THE COLLEGE OF RADIOGRAPHERS



Nuclear Medicine Practice

THE SOCIETY OF RADIOGRAPHERS





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College of Radiographers' Responsible Officers: Mary Embleton and Sean Kelly First edition June 2005 ISBN 1 871101 22 4 £15 SCoR members £25 non-members

The College of Radiographers

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Foreword

The Society and College of Radiographers (SCoR) is pleased to present this document, which makes explicit its role in the development of Nuclear Medicine Practice and support of nuclear medicine practitioners. The Society welcomes the collaboration between radiographers and clinical technologists in drafting the document.

This document identifies how various policies of SCoR apply in the context of nuclear medicine practice. It endorses the continuing development of practitioners and their role in the provision of a nuclear medicine service which meets the changing needs of patients and harnesses new technological developments.

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Mrs Ann Pollard, President of the Society and College of Radiographers

1. Summary of Strategy

The Society and College of Radiographers, as the United Kingdom professional body for radiography and the wider radiographic workforce, has, for several years, acknowledged the complimentary contribution made by both radiographers and clinical technologists to the field of nuclear medicine. Both hold equal status and are entitled to the same benefits of membership of the organisation, as each has the same level of skills and knowledge.

It considers that the range of professional background of those practising in nuclear medline enhances and enriches the clinical practice and service provided to patients. The College and Society of Radiographers support the professional development and the role development, as appropriate to the skill mix in the practice environment. It works closely with other stakeholders concerned with the practice of nuclear medicine technology, especially the British Nuclear Medicine Society Technology Group to take the lead in responding to technological developments and service requirements and to promote the development of management and leadership skills.

With the rapid expansion of nuclear medicine services and the combining of imaging modalities such as fusion imaging there will be an increasing need for practitioners with skills in hybrid imaging, advanced and consultant practitioners with the skills and underpinning knowledge to take roles, which combine specialisms and encompass data analysis. It is important that radiographers and clinical technologists are proactive in service developments.

Appropriate education is required to underpin career development and pathways, being cognisant of the professional body's and the National Health Service's career frameworks, *A Strategy for the Education and Professional Development of Radiographers* (2002) and *Education and Professional Development: Moving Ahead* (2002) and *The Career Framework for the NHS* (2004), and providing opportunities for career progression at all levels of practice of the workforce. As such, it should be possible for an individual to begin his or her career as a support worker and advance to become a consultant practitioner, or advance into management or education. Education provision must also support the maintenance, broadening and development of skills and knowledge.

2. Education Requirements

The expectation is that education provision anticipates, and is sensitive to, emerging and changing health care services and patients' requirements, recognising that provision established today must meet future needs effectively. The Society and College of Radiographers' education strategy for the profession and the wider workforce, currently being prepared for publication, draws on existing policy and guidance documents, notably *A Curriculum Framework for Radiography* and *Professional and Educational Development: Moving Ahead*, both published in 2003.

2.1 Entry to professional practice

Nuclear Medicine is developing rapidly and requires a much larger, dedicated workforce. There needs to be more opportunities for direct entry to the field of nuclear medicine, consistent with the longstanding routes of diagnostic and therapeutic radiography. This would not exclude radiographers qualified in diagnostic or therapeutic radiography from entering nuclear medicine practice via a postgraduate route.

The Society and College of Radiographers define the level of entry for autonomous practice as a BSc honours degree or equivalent. Practitioners are expected to display graduate level outcomes, though some may a hold a professional qualification other than a degree. The Society and College of Radiographers welcomes all persons with the required competencies at practitioner level in nuclear medicine. Such members, by implication, are accredited at practitioner level by the College of Radiographers. It is essential to attain this level in order to advance to specialist, developed or advanced practice.

Education provision at this level is required by the College to meet:

- Graduate outcomes as identified by the Quality Assurance Agency framework for higher education qualification documents, QAA 2001;
- Professional body's curriculum framework outcomes;
- Occupational standards appropriate to the current scope of practice of nuclear medicine practitioners.

2.2 The support workforce

This level covers all those within the nuclear medicine workforce working under the supervision of a practitioner and includes all helpers and assistants, be their role generic or specific. Outcomes are related to their scope of practice and the appropriate level of knowledge required.

Education provision at this level is required by the College to meet:

- S/NVQ Level 2 and 3 outcomes and;
- Where appropriate for the scope of practice of assistant practitioners, outcomes of Cert HEs, Dip HEs and Foundation Degrees at the appropriate level for the award;
- National Occupational Standards related to the scope of practice of assistant practitioners embed within the outcomes;
- NHS Knowledge & Skills Framework.

2.3 Post registration level education

This covers all levels beyond that of entry to professional practice, demanding enhanced levels of knowledge and skills and incorporating aspects of specialist / developed / advanced practice. The College recognises that the development of an individual may be in broadening knowledge and scope of practice at a particular level and/or gaining a greater depth/ higher level of skills and knowledge. Recognition by the Society and College of Radiographers of Advanced Practice or Consultant Practice is related to recognitions of outcomes at the appropriate level.

Education provision at this level is required by the College to take cognisance of:

- postgraduate outcomes as identified by the Quality Assurance Agency framework for higher education qualification documents, QAA 2001;
- Professional body's curriculum framework outcomes.

The College of Radiographers, in partnership with the other organisations forming the Consortium for the Accreditation of Nuclear Medicine Education, is responsible for the approval of programmes at this level.

2.4 Continuing professional development (CPD)

The Society of Radiographers has clear CPD policies; these are set out in *A Strategy for Continuing Professional Development* (SoR, 2003). This document defines the responsibilities with regard to CPD for the individual practitioner, the employer and the professional body.

The Society and College of Radiographers provides a web-based CPD tool to enable all members to plan, undertake and record their CPD activities. This is available to all members and enables the user to have their individual CPD portfolio accredited by the College of Radiographers, under the auspices of the College's Approvals and Accreditation Board. The CPD requirements for accreditation laid down by the College of Radiographers meet, as a minimum, the CPD Standards set by the Health Professions Council.

3. Registration

Registration can be considered from two perspectives:

- Registration with the statutory regulatory body (the Health Professions Council);
- Registration with the professional body (the Society of Radiographers) through accreditation of level of practice via the register of members.

All radiographers practising nuclear medicine are required to register with the Health Professions Council (HPC). The Society also considers that nuclear medicine practitioners whose route into practice was not via radiographer education and training should be registered with the HPC and fully supports initiatives to secure this aim.

A nuclear medicine practitioner meets the requirements set down for autonomous practice; these are set out in *A Curriculum Framework for Radiography (CoR, 2003)* and *Professional and Educational Development: Moving Ahead (CoR, 2003).*

The Society of Radiographers has developed a career progression framework for clinical practice, based on four clinical practitioner roles – those of Assistant Practitioner, Practitioner, Advanced Practitioner and Consultant Practitioner. More detail of these is provided in the publications cited above. These should be considered within the context of nuclear medicine and within the context of the Society's developing processes for the registration of individual practitioners.

Assistant Practitioner

Assistant Practitioners differ from the general support workforce in that, as part of their duties, they perform a limited range of imaging or treatment procedures under the supervision of a registered practitioner. Specific roles should be identified and agreed locally, in accordance with service requirements, but the standard of work carried out must conform to the required competency for the task undertaken.

There is currently no mechanism for the statutory registration of Assistant Practitioners. However, the Society and College of Radiographers offers registration for Assistant Practitioners through a voluntary public register. Registration can be through qualification by an approved education programme or by a process of approval based on assessment of the individual Assistant Practitioner. For more detail of these processes please refer to the document *The Approval and Accreditation of Education Programmes and Professional Practice in Radiography: Guidance on Implementation of Policy and Principles* (CoR, 2004).

Assistant Practitioners are expected to engage in CPD and SoR members (or non-members on the voluntary public register) are able to use the Society's CPD tool to obtain individual CPD accreditation at no extra charge.

Practitioner

Registered Practitioners are competent to practice autonomously and undertake a broad portfolio of imaging or treatment procedures.

The Society of Radiographers recognises no distinction regarding the route by which individual practitioners acquire the education, training and qualifications to reach Practitioner level.

Advanced Practitioner

Advanced practice is a broad and diverse spectrum and forms the continuum from Practitioner to emergent Consultant Practitioner roles. At this level the Practitioner has specialised and developed their knowledge and skills. In clinical practice the core function will be related to a range of diagnostic or treatment procedures in the delivery of patient services related to that expertise. Advanced Practitioner roles normally include significant education, research and leadership elements.

Advanced Practitioner roles are well established in medical imaging and radiotherapy and the Society and College of Radiographers supports and encourages the development of parallel roles in nuclear medicine.

Work is currently underway to provide for the registration of advanced practice by the Society and College of Radiographers.

Consultant Practitioner

The Consultant Practitioner is a champion in the clinical, academic or research field and brings innovative solutions to patient management. The role defines professional development and influences at a strategic level. Consultant Practitioners play a pivotal role in the integration of clinical, education and research findings in practice, working across traditional boundaries.

The Society and College of Radiographers supports and encourages the development of Consultant roles in nuclear medicine.

4. Professional Conduct

All members of the Society of Radiographers are required to comply with the Society's *Statements for Professional Conduct.* These set out the Society's stance on the legal, ethical and moral requirements of practice and are reviewed and updated regularly in accordance with statutory and other developments.

It is essential that those practicing nuclear medicine, whose initial qualification is not specific to that discipline, work within the scope of practice in which they are competent. They must undergo supervision until they have acquired the necessary skills and knowledge to broaden their scope of practice

5. Role Development

The Society and College of Radiographers has always supported role development provided that the individual practitioner has appropriate training, competence and underpinning knowledge and authorisation from his or her employer to undertake the role.

Intravenous administration of radiopharmaceuticals has developed over the past 20 years to the level that it is now an accepted part of the role of a nuclear medicine practitioner.

Non-medical supplementary prescribing, has now had enabling legislation passed by Parliament and the first courses leading to radiographers being able to act as supplementary prescribers are being developed. The Society and College of Radiographers has been proactive in developments since the publication of the Crown Report and has worked with the National Prescribing Centre on production of *Maintaining Competency in Prescribing*, 2004 and *Outline Curriculum for Training Programmes* to prepare *Allied Health Professional Supplementary Prescribers* 2004. This will enable practitioners working in nuclear medicine to prescribe pharmaceuticals such as cardiac stress agents and diuretics.

The College of Radiographers endorses the philosophy in the Crown report that it is desirable that highly trained professional should be able to use their full range of skills in the interests of patient care. Though recognising a change in legislation (MARS regulations) would be required, it believes that this philosophy should extend to include prescribing of radiopharmaceuticals, which would bring practice into line with IR(ME)R and other areas of radiography.

Reporting by Radiographers: A Vision Paper, COR 1997 concludes "reporting by radiographers is not an option for future, it is a requirement". It is now the norm for suitably experienced non-medical practitioners to report on images. Practitioners in nuclear medicine are undertaking reporting in a few specific circumstances. The College of Radiographers considers that this should be extended. An updated document *Medical Image Interpretation and Clinical Reporting by non-radiologists: The role of the radiographer,* is awaiting publication.

Requesting additional diagnostic images is already performed within a protocol. This should be expanded so those working in nuclear medicine have a recognised right to act as a practitioner under IR(ME)R 2000 in line with practitioners in other branches of radiography.

With the proposed major development of Positron Emission Tomography service in the UK and the development of dual modality imaging, including PET/CT and SPECT/CT scanners there will need to be significant role development, including a supporting programme of education, to provide a cohesive service for patients.

The examples above do not form an exhaustive list. As new service needs arise, it will be appropriate to best meet them by reviewing skill mixes and initiate associated role development initiatives to provide optimum patient management

Acknowledgements:

The Society and College of Radiographers wish to thank the members of the working party who participated in drafting this document:

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The College of Radiographers Limited company registration number 1287383 Registered charity number 272505

> First edition June 2005 ISBN 1 871101 22 4 £15 SCoR members £25 non-members

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