



Guidance on Out of Hours Working and your Personal Scope of Practice

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Published: Wednesday, February 13, 2013

Summary

SCoR issues this guidance in response to a number of questions about radiographers' scope of practice in hours outside the normal working day resulting from growth in the introduction of shift systems of working; ie during shift systems and duty periods when there may be much reduced, or no, medical staff on duty within the imaging or radiotherapy services.

Introduction

Growth in the introduction of shift systems of working has led to a number of questions about radiographers' scope of practice in hours outside the normal¹ working day; ie during shift systems and duty periods when there may be much reduced, or no, medical staff on duty within the imaging or radiotherapy services.

Examples include:

- Am I able to give intravenous injections during shift sessions that are outside the 'normal' working day?
- Is it acceptable for me to undertake reporting duties during a night shift?

There is some feeling that the scope of practice is dependent on whether or not other staff, particularly medical staff, are present; and also on the time of day or night, or day of the week.

Sometimes, too, there are concerns about being more tired during a night shift than a day shift and the increasing risk of error and mistake.

Another concern is related to productivity during shift periods and the perception that action will be taken if, for example, a reporting radiographer on a night shift fails to complete a given number of reports.

Essentially, these questions confuse professional responsibilities and employment matters. This guidance is provided to enable members to understand fully their obligations as registered health care staff.

¹ *Normal in this context means when there are both radiographers and radiologists/oncologists on*

duty in the clinical department as well as other core staff; it may extend beyond the hours of 9 – 5 Monday to Friday and include some hours on Saturday and/or Sunday.

Professional Guidance

An individual's scope of practice is completely unrelated to day of week, time of night or who else is on duty.

There is an over-riding duty to put the care and safety of each patient first and a significant duty to play a full and proper part in the continuity of care of every patient.

Radiographers have an explicit duty to make judgements in relation to their competence and capability at all times, and to practice in accordance with their personal scope of practice and competence, as well as the codes of conduct and ethics and standards of performance established by their regulatory and professional bodies. Current versions of these codes and standards are always available at www.hcpc-uk.org and www.sor.org. A list of useful resources is given in Appendix A.

It is acceptable for radiographers to decline to do things they believe would be unsafe and/or subject the patient to increased risk. Examples might be:

- Declining to administer contrast medium to a patient known to have severely compromised renal function in the absence of a relevant medical opinion on the potential effect on the patient;
- Indicating that it will not be possible to provide a report (in any form) on unusual/complex imaging appearances which the radiographer considers is beyond his or her level of competence (although if there is any suspicion that potentially critical, urgent or significant findings may be overlooked, then this must be drawn to the immediate attention of the referrer and such action documented).

However, while it is acceptable to decline to undertake specific acts as in the above hypothetical scenarios, it is unacceptable to do nothing at all as this leaves both the referrer and the patient unsupported. Scenarios such as the above require discussion between the radiographer concerned and the referrer or, if the referrer is unavailable, a relevant on-duty health care professional. Often this will be the on-call consultant radiologist or oncologist, or the specialist registrar.

It is essential to ensure that systems of work are safe and properly resourced. This includes, for example, ensuring that emergency services are readily accessible should a patient collapse in the imaging or radiotherapy department; or that there is access to specialist advice appropriate to the nature of the service being provided. A particularly important element in designing safe shift work systems is to take account of fatigue with its deleterious effects on health and performance, for example, by building in proper rest breaks, and making sure there are regular health assessments.

Each system of work needs to be subjected to a full risk assessment including, for example, consideration of lone working, use of ionising radiation and health and safety matters; and there should be a periodic review of systems of work with immediate review in the event of an adverse incident.

It is a professional responsibility to present 'fit' for duty. In the context of a shift system this means being fit to be on duty regardless of the time of that duty. It also means understanding that long and night shifts are inherently more fatiguing than short/moderate and day shifts, and taking reasonable steps to mitigate the effects of fatigue. The employer also has an obligation to take steps to minimise fatigue in staff. This includes ensuring shift patterns are reviewed regularly and the effects of fatigue on an individual are monitored.

Employment related

If your employer is considering the introduction of a shift system, it is important to recognise that this would constitute a change to terms and conditions. Any changes would have to be agreed either collectively or individually by employees. Where collective consultation/negotiations are used, members should be balloted to ensure a collective response is given back to the employer.

To ensure that the Society of Radiographers' members' views are considered as part of any consultation process, members are advised to ensure that their local representative is fully engaged. Where a department does not have an elected representative, it is the advice of the SOR that an election is held to appoint one to represent members' views.

Make sure you support your local representative; keep them well informed of your views and ensure that they feed back to you on any discussions that they have attended.

Contribute to, and actively engage in all the local discussions, open meetings, etc, via your local representative, making sure your view and voice is taken into account in reaching and implementing agreements.

Do not agree to arbitrary 'productivity' figures for numbers of examinations and/or reports to be undertaken in any one period: these are clinical matters and should be addressed in clinical and risk governance arrangements, not in changes to terms and conditions of employment.

Summary

New working patterns constitute changes to terms and conditions of employment and must be properly agreed, collectively or individually by employees. They need to be carefully planned, risk assessed prior to implementation, implemented with a clear audit of practice programme to run alongside the new working pattern, and reviewed and refined in the light of audit outcomes. Audit of practice is a routine expectation of a radiographer so this should not be a new expectation. Rather, it will extend to include analyses of practice relative to time of day/day of week, and be considered alongside periodic review of the effectiveness of the new working pattern.

Audrey M Paterson
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October 2012

Appendix A: Useful Resources

The Society of Radiographers. Around the clock: A negotiators guide to the working time regulations; shift work and flexible working. London: The Society of Radiographers, 2008.

The Society and College of Radiographers. The Scope of Practice 2009. London: The Society and College of Radiographers, 2009.

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Published on Society of Radiographers (<https://www.sor.org>)

<http://www.sor.org/learning/document-library/scope-practice-2009>

(accessed February 2013)

The College of Radiographers. Code of Conduct and Ethics. London: The College of Radiographers, 2008.

The Health and Care Professions Council. Standards of Proficiency for Radiographers. London: HCPC, 2012.

http://www.hcpc-uk.org/assets/documents/10000DBDStandards_of_Proficiency_Radiographers.pdf

(accessed February 2013)

The Health and Care Professions Council. Standards of conduct, performance and ethics. London: HCPC, 2012.

<http://www.hcpc-uk.org/assets/documents/10003B6EStandardsofconduct,performanceandethics.pdf>

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