



## **The joint response of the Society of Radiographers and the College of Radiographers to the Final Report of the Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust**

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### **Summary**

The Society and the College of Radiographers has used the publication of the Francis Report to examine whether there are lessons for our organisation and the radiography profession and workforce. We are mindful that, while no radiographers came under scrutiny in the public inquiry, their work may well have brought them into contact with patients experiencing dreadful standards of care. We followed the inquiry while it was on-going and have looked carefully at the subsequent report and recommendations. The inquiry informed some of our work last year, with the report and recommendations influencing work undertaken in 2013 as well as informing work to be undertaken in 2014. Undoubtedly, too, the inquiry, report and recommendations will resonate within our work well beyond 2014. At the end of our detailed consideration of the report and recommendations, we believe we have a much stronger Code of Professional Conduct with clearly reinforced expectations about values and behaviours, and a range of support, guidance and tools available (or available shortly) to the profession and workforce to help them to ensure that patients are truly and meaningfully at the centre of their work. We are also clear that our function as a professional and a representative body enables us to support our profession and members in delivering excellent, safe and compassionate patient care.

### **Executive Summary**

1.0 The Society and the College of Radiographers' response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report),<sup>1</sup> chaired by Robert Francis QC is set out in this publication. It is the culmination of several months of work by the Society and College of Radiographers to identify lessons for the radiography profession and workforce and for our organisation. We felt it was important to reflect carefully on the learning and the recommendations arising from the public inquiry as members of the radiography workforce could, at any time, come into contact with patients experiencing unacceptable standards of care.

2.0 The Inquiry Report contained a large number of recommendations which, in the main, we support. However, there are two with which we disagree to some extent. These are dealt with in sections 8.1 – 8.3 and 14.11 – 14.13 of our full response but are summarised here for completeness.

3.0 We do not agree with the finding that the Health and Safety Executive (HSE) is not the right organisation to be focusing on healthcare (recommendation 87) although we agree that it should

work closely with the Care Quality Commission.

4.0 We are unconvinced that a system of registration, particularly a statutory register, for healthcare support workers is necessary (recommendation 209) although we agree with the need for the framework within which healthcare support workers operate to be clarified and strengthened. Our own approach for the assistant workforce in radiography is to set out the scope of practice and associated standards of education and training, with individuals seeking and maintaining accreditation and entry to our public voluntary register; increasingly NHS employers are requiring this of their employees. We also insist that assistants work under the supervision of a registered healthcare professional and that they adhere to our Code of Professional Conduct.<sup>2</sup>

5.0 There are other recommendations which we feel have been too narrowly framed and which should apply to the spectrum of healthcare professions as well as to doctors and nurses . For example, it is important that the work of the National Institute for Health and Care Excellence (NICE) is informed by the allied health professions (radiography being one of the allied health professions) and NICE can and must do more to incorporate the expertise of these professions in its work. Similarly, the allied health professions should be represented at board level and board membership should be open to them as well as to doctors and nurses. Boards are vital structures with ultimate responsibility for ensuring safe and effective care of patients; they need competent and capable allied health professions just as much as they need doctors and nurses and we expect boards along with the UK health departments, NHS England and NHS employers to fully support staff to take up board level positions and to contribute to the work of NICE.

6.0 We also question whether recommendations made in relation to the General Medical Council and to professional regulation of fitness to practise should be extended to our own regulator, the Health and Care Professions Council where appropriate.

7.0 Importantly, we wanted to ensure that our work and the leadership, guidance and support we provide for the profession takes account of the findings of the inquiry in tangible and lasting ways. At the end of our detailed considerations, we believe we have a much stronger Code of Professional Conduct<sup>2</sup> that sets out for the profession and workforce clear expectations about the values and behaviours expected of them. It embeds the need for our profession and workforce to be honest, truthful and open with patients at all times and, while we have some concerns about legislating for openness, transparency and candour, the radiography profession and workforce should be in no doubt about what is expected of them in this regard.

8.0 In addition, we have developed and will continue to grow a range of support, guidance and other tools that will help the profession and workforce to ensure that patients are properly at the centre of their work at all times.

9.0 The table at the end of this executive summary sets out specific actions we have either taken or will be taking in the coming months.

10.0 Finally, the Inquiry Report has given us the opportunity to reflect at length on our historic structures and functions as both a professional and a representative body. We have concluded that these enable us to support our profession and members in delivering excellent, safe and compassionate patient care (see section 14.10 and Appendix 2 of our full response). As both a professional and a representative organisation, we wholeheartedly support Robert Francis QC's call for impact and risk assessments to be made public and to be publically debated prior to the acceptance of major structural change to our healthcare system. This would be consistent with the need for openness, transparency and candour which, together with the need for excellent leadership, is at the heart of the Inquiry Report.

## **Table of completed, on-going and future actions**

### **Completed Actions**

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1 We established a working group to examine the  
Francis Report, and published this response.  
2 We confirmed that all members of the radiography  
profession and workforce must ensure that  
patients are their priority at all times.  
3 We have revised and strengthened our Code of  
Professional Conduct.<sup>2</sup>  
4 We have revised and published the Scope of  
Practice<sup>3</sup> for the radiography profession and for  
the assistant practitioner workforce related to  
radiography.<sup>4</sup>  
5 We completed a thorough revision and updating  
of our Education and Career Framework for the  
radiography profession and workforce.<sup>5</sup>  
6 We have undertaken a major upgrade of our  
e-portfolio CPD tool.  
7 We accredit individuals at the assistant, advanced  
practice and consultant practice levels  
(practitioner level is denoted by registration with  
the Health and Care Professions Council).  
8 We have commissioned some continuing  
education e-learning resources related to  
providing high quality care. The first of these,  
Image Interpretation of the Paediatric Skeleton:  
Child Development - Relevance to Imaging  
Children, is already available, and the remainder  
will be completed in the first six months of 2014;  
working titles are: 'dignity', 'caring for patients  
with dementia', 'caring for patients with learning  
disabilities', and 'caring for the very elderly'.  
9 We have published draft modules and credit  
framework to support high level leadership and  
management development<sup>9</sup>.  
10 In partnership with The Royal College of  
Radiologists, we have established the Imaging  
Services Accreditation Scheme (ISAS), delivered  
on behalf of our Colleges by the United Kingdom  
Accreditation Service. This sets the standard for  
clinical imaging services in the UK, with an  
integrated set of standard statements across the  
four core domains of safety; patient experience;  
clinical and facilities, resources and workforce.  
The number of clinical imaging services  
accredited to the ISAS Standard is growing.  
11 We expect all clinical imaging services to become  
ISAS accredited.  
12 We expect all radiotherapy services to be  
externally accredited to the ISO 9001 quality  
management standard and to undertake periodic  
audit against the relevant national peer review  
measures.  
13 We expect commissioners of clinical imaging and  
radiotherapy services to commission services that  
are ISAS accredited (for clinical imaging) and are  
externally accredited to ISO 9001 (for  
radiotherapy services).

## **On-going Actions**

14 We work within and with a number of bodies, for

- 15 example, the Social Partnership Forum and NHS Employers on matters such as the NHS Constitution, NHS contracts of employment and contracts for services from the independent sector.
- 16 We work with a range of voluntary sector organisations in a wide variety of ways to improve care and resources for patients.
- 17 We will work with NICE when appropriate to ensure its work includes measures of suitability and competence of staff, the culture of organisations, and evidence-based tools to establish necessary staff numbers and skill mix.
- 18 We continue to press the UK Health Departments to provide NHS commissioning and provider organisations with clear policy and guidance on supporting NHS employees to contribute to the work of NICE, Health Boards and similar organisations.
- 19 As a professional and representative body, we accept our duty to report bodies and individuals that we consider to be failing to the relevant regulator(s). We are clear that we have done this in the past and will continue to do so.
- 20 We support our members in raising concerns about patient safety and care in their workplaces, and we will take these further if they are not adequately addressed.
- 21 We are developing a series of short publications entitled 'the role of the radiographer...' (eg 'in cancer care'; 'in management of stroke'). These are to inform the public about their care and the role of the radiographer in delivering it.
- 22 Linked to our Code of Professional Conduct, we are building resources that will illustrate effective management of taxing care situations and high quality care.
- 23 We offer up to two leadership development courses per annum: Developing Excellence in Clinical Leadership; and are adding a new course, Choosing Health and Wellbeing: Improving Working Lives, to our programme.
- 24 We are validating some e-learning resources to support members in, or aspiring to, leadership and management roles.

## **Future Actions**

- 24 We will respond to consultations on the NHS Constitution in line with recommendations in the Francis Report.
- 25 We will make full and considered responses on behalf of the radiography profession and wider workforce to consultations and draft legislation related to proposed new statutory obligations and criminal offences arising from the Francis Report.
- 26 We will make a submission to the National Institute for Health and Clinical Excellence (NICE) for accreditation relative to specific professional guidance we develop. Anticipated date of

- 27 submission is April 2014.  
We will revise and update our Professional Standards for Independent Practitioners<sup>6</sup> during 2014, ensuring this reflects the expectations of safe, high quality and compassionate care.
- 28 We will publish revised and updated guidance on professional supervision early in 2014(now published)<sup>10</sup>.
- 29 We will re-build our careers website and will feature values and behaviours strongly within it.
- 30 We will undertake a project to establish practice standards for diagnostic and therapeutic radiography (in 2014/2015).
- 31 We will scope the potential to use our e-CPD tool to enable those thinking of entering the profession to develop their values and behaviours relative to a career in patient-facing healthcare.
- 32 We will develop a similar standard to the ISAS Standard for radiotherapy services. This will further strengthen these services' longstanding embrace of high quality through external accreditation to the ISO 9001 standard and will build on the peer review measures in radiotherapy to which we contribute.

## **1.0 Introduction**

1.1 The Francis Report,<sup>1</sup> published in February 2013, was the second and final report examining care given by Mid Staffordshire NHS Foundation Trust. It contains recommendations that have implications for all healthcare staff and their professional and representative organisations. Accordingly, the Council of the Society of Radiographers (SoR) and the Board of Trustees of the College of Radiographers (CoR) established a working group to examine the report and recommendations in detail. The working group was led by the (then) president of the Society of Radiographers, and membership included professional, patient/public and staff representation (see Appendix 1 for working group membership and remit).

1.2 The working group met twice, in May and October of 2013, communicating through a dedicated intranet group before, during and after its meetings. To guide its work, a template of the Francis Report's recommendations was used. This enabled all recommendations to be considered but with particular scrutiny of those felt to be of direct or indirect relevance to the SoR/CoR and the radiography profession and workforce. The working group brought to its meetings and work a range of comments and contributions from the radiography profession generally; these were very helpful in ensuring that this response reflects the feelings and needs of the profession and wider radiography workforce.

1.3 Recommendation 1 of the Francis Report expects all organisations with roles in healthcare to respond publicly to the findings of Francis and this document forms the joint response of the Society and the College of Radiographers (SCoR). Broadly, the SCoR supports the recommendations made by Robert Francis QC, with few exceptions. Where there is support, this response identifies SCoR activity in relation to them, and where there is disagreement, the reasons are set out clearly. Our response is structured in accordance with the presentation of the recommendations of the Francis Report in a table in its Executive Summary (see pages 85 - 115 of the Executive Summary), and should be read in conjunction with the Francis Report, particularly the Executive Summary and the Table of Recommendations.

## **2.0 Accountability for implementing the recommendations (Recommendations 1-2)**

2.1 The Society and College of Radiographers (SCoR) fully accepts these recommendations. We have examined the Francis Report at length, have incorporated the learning from it into the work of our organisation, and have published this response which details our activity to encourage and enable the radiography profession and workforce to always prioritise the care and needs of patients in all that they do.

- **We established a cross-organisational working group with patient/lay input to examine the Francis Report and to draw up and publish the response of the Society and College of Radiographers.**
- **We affirmed our expectation that all members of the radiography profession and workforce work to ensure that patients are the priority at all times.**

## **3.0 Patients as the priority and putting patients first (Recommendations 3 - 8)**

3.1 The SCoR accepts these recommendations in full. It firmly believes that the NHS and its staff must prioritise the needs of patients at all times, being honest, transparent and candid in doing so. We welcome the proposed strengthening of the place of the NHS Constitution and support the need for NHS staff to be bound by it in their contracts of employment. We entirely endorse the need for independent sector healthcare providers and their employees to be similarly bound in their contracts for services to the NHS.

- **We have responded to past consultations on the NHS Constitution and shall continue to do so, seeking to strengthen it in line with recommendations in the Francis Report.**
- **We have revised and strengthened our Code of Professional Conduct<sup>2</sup> and placed the safe and compassionate care of patients at its heart.**
- **We work routinely within, and with, a number of bodies; for example, the Social Partnership Forum and NHS Employers. Through such links, we will continue work on strengthening the NHS Constitution and to promote the embedding of it into NHS contracts of employment and contracts for services from the independent sector.**

## **4.0 Fundamental standards of behaviour (Recommendations 9 - 12)**

4.1 These recommendations are supported.

- **We are developing a series of short publications entitled ‘the role of the radiographer...’ (examples include ‘in cancer care’ and ‘in management of stroke’). These are aimed at informing the public of what they are likely to experience and the role of the radiographer in delivering high quality clinical imaging examinations and radiotherapy.**
- **Relative to our Code of Professional Conduct,<sup>2</sup> we are building linked resources that illustrate effective management of taxing care situations and high quality care.**
- **We have commissioned some continuing education e-learning resources related to providing high quality care. The first of these, Image Interpretation of the Paediatric Skeleton: Child Development - Relevance to Imaging Children, is already available, and the remainder will be completed in the first six months of 2014; working titles are ‘dignity’, ‘caring for patients with dementia’, ‘caring for patients with learning disabilities’, and ‘caring for the very elderly’.**
- **We work with a range of voluntary sector organisations in a wide variety of ways to improve care and resources for patients, for example, with Cancer Research UK, Macmillan Cancer Support, Prostate Cancer UK, Mencap, Mind, Alzheimer’s Society, National Osteoporosis Society, etc.**
- **We are making a submission to the National Institute for Health and Clinical Excellence (NICE) for accreditation relative to specific professional guidance we develop. We expect to submit our handbook, setting out our processes and procedures in April 2014, with two guidance documents that address skin care for patients undergoing radical external beam megavoltage radiotherapy, and managing patients with dementia undergoing radiotherapy or clinical imaging examinations.**
- **In 2014, we are revising and updating our Professional Standards for Independent Practitioners<sup>6</sup> and will ensure that this reflects the expectations of safe, high quality and compassionate care.**

## **5.0 A common culture throughout the healthcare system - an integrated hierarchy of standards of service (recommendations 13 - 18)**

5.1 The SCoR takes its duty to provide professional advice and guidance very seriously indeed, working with colleague organisations to do so when appropriate. We do this because statutory regulation must necessarily work at a threshold level and we believe that this level is, in itself, insufficient to prevent inadequate care. Regulation is a matter for governments and current regulators primarily and we contribute to the development of statutory regulation by responding as a matter of course to relevant public consultations. Additionally, we promote the need for statutory regulation where we believe there is clear need, for example, protection of title for sonographers/ultrasonographers.

- **We have set out the scope of practice for the radiography profession and for the assistant practitioner workforce related to radiography, and we accredit individuals at the assistant, advanced practice and consultant practice levels (practitioner level is denoted by registration with the Health and Care Professions Council).**
- **In partnership with The Royal College of Radiologists, we established the Imaging Services Accreditation Scheme (ISAS), delivered on our behalf by the United Kingdom Accreditation Service. This sets the standard for clinical imaging services in the UK, with an integrated set of standard statements across the four core domains of safety, patient experience, clinical, and facilities, resources and**

**workforce. The number of clinical imaging services accredited to the ISAS Standard is growing.**

- **We will develop a similar standard to the ISAS Standard for radiotherapy services, again in partnership. This will further strengthen these services longstanding embrace of high quality through external accreditation to the ISO 9001 standard by, for example, CHKS Ltd or the British Standards Institution, and will build on the peer review measures in radiotherapy to which we contribute.**

## **6.0 Responsibility for, and effectiveness of, healthcare standards (recommendations 19 - 59)**

6.1 As noted above, regulation is primarily a matter for governments and, having examined recommendations 19 - 59, we re-iterate this view. We set out in this response those things we have done, are doing and will continue to do to play our part in the delivery of effective, high standards of healthcare. In this regard, we draw particular attention to the revision of our Code of Professional Conduct,<sup>2</sup> our work to promote the accreditation of imaging services to the ISAS Standard (which includes direct observation of practice and direct interaction with patients, those accompanying patients, and staff as part of the accreditation and periodic re-accreditation process). We also draw particular attention to our intention to develop a similar process to ISAS for radiotherapy services, and our work to become accredited by the National Institute for Health and Care Excellence (NICE) relative to our professional guidance.

6.2 In our view, the regulatory framework for the delivery of healthcare services should support the adoption of high standards of care, be focussed on care outcomes and encourage openness about, and reporting of, errors and breaches so that organisations adopt a cycle of continuous learning that works to keep patients safe and properly cared for. Where it is clear that a service is incapable of meeting fundamental standards, we agree there should be strong measures available to deal effectively with system failure and to hold to account those individuals responsible for leading those failing services.

6.3 We agree that NICE has a very important part to play in establishing standards, measures and tools for the delivery of safe, high quality healthcare. We particularly welcome the call for NICE to produce evidence-based tools for establishing the likely requirements for staff numbers and skill mix in services. We believe such tools will be useful to prevent reductions in staff and unsafe skill mix on the basis of cost and affordability. In our experience, saving costs is the main driver for cutting staffing levels, often without regard to what is the safe staffing level and complement.

6.4 The work of NICE is important but we believe it could improve its work by drawing on a much wider range of expertise than it normally does and it must become more welcoming and inclusive of the expertise of the allied health professions, including the radiography profession.

6.5 Similarly, we agree that board members should include representatives of the professions. But we believe that board membership should be on competence and capability rather than because an individual is from a particular profession. In our view, reserved seats for named professions are not appropriate.

6.6 Members of our profession are more than capable of contributing to the work of NICE and of taking up board level positions. However, they need the support of their employers and, sadly, this is often absent. This is a matter whereby UK Health Departments and NHS England could demonstrate leadership by providing clear policy and guidance and we call upon them to do so.

- **As a professional and representative body, we have a compelling duty to report**



- bodies and individuals that we consider to be failing to the relevant regulator(s). We are clear that we have done, and will continue to do, this.**
- **We welcome the recommendation (23) that NICE’s work should include measures of suitability and competence of staff, the culture of organisations, and evidence-based tools to establish necessary staff numbers and skill mix. We will work with NICE on these matters when appropriate.**
  - **We call on the UK Health Departments to provide NHS commissioning and provider organisations with clear policy and guidance on supporting NHS employees to contribute to the work of NICE, Health Boards, and similar organisations.**

## **7.0 Responsibility for, and effectiveness of, regulating healthcare systems governance - Monitor (recommendations 60 - 86)**

7.1 These recommendations are not within the scope of our responsibilities and functions. We offer no comment on them other than to say they appear to be appropriate and proportionate in nature.

## **8.0 Responsibility for, and effectiveness of, regulating healthcare systems governance - Health and Safety Executive (recommendations 87 - 90)**

8.1 We restrict our comments on this section to recommendation 87; we **do not agree** with this recommendation. Based on our work with our network of workplace health and safety representatives, we believe the Health and Safety Executive (HSE) has sufficient scope, experience and integrity to make an impartial and informed assessment of all hospital activity to identify failings in existing systems of work that may compromise patient safety.

8.2 Our membership is responsible for hazardous procedure and goods, and dangerous substances that may affect the health of patients and staff. We have considerable experience of working with the HSE and have always found that the inspectorate is politically impartial, willing to listen, and able to take a sensible and practical view over safe standards of work based on its wide experience and knowledge of all the sectors under their control.

8.3 We would, nevertheless, expect the Care Quality Commission (CQC) to work with the HSE, taking advice from the inspectorate on the feasibility and necessity for formal action, including the potential for prosecution.

## **9.0 Enhancement of the role of supportive agencies (recommendations 91 - 108) and Effective complaints handling (recommendations 109 - 122)**

9.1 We offer no specific comment on these recommendations. We are very happy to endorse them.

## **10.0 Commissioning for standards (recommendations 123 - 137)**

10.1 We point again to our partnership work with The Royal College of Radiologists and commend our joint Imaging Services Accreditation Scheme, a patient centred, developmental scheme that encourages continuous development, with full re-accreditation every four years and annual monitoring and evaluation throughout each four-year cycle. As noted previously, the ISAS standard is comprehensive, spanning the domains of safety, patient experience, clinical, and facilities, resources and workforce.

10.2 Relative to radiotherapy services, these are externally accredited and operate to the ISO 9001 quality management standard. Additionally, in England, there is a set of national peer review measures against which services are audited. Our organisation contributes to the peer review measures work on an on-going basis and we will develop a standard similar to the ISAS standard for radiotherapy services.

10.3 Commissioners of clinical imaging and radiotherapy services should commission against these national standards which have been developed by the relevant professions in partnership with patients and service users.

- **We expect all clinical imaging services to become ISAS accredited and all radiotherapy services to be externally accredited to the ISO 9001 quality management standard as well as to engage in periodic audit against the national peer review measures.**
- **We expect commissioners of clinical imaging and radiotherapy services to commission services that are ISAS accredited (for clinical imaging) and are externally accredited to ISO 9001 (for radiotherapy services).**

## **11.0 Local scrutiny; Performance management and strategic oversight; Patient, public and local scrutiny (Recommendations 138 - 151)**

11.1 These recommendations lie outside our organisation's functions and responsibilities. We offer no specific comment on them and believe they are useful and helpful.

## **12.0 Medical training and education (recommendations 152 - 172)**

12.1 In the main, these recommendations lie outside our organisation's functions and responsibilities. Generally, these recommendations are quite technical and relate to the duties and responsibilities of the General Medical Council (GMC) and to the structures that support the education and training of medical doctors with a particular focus on ensuring that they better enable and support patient safety in healthcare provider organisations.

12.2 We welcome the recommendations and believe that their scope should apply to regulators similar to the GMC, for example, to the Health and Care Professions Council where appropriate.

## **13.0 Openness, transparency and candour (recommendations 173 - 184)**

13.1 We entirely support the demand that healthcare staff and the organisations in which they work must be honest, truthful and open in all dealings with patients and the public, and that personal and organisational interest must never outweigh this duty. We expect the radiography profession and workforce to provide full and truthful answers to questions from their patients about the clinical imaging examinations undertaken or radiotherapy given, working within their personal scopes of practice and knowledge and skills. Where patients ask questions that fall outside an individual's scope of practice, then we expect the patient to be properly referred to an appropriate professional within or outside the clinical imaging or radiotherapy team. We have expressed these expectations clearly in the revisions we made during the past year to our Scope of Practice<sup>3</sup> statement, and to our Code of Professional Conduct.<sup>2</sup>

13.2 Through our comprehensive local workplace representative and officer networks, we encourage our members to raise patient safety and care concerns in the workplace, using their employers' standard procedures. Where concerns go unaddressed, we will raise matters within and outside of organisations as we deem necessary.

13.3 We understand and support the call for the duty of candour to become a statutory obligation of registered professionals, although we have reservations about the practicalities associated with this, especially how candour can be prevented from being used as evidence of civil or criminal liability. We will, therefore, be looking closely at consultations and draft legislation that relate to this matter.

13.4 For similar concerns about the practicalities, we will examine closely draft legislation intended to establish as a criminal offence wilful obstruction of others in the performance of their statutory duties, the provision of intentionally misleading information to a patient/patient's nearest relative, and making deliberately untruthful statements to a commissioner or regulator (recommendation 183 refers).

- **We have revised and published our scope of practice statements for the radiography profession<sup>3</sup> and for the assistant practitioner workforce related to radiography.<sup>4</sup>**
- **We have strengthened our Code of Professional Conduct<sup>2</sup> and addressed the need for honesty, truthfulness and openness within it.**
- **We support our members in raising concerns about patient safety and care in their workplaces, and we will take these further if they are not adequately addressed.**
- **As consultations and/or draft legislation related to new statutory obligations and criminal offences emerge, we will make full and considered responses on behalf of the radiography profession and wider workforce.**

## **14.0 Nursing (recommendations 185 - 213)**

14.1 Radiography is a member of the allied health professions rather than nursing. Nevertheless, we felt it important to consider the recommendations for nursing and to consider whether there were lessons for radiography. A sizeable amount of the work of our organisation relates to education and we have been setting the standards for radiography initial and post-qualifying education since the Society of Radiographers was established in 1920, although statutory responsibility for the standards of proficiency, and education and training for entry to the profession now resides with the Health and Care Professions Council (HCPC).

14.2 Through our Approval and Accreditation Board (AAB), we undertake approvals of education and

training programmes for the assistant workforce, for entry to the profession, and for continuing education and postgraduate programmes, regularly maintaining and updating our standards. As noted earlier, we also accredit individuals for their levels of practice at assistant, advanced and consultant practitioner level. We have always given equal emphasis to the practical training as to the theoretical and have decided to enhance this further by developing practice standards for diagnostic and therapeutic radiography; these will form a core part of our Education and Career Framework which was revised during 2012 and re-published in January 2013.<sup>5</sup> This work is timely and will take into account the HCPC's new Standards of Proficiency for radiographers, published in May 2013,<sup>7</sup> and the recommendations for nurse education and training in the Francis Report.

14.3 For almost a decade we have provided our members with an e-based continuing professional development (CPD) tool which enables them to identify professional learning outcomes relevant to their practice and record and reflect on a wide range of related CPD activities. This year we have undertaken a major upgrade of our CPD tool to further facilitate members' CPD recording and reflections.

14.4 In 2014, we will scope a piece of work associated with our CPD tool aimed at those thinking of entering the profession. The intention is to make it available to prospective students and to encourage them to identify personal development goals related particularly to the values and behaviours appropriate to pursuing a healthcare profession in which there is constant interaction with patients. We believe this work will tie in with recommendation 185, not solely for nursing but for the radiography profession. Also, in the early part of 2014, we are undertaking a major re-build of our careers website and will be ensuring that values and behaviours appropriate to a career in radiography feature strongly in the new website.

14.5 Our CPD tool can be used throughout individuals' careers, enabling those seeking posts to provide evidence of their values and compassionate care behaviours as well as the development of their professional skills and knowledge. It is also able to support annual appraisal and development reviews. However, we believe there is an urgent need for healthcare organisations to take annual appraisal and development reviews seriously, to ensure that these are positively focussed processes that are welcomed and valued by appraisers and appraisees alike, and to give them the priority they should have. In 2004, the NHS adopted a new pay and reward system with its Knowledge and Skills Framework<sup>8</sup> and a clear requirement to undertake annual reviews. We believe there can be no excuse for the current patchy and half-hearted approach to annual appraisals experienced by our members.

14.6 Our organisation already expects leadership training to be part of initial and continuing education, and leadership skills to be evident at all levels of the radiography profession and workforce. Indeed, we promoted successfully the need for leadership to be included by the HCPC within the recently published Standards of Proficiency - Radiographers.<sup>7</sup>

14.7 We offer a short, intensive course on leadership development within our conferences and events programme once or twice every year and, in 2014, we are adding a further leadership development course to our existing provision.

14.8 Our Education and Career Framework<sup>5</sup> includes learning outcomes relevant to developing leadership skills at all levels of professional practice and earlier this year we published the outcome of a project to develop draft modules and a credit framework to support development of management skills in radiographers,<sup>9</sup> particularly those leading and managing services. We have also updated our guidance on professional supervision in November 2013.<sup>10</sup>

14.9 Overall, the recommendations for nursing are equally pertinent to the radiography workforce, particularly those related to education, training and development. We set out below the work we have undertaken in the past year, or have scheduled for the coming year, to continue to strengthen our education and training functions.

- **Completed a thorough revision and updating of our Education and Career Framework<sup>5</sup>**

- **Undertaken a major upgrade of our e-portfolio CPD tool**
- **Published draft modules and credit framework to support high level leadership and management development<sup>9</sup>**
- **We offer up to two leadership development courses per annum, Developing Excellence in Clinical Leadership; and are adding a new course, Choosing Health and Wellbeing: Improving Working Lives, to our programme.**
- **We are publishing revised and updated guidance on professional supervision<sup>10</sup>**
- **We are re-building our careers website and will feature values and behaviours strongly within it**
- **We will be undertaking a project to establish practice standards for diagnostic and therapeutic radiography**
- **We will be scoping the potential to use our e-CPD tool to enable those thinking of applying to enter the profession to develop and evidence their values and behaviours relative to a career in patient-facing healthcare.**

14.10 We felt that **Recommendation 201** needed a specific response. This recommendation called upon The Royal College of Nursing to consider whether it should formally divide its “Royal College” functions and its employee representative/trade union functions. As our own organisation spans a similar spectrum, we deemed it appropriate to examine this matter in depth. We concluded that our governance and operational structures enable us to function effectively; please see appendix 2 for more detail.

14.11 We also felt that **Recommendation 209** warranted a specific response as it, too, is a significant recommendation for the radiography profession and workforce. It suggests that a system of registration is needed for all individuals involved in giving direct care to patients under the care of a registered nurse or registered doctor. We are unconvinced that this is necessary.

14.12 Registered radiographers work with unregistered assistants and support staff, taking responsibility for their supervision in the workplace including supervising those at the assistant level who are expected to irradiate patients and/or undertake other routine clinical procedures. We introduced a system of accreditation for assistant practitioners some years ago and, last year, took the decision to recognise only those we have accredited as assistant practitioners. This takes effect from 1<sup>st</sup> January 2014 for new assistant practitioners, and 30<sup>th</sup> September 2014 for those currently employed as assistant practitioners but not yet accredited. We have tightened the process further by requiring re-accreditation on a two-yearly cycle.

14.13 For the radiography profession and workforce, we feel these measures are proportionate and robust, and we expect all NHS employers to require those employed as assistant practitioners in clinical imaging or radiotherapy services to become accredited and to maintain their professional accreditation.

## 15.0 Leadership (recommendations 214 - 221)

15.1 Our organisation believes that leadership is fundamental to the delivery of high quality, safe and effective healthcare, and supports the thrust of these recommendations. In the preceding section on nursing, we set out some of our key work on leadership. Additionally, we are in the process of validating some e-learning resources that we believe our members in, or aspiring to, leadership and management roles will find useful.

- **We are currently validating some e-learning resources to support members in or aspiring to leadership and management roles.**

## **16.0 Professional regulation of fitness to practise (recommendations 222 - 235)**

16.1 We are happy to endorse these recommendations although we believe the scope of the recommendations should include the Health and Care Professions Council where appropriate.

## **17.0 Caring for the elderly (but applicable to all patients) (recommendations 236 -243)**

17.1 The radiography profession and workforce is in daily contact with many elderly patients and the average age of the population examined or treated by our members is rising in line with the average age of the population in the UK. Cancer predominantly affects the older population so most patients undergoing radiotherapy will be in the second half of their lives and a sizeable number will be elderly. The majority of in-patients, many of whom will be elderly, will have an imaging examination during their stay in hospital. Accordingly, we paid particular attention to these recommendations and endorse them fully.

17.2 As noted earlier, we are developing some e-learning continuing education materials to address a range of patients with special needs, including the very elderly and we are developing a guidance document on managing patients with dementia undergoing radiotherapy or clinical imaging examinations.

## **18.0 Information (recommendations 244 - 272)**

18.1 Our profession and workforce is in the vanguard with regard to electronic/digital information systems and technology both in imaging and in radiotherapy services. We are pleased to support these recommendations; and, through our information management and technology (IM&T) advisory group and by working with our colleague allied health professions, we contribute to relevant IM&T workstreams, including the work of the newly created Professional Records Standards Body.

## **19.0 Coroners and inquests (recommendations 273 - 285)**

19.1 We offer no view on these recommendations as they deal with matters beyond the scope of our roles and functions.

## **20.0 Department of Health leadership (286-290)**

20.1 We applaud these recommendations, particularly recommendation 286 and the proposal that impact and risk assessments should be made public and publicly debated before any major structural change to the healthcare system is accepted; in our view, previous major structural changes have been ill conceived and badly executed. We expect that recommendation 286 will be adopted and adhered to in full and we intend to play a strong and positive part in holding to account those responsible for our healthcare systems.

## 21.0 Summary

21.1 The Society and the College of Radiographers has used the publication of the Francis Report to examine whether there are lessons for our organisation and the radiography profession and workforce.

21.2 We are mindful that, while no radiographers came under scrutiny in the public inquiry, their work may well have brought them into contact with patients experiencing dreadful standards of care.

21.3 We followed the inquiry while it was on-going and have looked carefully at the subsequent report and recommendations. The inquiry informed some of our work last year, with the report and recommendations influencing work undertaken in 2013 as well as informing work to be undertaken in 2014. Undoubtedly, too, the inquiry, report and recommendations will resonate within our work well beyond 2014.

21.4 At the end of our detailed consideration of the report and recommendations, we believe we have a much stronger Code of Professional Conduct<sup>2</sup> with clearly reinforced expectations about values and behaviours, and a range of support, guidance and tools available (or available shortly) to the profession and workforce to help them to ensure that patients are truly and meaningfully at the centre of their work. We are also clear that our function as a professional and a representative body enables us to support our profession and members in delivering excellent, safe and compassionate patient care.

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(all links accessed 20th Nov 2013)

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## **Appendix 1: Society of Radiographers/College of Radiographers: Learning the Lessons from the Francis Working Group**

Membership:

President (and Chair of the Working Group), and President Elect (Jackie Hughes, Pamela Black)

Chair of the College Board of Trustees (Pat Williams)

Convenor of the Public Patient Liaison Group (Philip Plant)

Director of Professional Policy (Audrey Paterson)

Director of Industrial Strategy (Warren Town)

2 X Professional Officers (Christina Freeman and Sarah James)

1 X National/Regional Officer (Marie Lloyd)

Manager of Imaging services at Mid Staffs NHS Foundation trust prior to and during the period of the Inquiry to retirement in March 2013 (Kate Garas)

Secretariat: Elizabeth Robinson

Other members to be co-opted as necessary

Remit: the group will

- consider the implications of the Francis Report for the Society and the College of Radiographers
- assess impact on current and planned work-streams and activities
- develop a work programme to ensure that lessons are learned from the report and embed that work programme in the organisations' activity
- keep members and the public informed notably through the publication of a final report.

## **Appendix 2: Patient Safety and the Society of Radiographers and the College of Radiographers:**

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## **Recommendation 201 of the Francis Report**

### **Introduction**

The Society of Radiographers (SoR) was established in 1920 to represent the profession of radiography and the interests of its members. Since then, it has developed structurally to ensure effective delivery of its Objects, establishing the College of Radiographers (CoR) as an independent, wholly owned subsidiary company in 1976. Objects of the SoR and the CoR are held in common, with the SoR holding two additional Objects.

The SoR is a professional body and a certified trade union, affiliated to the Trades Union Congress. The College of Radiographers is a charity registered in England, Wales and Scotland. Professional body functions are carried out by the SoR and CoR jointly (SCoR) and trade union work by the SoR. There is a joint strategic planning cycle, complementary strategic plans and a jointly appointed Chief Executive Officer to oversee the competent discharge of the organisation's activities. The elected Council of the SoR determines the policy and strategic objectives of the SoR and the appointed Board of Trustees of the CoR sets policy and strategic objectives for the CoR.

### **Membership of the SoR**

Membership of the Society of Radiographers confers both benefits and obligations. Benefits include collective and individual representation on employment matters; personal professional indemnity insurance; guidance and advice related to professional practice, education, health and safety, and employment; regular news, professional practice and research publications; and access to a team of lay and paid officers and staff for specific advice and guidance. Obligations include the requirement to comply with the Code of Professional Conduct,<sup>2</sup> and to practice in accordance with the Scope of Practice,<sup>3</sup> both of which are reviewed and updated regularly.

### **Patient safety and compassionate care**

The SCoR is pro-active in ensuring that members are able to deliver compassionate and safe care through promoting high standards of practice, excellent initial and continuing education, and research. Additionally, the SoR works to secure safe and just work places, fair remuneration and conditions of employment, and strong collective engagement of members on both professional and industrial matters. Members are able, therefore, to do what is right and 'the right thing' for patients.

In conjunction with the Royal College of Radiologists, the CoR sets the comprehensive standard for the delivery of clinical imaging services in the UK and services may seek accreditation by the United Kingdom Accreditation Service. Radiotherapy services are covered by the ISO 9001 quality management standard.

### **Patient safety concerns**

Concerns about patient safety arise from SoR members and, less frequently, from members of the public. The organisation deals with these concerns regularly. Members raising concerns are provided with advice, guidance and support to address and resolve the issue, and the matter is logged against his or her record. Members of the public are also given advice appropriate to their concern. Occasionally, further action may be required. This is managed and overseen by senior staff of the organisation in accordance with long established policy.

### **Conclusion**

The SoR and CoR confirm that they are able to deal effectively and properly with matters of public and patient safety drawn to their attention by SoR members or by the public, having reflected on the matter at some length following the publication of the second Francis Report.

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