



CoR

THE COLLEGE OF  
RADIOGRAPHERS

# Guidance for Attestors

Assistant Practitioner  
Accreditation

April 2019

# BEING AN ATTESTOR FOR ASSISTANT PRACTITIONER ACCREDITATION

## Introduction

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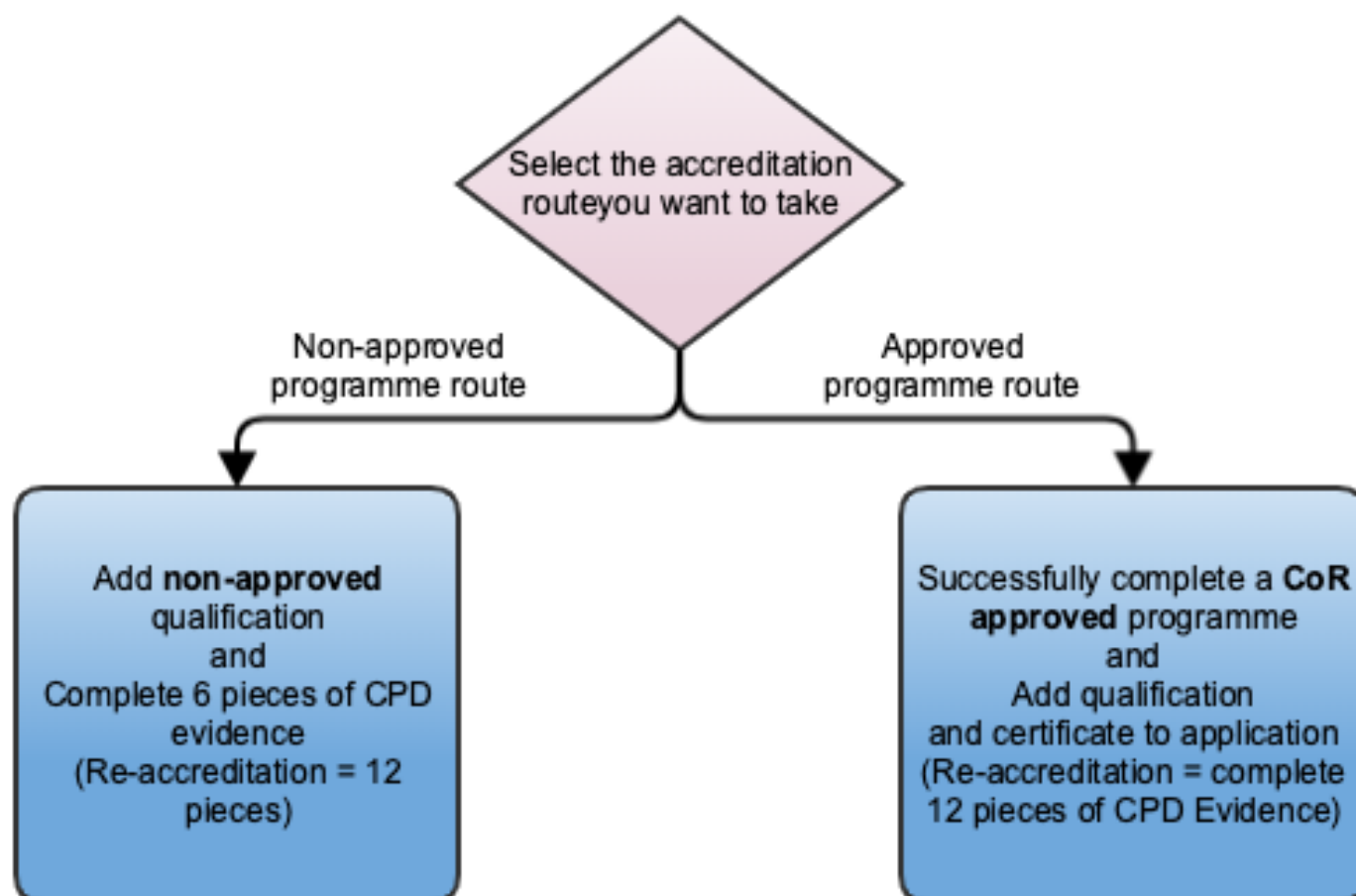
The aim of this guide is to help you understand and undertake your role as an attestor for an assistant practitioner who is seeking accreditation with the College of Radiographers. In this guide, you will learn:

- ✓ The purpose of the assistant practitioner accreditation scheme
- ✓ The purpose and requirements of an attestor
- ✓ What to look for in an accreditation application
- ✓ The CoR approved scope of practice of assistant practitioners
- ✓ To assess the quality of reflections
- ✓ To give feedback so the applicant can enhance their application

# Assistant Practitioner Accreditation

The College of Radiographers 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.

The Society and College of Radiographers (SCoR), in upholding its duty to the public, has implemented a [Public Voluntary Register of Assistant Practitioners \(PVRAP\)](#). 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.



Applications for accreditation as an assistant practitioner can be made through CPD Now. Accreditation lasts for two years. There are two methods of initial accreditation; the route used depends on the assistant practitioner course or qualification they have undertaken.

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](#)).

# Scope of Practice of Assistant Practitioners

Assistant Practitioners should be working under the supervision of registered radiographers. The range of examinations or treatments will vary in accordance with locally identified need but is likely to be confined to:

- Standard examinations or treatments
- Adult patients who are conscious, co-operative and communicative
- Conducted in accordance with locally agreed protocols

[CoR: Scope of Practice of Assistant Practitioners \(2012\)](#)

[Appendix 1](#) details the list of current approved scope of practice for assistant practitioners.

When the assistant practitioner selects their scope of practice, this will include all subcategories. If the assistant practitioner does not perform part of that scope of practice then you will need to note this in their feedback for the CoR assessor.

# Purpose and requirements of an attestor

Your role as an attestor is to read, check and attest an application, verifying that it is an accurate record and confirming that the applicant is working to their scope of practice.



The applicant is required to select and invite 2 attestors to review their application.

#### **Attestor requirements:**

- A registered professional (HCPC, GMC, NMC, etc)
- Work closely with the applicant so they can read, check and attest the application
- Give applicants honest feedback so that they can make any improvements required
- Prepared to defer an application when appropriate
- Do not need to be their manager, but most Assistant Practitioners do pick their manager. An attestor may be someone who has mentored the applicant whilst they have been training.
- Attestors do not have access to the applicant's full CPD Now record - only what is in their accreditation application.

When you have been invited to review an application, you will receive an email with a link from CPD Now that will take you directly to the application in CPD Now.

There are prompts in CPD Now to take you through the application.

You may find it helpful to make any notes as you go through each page of the application to inform the feedback you give at the end of the review.

# What to look for in an accreditation application

You will be asked to attest to the details in the application and then to approve or defer the application, giving feedback to the applicant.

## 1. Summary of education and training relevant to application

In this section the applicant should describe the education and training they did to gain their AP qualification, and for re-accreditation should include any courses they have done since gaining the qualification.

They are asked to add any new competencies or scopes of practice that they 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.”

## 2. Verify the applicant's scope of practice

The applicant will have selected which scope of practice that they would like to be accredited for, and for which they are:

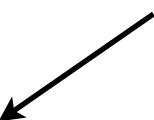
- Appropriately educated and trained
- Employed to practice within a defined protocol

[Appendix 1](#) details the currently approved scope of practice for assistant practitioners. They can only be accredited for a scope of practice that is listed here and they will not be covered by the SCoR's professional indemnity insurance for undertaking any work outside of an approved scope of practice.

*If an applicant is increasing their scope of practice since their initial accreditation, they must provide the evidence to support this change.*



At each point of the application, you will be asked to tick the box to attest these are true and accurate details. If you do not tick the box at any point in the application, the application will be automatically deferred.



☐ I attest these are true and accurate details

### 3. Verify the employment details

This section needs to give the CoR assessor an accurate overview of their practice setting and main duties:

- **Describe work area/practice setting and main focus of work** - this should give an accurate overview of the hospital/clinical environment that they work in and, particularly for their current post, will relate to the scope of practice for which they are seeking to be accredited for.
- **Main duties, responsibilities and significant achievements** - this should give an accurate description of their main duties and responsibilities. It should corroborate their scope of practice, demonstrate the level at which they are working, the types of patients they are involved with, and the extent of their responsibilities. This is where they should also describe any significant achievements, such as a qualification or competencies achieved whilst in this employment.

- ✓ Are the details accurate?
- ✓ Is there sufficient information to support their application for accreditation of their scope of practice?
- ✓ Is there anything that you are aware of that could be added to this to further support their application? (Make a note of this so you can give feedback at the end)

*You will only be required to verify their qualification and certificate on the initial accreditation. They are not required to re-enter this for re-accreditation unless they wish to add a new qualification.*

#### 4. Linked CPD

Here, you are asked to read the applicant's CPD reflections. You will be required to check that the correct number of reflections have been added to the application:

##### Initial accreditation

- Assistant practitioner education approved by the CoR - no CPD required
- Assistant practitioner education not approved by the CoR - 6 pieces of CPD

##### Re-accreditation

- 12 pieces of CPD

At the end of the CPD reflections, you will be asked to attest:

- ✓ Is there sufficient CPD included (0, 6 or 12 pieces)?
- ✓ Does the CPD included relate to **all** scopes of practice listed at the beginning of the application?
- ✓ Has CPD been included which is reflective and evidences the **maintenance and development** of the applicant's practice?
- ✓ Are the reflections of sufficient quality (see below)?

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

It is essential that they go beyond just being descriptive. Using a reflective model will help them to achieve this (the choice of which is theirs) ensuring that they complete all steps of their chosen model. The guidance for applicants encourages them to Google 'Gibbs' reflection cycle' to find plenty of good resources showing them how to use this particular model.

- **Impact on practice** - is essential in applications. They should be thinking about how their activity has improved their practice, and benefitted their department and service users. They should evaluate the activity/learning, looking at positives and negatives. For instance, how attending a workshop on dementia will enhance their practice and benefit their service users (patients and their carers)?
- **Further learning** - again, this is an important aspect of their reflections for an assistant practitioner application. They should be thinking about what further learning this activity has helped them to identify. This section of reflection is about **conclusions and making an action plan**. For instance, they may have attended a workshop to learn about dementia. So this section is about identifying anything else that they need to learn and to put their 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 they share their learning with others? Will they change how they interact with patients with dementia and their carers?

## 5. Attestor details

You are asked to confirm that your details are correct.

## 6. Your decision

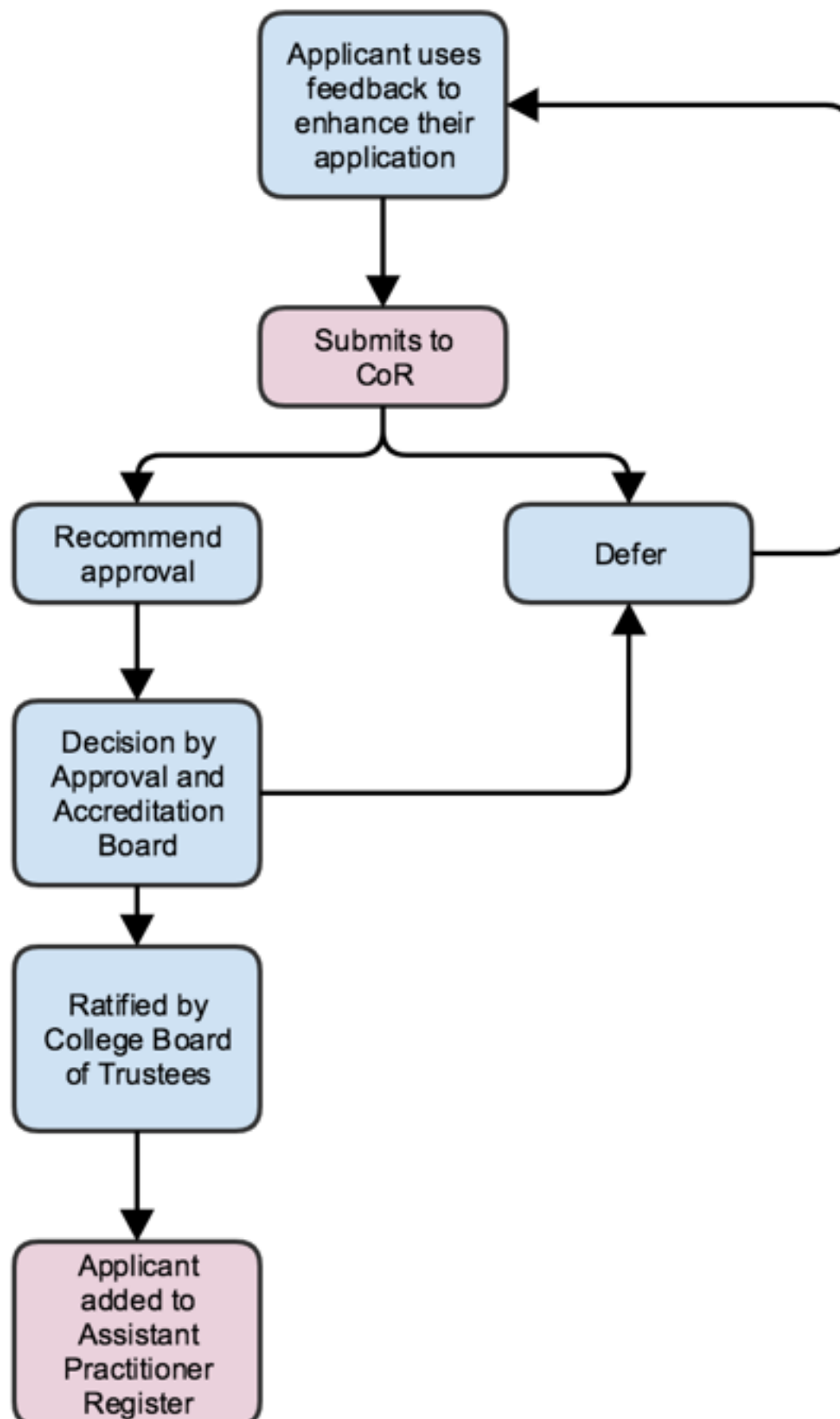
Any boxes that have not been ticked by you throughout the application, will show up in a pink box. If you have not been able to attest to all sections of the application, the box will recommend that you defer the application.

The drop-down box enables you to '**approve**' or '**defer**' the application. If an application is deferred, the applicant will be given the opportunity to edit their application before re-submitting to their attestors.

Feedback should be given to **all** applicants, in the box provided, whether approved or deferred. The next chapter discusses how to give good feedback.

Click '**submit feedback**' and the decision and feedback can be viewed by both the applicant and the CoR.

## Next stage of the application process



# Giving feedback to applicants

Feedback is so important in encouraging applicants and supporting them to enhance their skills further.

- ✓ Tell them what they did well. What was particularly good? Where had they particularly reflected well? What particularly stood out to you as good?
- ✓ Give them areas for development and enhancement. Applicants really want to know how they can do better. Give this feedback positively, i.e. “to enhance reflection one further you can ...” rather than “reflection one was really rather weak.” How can they improve the application? Do you know something that they have missed out? Do they need to check their application for spelling and grammatical errors?
- ✓ Give specific examples from their application. This also tells them that you really did read their application. Specific feedback helps them to know exactly what was good (so they can keep this up elsewhere) and which part could be developed further (so they are not editing their application in the dark).
- ✓ Tell them what they need to do for you to approve their application.
- ✓ What do they still need to learn about this ‘topic’ and how will they go about doing this?
- ✓ Be encouraging and supportive!



# Appendix 1

## Currently Approved Scope Of Practice For Assistant Practitioners

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### **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**

- CI6 - 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**

- CI1 - 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)