



The Scope of Practice 2013

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Published: Thursday, March 21, 2013

ISBN: 1-871101-97-2

Summary

Summary: The aim of this statement is to confirm the current scope of practice for the professional workforce for diagnostic imaging and radiotherapy. The term 'professional workforce' includes the following practitioners: diagnostic radiographers, therapeutic radiographers, sonographers, nuclear medicine technologists, dosimetrists and others working at autonomous practitioner level. In this way, this scope of practice statement is relevant for all those health care professionals working within diagnostic imaging and radiotherapy with the exception of the support workforce, including assistant practitioners, for whom other statements have been published.

1. Introduction

1.1

The aim of this statement is to confirm the current scope of practice for the professional workforce for diagnostic imaging and radiotherapy. The term 'professional workforce' includes the following practitioners:

- diagnostic radiographers
- therapeutic radiographers
- sonographers
- nuclear medicine technologists
- dosimetrists
- others working at autonomous practitioner level.

In this way, this scope of practice statement is relevant for all those health care professionals working within diagnostic imaging and radiotherapy with the exception of the support workforce, including assistant practitioners, for whom other statements have been published.¹

1.2

The majority of the professional workforce is registered and regulated by a statutory regulatory body. For those who have qualified as diagnostic or therapeutic radiographers, this will be with the Health and Care Professions Council (HCPC). Other members of the professional workforce may be registered with the Nursing and Midwifery Council (NMC). Some will not be regulated by a statutory regulator because, for historical reasons, their professional discipline has not yet been accepted for statutory regulation in the UK. As an example, sonographers who are not radiographers, midwives or nurses by professional background are unable to register with the HCPC or NMC. The SCoR accords

the same professional standing to those falling outside the statutory regulation to those within it. However, law limits their scope of practice in two regards:

i) Healthcare professionals who are not statutorily registered cannot act under Patient Group Directions for the administration of drugs and medicines, or train to become Supplementary Prescribers. They are able to act under Patient Specific Directions but those requiring them to act under these directions must ensure they are competent to do so safely.

ii) Healthcare professionals who are not statutorily registered cannot act as an IR(ME)R entitled referrer or practitioner for examinations or treatments involving the use of ionising radiation.²

1.3

This document updates the previous statement published in 2009 and follows the survey of the scope of radiographic practice undertaken in 2012.³ It incorporates the guidance on the scope of practice in medical ultrasound which was published in 2009⁴ and nuclear medicine practice in 2007.⁵

1.4

The professional body has responsibility for leadership of the profession. In doing so, it strengthens the contributions of the professional workforce within existing and emerging health and social care teams, specialising and re-designing roles in line with changing service needs.

1.5

SCoR has always encouraged, and continues to encourage, the professional workforce to seize opportunities for developing their roles within an ever more dynamic health care environment.⁶ They have done this very successfully by diversifying and expanding their roles to contribute to quality improvement to the benefit of the service and service users. Research undertaken in 2008 identified that the pace of change was continuing to intensify and that the profession was continuing to rise to this challenge.⁷ Additional survey evidence undertaken in 2012 showed further progress in role developments.³ (See tables 1 and 2).

Table 1. The Diagnostic Radiography Workforce in 2012

The Diagnostic Radiography Workforce in 2012

The results of a survey of 143 service managers in diagnostic imaging departments across the UK were that significant numbers of departments have practitioner-led examinations, interventional procedures and gastro-intestinal studies. Many members of the professional diagnostic radiography workforce issue written reports, especially in ultrasound departments. There has been a three-fold increase in the proportion of departments with researchers since 2008.

Table 2. The Therapeutic Radiography Workforce in 2012

The Therapeutic Radiography Workforce in 2012

In the survey of 43 centres (out of 64) across the UK, radiotherapy service managers reported that the role of the professional therapeutic radiography workforce continues to expand with responsibilities across the entire radiotherapy pathway. In many centres, these include responsibility for an increasing range of pre-treatment, treatment and post-treatment activities. Two thirds of centres have a practitioner-led treatment planning service; most have practitioner-led on-treatment review and in almost one third of centres radiographers are undertaking supplementary prescribing. Around two thirds of centres have tumour site specialists and just over four fifths of centres have technical specialist roles.

2. Environments and roles

2.1

The professional workforce is pivotal to delivering fast and reliable diagnoses of disease, and curative and palliative treatment and care for patients with cancer, taking responsibility for managing the complete care pathway. The direction of travel is for more independent and not-for-profit primary and community-based services. There is a greater focus on prevention and early diagnosis (including the National Screening Committee programmes) which inevitably increases the role and scope of clinical imaging and radiotherapy practice.

2.2

Professional and legal frameworks define the way in which the profession must practice. Of particular importance is the *Code of Conduct and Ethics*⁸ published by The Society and College of Radiographers and the Health and Care Professions Council's *Standards of Conduct, Performance and Ethics*.⁹ These documents are important to the whole profession, whether regulated by the HCPC or not.

2.3

The scope of practice is defined within the following framework:

- **Occupational Role:** clinician, manager, researcher, educator.
- **Sector:** The National Health Service (NHS) across primary, secondary and tertiary care; General Practice; Independent and private health care services; Higher Education; research establishments and other fields such as armed forces, prisons, customs and excise, industry and commerce and veterinary practices.

The profession's education and professional development strategy¹⁰ introduced advanced and consultant practice roles in line with healthcare policy. Independent research conducted in 2008 demonstrated the degree to which these roles had been adopted and suggested that growth of these roles would increase and diversify yet further.⁷

2.4

The professional diagnostic radiography workforce takes the lead responsibility for the management and care of patients undergoing the spectrum of imaging examinations together with associated image interpretation. Increasingly, it also leads on integrating these two processes into the patient care pathway as a member of the multidisciplinary team.^{11,12}

2.5

The professional therapeutic workforce takes the lead responsibility for the management and care of patients undergoing radiotherapy during the pre-treatment, treatment delivery and immediate post-treatment phases. Working as part of the multidisciplinary cancer team, their role supports patients and their families through the entire cancer journey from health promotion to end of life care.^{11,13,14}

2.6

Members of the professional diagnostic and therapeutic radiography workforce are engaged in research and development to continue to build the knowledge necessary for evidence-based practice.¹⁵

2.7

They are also responsible for educating, training and mentoring within the profession so that patients receive the highest quality and standard of clinical imaging, radiotherapy and associated healthcare.

2.8

Managing complex and rapidly changing clinical imaging and radiotherapy services requires the highest level of leadership and managerial skills as well as excellent clinical skills: the professional workforce is essential to the provision of strong and innovative leadership and management of these services.

2.9

The profession also needs innovators and role models to take the profession forward. They will be drawn from across the occupational roles, particularly from those in advanced and consultant positions and the profession's leading managers, educators and researchers.

3. Defining individual scope of practice

3.1

Within the roles and sectors described above, a member of the professional workforce can develop his or her own scope of practice as he or she determines, provided that he or she is adequately educated and trained and competent to practice. He or she must work ethically and in accordance with the SCoR Code of Conduct and Ethics.⁸

3.2

In identifying and communicating their individual scope of practice, they must consider the roles and environments in which they work and ensure that they are educated and competent to operate in their specific roles.

3.3

In making decisions about what is included in their individual scope of practice, they must:

- work within the advice and guidance given in the *HCPC's Code of Conduct and Ethics*⁹ and within current legal and ethical frameworks;
- seek authorisation/IR(ME)R entitlement from the employing authority or, if practising independently and self-employed, establish and work within appropriate governance procedures;^{16,2}
- put the interests of the patient first^{8,17,18} at all times, including acting as an advocate;¹⁹
- develop and maintain competence to practice through continuing professional development;^{20,21}
- recognise deficiencies in knowledge, skills and competency and take appropriate action;⁹

- be personally and professionally accountable for all actions, omissions and behaviour;
- avoid inappropriate delegation;²²
- monitor and evidence the quality of practice.

3.4

An individual's scope of practice develops over time. This requires the individual to manage this process to ensure that their knowledge and skills are appropriate to the changes. Developments in individuals' scope of practice need to be reflective of best practice and enhancing patient care.

4. Professional indemnity

4.1

Membership of The Society of Radiographers provides access to the benefit of personal professional indemnity for their practice provided that members work in accordance with this scope of practice and in accordance with the SCoR Code of Conduct and Ethics.⁸

4.2

For the avoidance of doubt, professional indemnity does not extend to those services provided by some members which are not within their professional role. For example, a radiographer may also be a qualified acupuncturist. Where acupuncture is an integral part of the diagnostic or therapeutic radiography role, this falls within the individual's scope of practice (and so is indemnified) but where acupuncture is practised independently of the diagnostic or therapeutic radiography role, it is considered to be outside the individual's scope of radiographic practice. Similarly, the use of Botox injections may also be an integral part of their role; this falls within the individual's scope of practice (and so is indemnified) but where injection of Botox is practised independently of the professional role, it is considered to be outside the individual's scope of practice. Full details of the SCoR Professional Indemnity benefit can be found at <https://www.sor.org/being-member/professional-indemnity-insurance> (accessed 14th March 2013)

5. Conclusion

5.1

By defining the scope of practice as 'that which the member of the professional workforce is educated and competent to perform', the Society and College of Radiographers is making it clear that it sees no boundaries to professional practice.

5.2

The Society and College of Radiographers recognises that for the professional workforce to be able to deliver improvements in services to patients undergoing clinical imaging and/or radiotherapy, the scope of practice needs to be relevant and responsive. Members of the professional workforce need to undertake all necessary education and training and respond to this challenge, supported by their professional body.

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