion: Vascular Access cases

**All other fluoroscopic examinations to be undertaken via direct supervision of a supervising radiographer/radiology nurse
Operator or Radiology Practitioner where radiographer, radiology nurse operator and radiologist Practitioner are trained and
entitled to undertake those examinations.**

fluoroscopic examinations for pain clinic post training with indirect supervision.

Exclusions: Major interventional procedures, Arterial Vascular procedures

Night duties

Inclusion: Night duties will be rostered as an additional/supernumerary person subject to the appropriate levels of supervision
being maintained.

Exclusion: Night duties not to be rostered with only one other radiographer

Maxillo-facial Clinic

Inclusion: Orthopantomography and lateral Cephalometry imaging. - following a short course of additional study. This will be documented in
the individuals' personal file.

Exclusion: All other views

Bone Desitometry (DEXA)

Inclusion: Spine, hip, forearm booked onto planned OP/GP sessions

Exclusion: Requests not authorised by protocol by a radiographer or justified by a practitioner. Assistant Practitioners will not authorise DEXA requests.

Forensic cases

The current Society and College of Radiographer advice is that Assistant Practitioners should not be involved with Forensic cases.

Local Scheme of work – Assistant Practitioners working at Site B

C3/2018 Appendix 4c

Site B

Projectional radiography area: Rooms 5,7 and DEXA
Ward Mobiles
Other mobiles accompanied by a radiographer

Projectional Radiography:

Inclusion: All areas not listed as excluded.

Exclusions: Skull and facial bones

Mobiles

Inclusion: All follow up adult mobile chest and abdomen x-rays including Critical Care Units.

Mobile fluoroscopic examinations for pain clinic post training with indirect supervision.

Exclusions: Examinations other than a chest and abdomen x-ray, unless under direct supervision of a radiographer
Theatres –projectional radiography x-rays
Neo-natal Intensive care (SCBU/NNU)

Local Scheme of work – Assistant Practitioners working at Site C

C3/2018 Appendix 4d

Site C

Plain Film areas – 1
Plain Film areas – 2
Plain Film areas – Chest Room
Mobiles and Theatres
Satellite DR/CR Rooms
Room 3 –General Fluoroscopy
Restorative Dental Clinic

Inclusion: All areas

Exclusions: Skull and facial bones. Neo-natal examinations. (Unless under direct supervision of a radiographer)
Major interventional procedures
Arterial Vascular procedures

Mobiles

Inclusion: All follow up adult mobile chest and abdomen x-rays including Critical Care Units.
Paediatric Chest and abdominal X-rays under direct supervision of a Radiographer.

Exclusions Examinations other than a chest and abdomen x-ray, unless under direct supervision of a Radiographer
Theatres –plain film x-rays and mobile fluoroscopic examinations (excluding ECMO as documented below)

Fluoroscopy (Room 3)

Inclusion: Vascular Access studies

All other fluoroscopic examinations to be done under direct supervision of a Radiographer/Radiology Nurse Operator or Radiology Practitioner.

Theatre

Inclusion: ECMO cannulations - following a short course of additional study. This will be documented in the individuals' personal file.

Exclusion: All other theatre examinations

Restorative Dental Clinic

Inclusion: Orthopantomography and lateral Cephalometry views. - following a short course of additional study. This will be documented in the individuals' personal file.

Exclusion: All other projections

Community Hospitals

Projectional radiography: Minor Injuries Unit/Urgent Care Centre, Inpatients, Outpatients and GP's

Inclusion: All areas including OPT and AP mandible for trauma work

Exclusions: Skull and facial bones.

NB: Whilst supervising Radiographers are working within the community Imaging services qualified assistant practitioners shall undertake practice under indirect supervision to include discharging patients to home, GP or Minor injury's unit where the hot reporting system is in operation giving appropriate direction.

In the absence of a concurrent hot reporting service, a supervising radiographer will review all GP patient images before discharge.

Introduction

This document has been discussed and formulated by the appropriate Superintendent Radiographers, Modality Lead radiographers and Service Managers within the Imaging Directorate at NHS Trust in conjunction with the Superintendent Radiographer responsible for Assistant Practitioner training.

The purpose of the document is to identify the frameworks within which Assistant Practitioners that have successfully completed a two year Foundation Degree: Clinical Imaging via the chosen academic partner organisations(s) may undertake Imaging procedures within Cross Sectional Imaging,

All newly appointed Assistant Practitioners will complete an induction covering areas within which they will be expected to practice. These areas include (depending on site base):
CT departments
MRI departments

Governing regulations, policies, procedures and guidelines

All staff are required to practice in line with relevant government legislation, trust and local policies and procedures and work within the parameters identified in trust and local guidelines. More specifically in respect of staff, patient and public safety and privacy the following will be strictly observed:

- Policy for Assistant Practitioners to Provide Clinical Imaging
- Health and Safety at Work Act
- Ionising Radiation Regulations 2017
- Ionising Radiation (Medical Exposure) Regulations 2024 (and associated Trust Policies B26/2019)
- Data Protection Act
- Freedom of Information Act
- Local Rules & Referral Guidelines
- MRI Operational Policy

The Assistant Practitioner is an '**Operator**' under the terms of the IR(ME)R legislation.

CT

Assistant Practitioners (2 year qualification) will be expected to:

- Receive and act on suitably authorised requests
- Book patients onto CRIS
- Confirm patient identity (Trust policy –IR(ME)R B13/2001 section 6.2.1) • Confirm pregnancy status (Trust policy – IR(ME)R B13/2001 section 6.2.4)
- Where relevant, complete and witness pregnancy status forms.
- Undertake CT examinations within scope of practice in a safe and appropriate manner under direct supervision.
- Cannulate the patient, flush with saline, load the pump and flush the line but **not** connect the contrast filled line to the patient or administer contrast. Qualified Assistant Practitioners are also permitted to monitor the patient during injection for extravasations at the injection site providing evidence of their training to do this can be provided. (See UHL Imaging / Imaging Academy scope of practice – appendix 3) Check PGD requirements.
- Remove cannula
- Process images
- Forward images to PACS
- Post process details on CRIS

Complete training competency sheets for CT equipment - to be 'signed off' by the supervising radiographer.

MRI

As for CT but:

- Complete patient safety questionnaires unsupervised when deemed competent and authorised by the responsible Superintendent.
- Raise all concerns arising from the Safety questionnaire with the supervising Radiographer prior to patients' entry to the room; including but not exclusively Intra orbital foreign bodies, implants, stents, prosthetics etc.

Cross-Sectional Imaging:

Inclusion: All areas covered by the University training programme which the AP has completed.

Exclusion: Cardiac MRI and CT