

# Assistant Practitioner Accreditation

# Guidance for Applicants March 2019

# ASSISTANT PRACTITIONER ACCREDITATION

## Introduction

The aim of this guide is to help you understand the application process for accreditation as an assistant practitioner. In this guide, you will learn:

- The purpose of the assistant practitioner scheme and its link with The Society of Radiographers' Professional Indemnity Scheme for those who are members of the organisation
- ✓ The routes to accreditation as an assistant practitioner
- ✓ The College of Radiographers approved Scope of Practice for Assistant Practitioners
- ✓ How to complete your application for accreditation in CPD Now
- ✓ How to apply for re-accreditation as an assistant practitioner
- ✓ What to do if your application has been deferred
- ✓ How to record your CPD activities in CPD Now, including some advice on reflection

The College of Radiographers (CoR) has developed a process of accreditation for those individuals practising as Assistant Practitioners in clinical (diagnostic) imaging, radiotherapy, breast screening and other areas of practice, including the Abdominal Aortic Aneurysm (AAA) screening programme.

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, registered radiographers or other registered healthcare practitioners. 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 adults who are

conscious, co-operative and communicative, and conducted in accordance with locally agreed protocols (Education and Professional Development Strategy: New Directions).

The Society and College of Radiographers (SCoR), in upholding its duty to the public, has implemented a <u>Public Voluntary Register of Assistant Practitioners (PVRAP</u>). Assistant Practitioners can apply for accreditation of their scope of practice on the basis of having successfully completed a CoR approved course of education and training or by the submission of CPD Evidence via CPD Now. The PVRAP, along with the accreditation process, has been developed to ensure that those engaged in clinical imaging or radiotherapy have been appropriately educated and trained for their role.

Initial accreditation demonstrates to the employer that the individual has been externally assessed by the profession as having been appropriately trained for their role. Those applicants who are successfully accredited will be placed on the register, initially for a 2-year period. Maintenance on the register is dependent on participation in CPD and either remaining in SoR membership or paying the appropriate accreditation fee. Accreditation lasts for two years after which re-accreditation will need to be applied for and must demonstrate evidence of continued competence relevant to their scope of practice.

From January 2013, all members who claimed to be assistant practitioners were asked to apply for accreditation. Those who do not seek accreditation will be informed that their membership status will be annotated as 'Radiographic Assistant.'

# The Society of Radiographers' Professional Indemnity Insurance (PII) Scheme

The policy of confining the <u>Scope of Practice of the assistant practitioner</u> forms the basis upon which the Society's professional indemnity insurance is based. Professional indemnity insurance provided by the Society of Radiographers (SoR) does not cover the assistant practitioner or 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.

# Benefits of accreditation

- Accreditation as an assistant practitioner demonstrates that you have been appropriately educated and trained for your role
- Accreditation as an assistant practitioner will enable you to be entered on the Public Voluntary Register of Assistant Practitioners (PVRAP)
- Accreditation as an assistant practitioner will provide external recognition of your knowledge and skills

# Changes to Scope of Practice

The Society and College of Radiographers must be informed of any changes to your assistant practitioner scope of practice at the time of the change.

If the scope of practice changes then you must provide evidence to support the change.

If we are not informed of changes when they occur you may not be covered by our professional indemnity insurance.

Please contact the College of Radiographers if you are unsure what further evidence you need to provide - <a href="mailto:approval@sor.org">approval@sor.org</a>

# ROUTES TO ACCREDITATION

Applications for accreditation as an assistant practitioner can be made through CPD Now. Accreditation lasts for two years.



CPD Now can be accessed via <u>www.sor.org</u>.



# COMPLETING YOUR APPLICATION





**1. Summary of education and training** - Describe the education and training you have done to gain your AP qualification. Include any courses you have done since gaining the qualification. Add any new competencies or scopes of practice you would like to be accredited for e.g. "Topped up my NVQ Level 3 to a foundation degree," "Would like to add CT to my scope of practice. I have completed training and am now deemed competent in this area."

#### Then select your Scope of Practice

Select the relevant Scope of Practice for which you are:

- · Appropriately educated and trained
- Employed to practice within a defined protocol

<u>Appendix 1</u> details the CoR currently approved Scope of Practice for Assistant Practitioners

**2. Add qualification** - here you can add your College of Radiographers approved or non-approved qualification.



No records were found. To add a new record, press "Add new" button to the right of this table.

You only need to add your qualification to your initial application. You do not need to do this on re-accreditation.

#### 3. Current and previous employment

Click on 'Select employment' and then choose 'Manage employment' to add or edit your current and previous roles. When adding details about your employment, you will be asked to:

- Describe work area/practice setting and main focus of work Remember that the assessor will not know you and will not be able to see your framework, so this is to give an overview of the hospital/clinical environment that you work in and, particularly for your current post, will relate to the scope of practice for which you are seeking to be accredited for.
- Main duties, responsibilities and significant achievements describe your main duties and responsibilities for each employment that you enter. This helps to corroborate your scope of practice, demonstrating the level at which you are working, the types of patients you are involved with, and the extent of your responsibilities. This is where you will also describe any significant achievements, such as a qualification or competencies achieved whilst in this employment.



**4. Linked CPD** - now you need to link the 6 CPD pieces (12 for re-accreditation) that will support your application for accreditation. <u>Chapter 4</u> covers how to record your CPD activities.



### 5. Select and invite attestors to review your application:

You need to select 2 attestors and then invite them to look at your application when you are ready. They should be:

- A registered professional (HCPC, GMC, NMC, etc)
- People you work closely with as they will be required to read, check and attest to your application, verifying that it is an accurate record and confirming your scope of practice
- They should be willing to give you honest feedback so that you can make any improvements you need to
- They should defer your application when appropriate
- They do not need to be your manager, but most Assistant Practitioners do pick their manager. They may be someone who has mentored you whilst you train.
- They will not have access to your full CPD Now record only what is in your accreditation application.

## Attestors



# **Re-accreditation**

Initial accreditation lasts for two years. In order to be re-accredited, you must complete 12 pieces of CPD evidence within CPD Now over the course of the two years.

# You must ensure that you submit your application prior to your accreditation running out.

This evidence must be related to your scope of practice. You must also re-confirm your scope of practice.

Two attestors must review the application and comment on it; they need not be the same attestors used in your initial application.

You will be asked to:

- ✓ update your summary of eduction and training, and scope of practice
- update/confirm your employment details
- Ink 12 pieces of CPD evidence from the last two years that relate to your scope of practice demonstrating how you have maintained your competencies relevant to your scope of practice and any additional training or study days that you have completed.
- invite two attestors to review your application

**IMPORTANT** - If you do not apply for re-accreditation, you will be removed from the Public Voluntary Register of Assistant Practitioners and your membership will be changed to Radiographic Assistant. The indemnity insurance arrangements for radiographic assistants are not sufficient to cover the range of practice and clinical responsibilities of assistant practitioners.

# What if my application is deferred?

## What to do:

- 1. Read your feedback.
- 2. Go through your application to identify what you need to improve.

3. It may now be worth putting your application to the side for a week just give you time to absorb the feedback and separate yourself from the emotion of being deferred.

4. Re-read your application and the feedback given.

5. You may want to discuss your application and feedback with your attestors or someone else at work, such as a Union Learning Representative or Practice Educator. They may have a different insight and enable you to understand what you need to do to improve the application.

6. Make the necessary improvements and submit.

### When do I have to re-submit?

You will receive an email from the CoR telling you the deadline for resubmission.

This is normally **3 months** from the date of deferral. If you do not submit your application by the deadline given, you will be removed from the Public Voluntary Register of Assistant Practitioners and your membership will be amended to 'Radiographic Assistant.' The indemnity insurance arrangements for radiographic assistants are not sufficient to cover the range of practice and clinical responsibilities of assistant practitioners.

Extensions can be made where the applicant demonstrates valid reasons for not being able to meet the deadline. Being busy at work is not a valid reason. Please contact <u>accreditation@sor.org</u>to discuss this further.

Our aim is to support you in achieving your accreditation, so please get in touch if you have any difficulties - <u>accreditation@sor.org</u>.

# RECORDING CPD ACTIVITIES



There are regular online live tutorials and videos that demonstrate how to use CPD Now, how to complete applications for accreditation, reflection, etc. These are advertised on the SoR website, Twitter and Facebook and cover some of the issues in more depth.

It is important that your CPD Activities support **all** of the scope of practice that you are applying for accreditation for (initial), or for which you have already been accredited (for re-accreditations).

Here is a step-by-step approach to completing your CPD activity in CPD Now (accessed from the SoR website).

Select 'CPD' in the top menu. This will present a list of other CPD activities that you have completed. Select 'Add new' to record a new CPD activity.



## CPD activity - overview

Please complete the fields below and click the [Save and continue] button to move to the next page



- Give your activity an appropriate title (this is important when you later link a CPD activity to an application for accreditation
- Use the calendar icon to select the date
- Select what type of learning activity you did

# Record each of your CPD activities by completing a reflective evaluation of your learning.

You can form your reflections by:

- using the prompts in the three text boxes to guide you (based on Gibbs, 1988) (it is best to delete the prompts once you have used them), or
- deleting the prompts and using your own reflective model in the three text boxes, or
- uploading a file containing your reflections (at the end of the CPD activity record)
- Proofread your reflections to ensure that there are no errors use the spell checker function.

**Reflection** will be an important element of demonstrating how you have achieved your competencies for your scope of practice and how you have maintained this since. It is important that you take the time to learn to reflect in a way that demonstrates what you have learned, critically analyses the situation/learning/your feelings, and demonstrates the impact this learning will have on your practice, your department and your service users.

It is essential that you go beyond just being descriptive. Using a reflective model will help you to achieve this (the choice of which is yours) ensuring that you complete all the steps of your chosen model. Google 'Gibbs' reflection cycle' and you will find plenty of good resources showing you how to use this particular model.

- Impact on practice is essential in applications. Think about how your activity
  has improved your practice, and benefitted your department and service users.
  Evaluate the activity/learning, looking at positives and negatives. For instance,
  how will attending a workshop on dementia enhance your practice and benefit
  your service users (patients and their carers)?
- Further learning again, this is an important aspect of your reflections for your assistant practitioner application. Think about what further learning this activity has helped you to identify. This section of reflection is about conclusions and making an action plan. For instance, you may have attended a workshop to learn about dementia. So this section is about identifying anything else that you need to learn and to put your learning into action as part of clinical practice. Is there anything that the department could do to enhance their service in relation to dementia? How will you share your learning with others? Will you change how you interact with patients with dementia and their carers?

**CPD framework outcomes** - When you start your application, your identified Scope of Practice will be added automatically to your CPD Framework outcomes. Therefore, once you have completed the reflective evaluation of your learning, you can then select your framework outcomes (as identified below). Select which outcome your CPD activity best relates to (see example below).

You can select more than one and you will need to ensure that your 6 CPD activities (12 for re-accreditation) covers ALL of your identified scope of practice.

## CPD activity - CPD framework outcomes

The outcomes listed below are the ones you selected in the CPD framework section. You can add or remove outcome via the CPD framework tile on the home page

### Assistant Practitioner Scope of Practice

Clinical imaging (CI) - Standard radiographic imaging - adult, ambulant patients who are conscious, co-operative and communicative

G1 - Correctly identifying the patient under supervision.

- CI1 Appendicular skeleton image and data acquisition under supervision
- Cl2 Axial skeleton image and data acquisition under supervision. Excludes skull and cervical spine if a result of trauma, or prior to MRI.
- CI3 Chest and thorax image and data acquisition under supervision
- CI4 Abdomen and pelvis image and data acquisition under supervision

#### Clinical imaging (CI) - Dental

- G1 Correctly identifying the patient under supervision.
- D1 Undertake dental radiography in adults under supervision

Remember - this is not about how many study days you have attended. CPD should show a range of learning activities. It is about how you are maintaining your competencies and developing your learning in relation to **all** of the scope of practice for which you are seeking accreditation.

	Finally, if you have chosen to complete your own	
	document of reflection and not use the text boxes,	
you can attach that here.		
CPD activity – attachments		
Please upload attachments below. The maximum file size allowed is 8 MB.		
Once you've saved the attachments, click the [Finish] button to return to your list of CPD activities.		
Attachme	ents (0)	Choose file Choose Files No file chosen File description:
		Save

Please ensure that you thoroughly check your application for any spelling or grammatical errors prior to submitting to your attestor and the CoR.

# Appendix 1

## **Currently Approved Scope Of Practice For Assistant Practitioners**

## Clinical imaging (CI) - Computed tomography

- CI8 Supporting the registered health care professional under direct supervision.
- G1 Correctly identifying the patient under supervision.

### **Clinical imaging (CI) - Dental**

- D1 Undertake dental radiography in adults under supervision
- G1 Correctly identifying the patient under supervision.

## Clinical imaging (CI) - Dual energy x-ray absorptiometry (DEXA) imaging

- CI5 Image and data acquisition under the supervision of a radiographer or other health care professional who has been entitled an operator.
- G1 Correctly identifying the patient under supervision.

### **Clinical imaging (CI) - Fluoroscopy**

- CI7 Supporting the registered health care professional in the main radiology department and under direct supervision.
- G1 Correctly identifying the patient under supervision.

### Clinical imaging (CI) - Magnetic resonance imaging

- CI8 Supporting the registered health care professional under direct supervision.
- G1 Correctly identifying the patient under supervision.

# Clinical imaging (CI) - Mammography under the supervision of a radiographer and according to protocol

- Cl6 Image and data acquisition under supervision and according to protocol.
- G1 Correctly identifying the patient under supervision.

## Clinical imaging (CI) - Nuclear medicine and radionuclide imaging

• CI9 - Positioning of equipment and selection of image acquisition parameters under direct supervision of a registered radiographer, healthcare scientist or qualified nuclear medicine technologist.

• G1 - Correctly identifying the patient under supervision.

# Clinical imaging (CI) - Standard radiographic imaging - adult, ambulant patients who are conscious, co-operative and communicative

• Cl1 - Appendicular skeleton image and data acquisition under supervision

• CI2 - Axial skeleton image and data acquisition under supervision. Excludes skull and cervical spine if a result of trauma, or prior to MRI.

- CI3 Chest and thorax image and data acquisition under supervision
- CI4 Abdomen and pelvis image and data acquisition under supervision
- G1 Correctly identifying the patient under supervision.

## Radiotherapy (RT)

• G1 - Correctly identifying the patient under supervision.

• RT1 - Elements of pre-treatment processes where they have been deemed competent, have had the task delegated to them and are under supervision

• RT2 - Elements of treatment delivery defined by protocol where they have been deemed competent, have had the task delegated to them and are under supervision

• RT3 - Elements of daily machine QA where they have been deemed competent, have had the task delegated to them and are under supervision

• RT4 - Elements of patient support and information within protocol, where they have been deemed competent, have had the task delegated to them and are under supervision

## Ultrasound

• G1 - Correctly identifying the patient under supervision.

• U1 - Undertaking limited, single measurement, single condition and simple screening ultrasound examinations performed to an agreed protocol and under the supervision of a registered sonographer.

• U2 - Assisting with aspects of an episode of care, for example, providing chaperoning services or providing support to patients under direct supervision.

- U3 Routine quality control of imaging equipment under supervision.
- Ultrasound (abdominal aortic aneurysm screening only)