

1 **The radiological investigation of suspected physical abuse in children:**

2  
3 Proposed revisions

4  
5 **1. Recommendation 4**

6  
7 *Extant wording:*

8  
9 Where a child is suspected of being the victim of physical abuse, the following children under  
10 two years old should also undergo imaging regardless of the findings from any physical  
11 examinations:

- 12 - Any multiple birth sibling such as a twin, triple or quad  
13 -Siblings and children living in the same household or family.

14  
15 *Proposed wording:*

16  
17 **When serious injury is identified in a child due to suspected physical abuse:**

- 18 - **Multiple birth sibling of an index case less than two years should have the**  
19 **same recommended imaging as the index case according to their age.**  
20 - **Imaging should be considered in all siblings and children < 2 years old living in**  
21 **the same household or in the household of the alleged or suspected**  
22 **perpetrator on a case by case basis.**

23  
24  
25 **2. Recommendation 15**

26  
27 *Extant wording:*

28  
29 Two radiographers with documented education and training in paediatric and forensic  
30 radiography techniques should perform the skeletal survey.

31  
32 *Proposed wording:*

33  
34 **Two radiographers with documented education and training in paediatric skeletal**  
35 **survey and forensic radiography techniques should perform the examinations. They**  
36 **should also have level 3 knowledge, skills and competence as set out in**  
37 **[Intercollegiate Safeguarding children and young people: roles and competences for](#)**  
38 **[health care staff 2014, RCPCH.](#)**

39  
40 **Explanatory text:**

41 **In accordance with the SCoR scope of practice 2013 ‘a member of the professional**  
42 **workforce can develop his or her own scope of practice as he or she determines,**  
43 **provided that he or she is adequately educated and trained and competent to practice’**  
44 **[https://www.sor.org/learning/document-library/scope-practice-2013/3-defining-](https://www.sor.org/learning/document-library/scope-practice-2013/3-defining-individual-scope-practice)**  
45 **[individual-scope-practice](https://www.sor.org/learning/document-library/scope-practice-2013/3-defining-individual-scope-practice)**

46  
47 **Imaging in Suspected Physical Abuse and forensic radiography techniques do not**  
48 **form part of the threshold standards required for registration as a diagnostic**  
49 **radiographer.**

50 **‘HCPC Standards of proficiency: radiographers’ [https://www.hcpc-](https://www.hcpc-uk.org/assets/documents/10000DBDStandards_of_Proficiency_Radiographers.pdf)**  
51 **[uk.org/assets/documents/10000DBDStandards\\_of\\_Proficiency\\_Radiographers.pdf](https://www.hcpc-uk.org/assets/documents/10000DBDStandards_of_Proficiency_Radiographers.pdf)**  
52 **The SCoR recognises these elements of diagnostic radiographer practice as requiring**  
53 **post registration and post graduate level training and development.**

54 ([https://www.sor.org/learning/document-library/guidance-radiographers-providing-](https://www.sor.org/learning/document-library/guidance-radiographers-providing-forensic-radiography-services-0)  
55 [forensic-radiography-services-0 https://www.sor.org/learning/document-](https://www.sor.org/learning/document-library/practice-standards-imaging-children-and-young-people)  
56 [library/practice-standards-imaging-children-and-young-people](https://www.sor.org/learning/document-library/practice-standards-imaging-children-and-young-people) )  
57

58 Short courses and study days can be found here: [https://www.sor.org/short-courses-](https://www.sor.org/short-courses-study-days)  
59 [study-days](https://www.sor.org/short-courses-study-days) and College of Radiographers approved Post Graduate Programmes here:  
60 <https://www.sor.org/learning/post-registration-courses>  
61

### 62 3. Recommendation 18

63 *Extant wording:*

64  
65  
66 In addition to the radiographers, a registered paediatric nurse or a registered health  
67 or care practitioner should be present during the examination. This should be a  
68 statutorily regulated healthcare professional who a) is able to act autonomously and  
69 b) has a scope of practice which includes an understanding of the legislation applying  
70 to children with suspected physical abuse. Examples of appropriate staff roles include  
71 registered paediatric nurse or registered nurse with paediatric training. The roles of  
72 healthcare assistant, assistant practitioner and associate professional do not currently  
73 meet the criteria of statutory regulation.  
74

75  
76 *Proposed wording:*

77  
78 **In addition to the radiographers, a registered children’s nurse or an appropriately**  
79 **educated health or care practitioner on a statutory register should be present during**  
80 **the examination. This should be a healthcare professional who:**  
81 **a) is able to act autonomously and**  
82 **b) has a scope of practice which includes an understanding of the legislation applying**  
83 **to children with suspected physical abuse.**  
84

85 **Examples of appropriate staff roles include registered children’s nurse or registered**  
86 **social worker. The roles of healthcare assistant, assistant practitioner or associate**  
87 **professional do not currently meet the criteria of autonomous practice, underpinning**  
88 **knowledge or the requirement for statutory regulation.**  
89

90 **Explanatory text (either as an appendix or underneath standard):**

91 **The individual accompanying the child (and potentially the parent/carer) should:**

- 92 • **have level 3 knowledge, skills and competence as set out in Intercollegiate**  
93 **Safeguarding children and young people: roles and competences for health**  
94 **care staff 2014, RCPCH.**
- 95 • **Provide support for continuity of evidence i.e. accompany the child from the**  
96 **Ward to the imaging Department, provide continuous observation during the**  
97 **procedure and accompany the child back to the ward**
- 98 • **Provide effective support for the traumatised child and the accompanying**  
99 **adults,**
- 100 • **Be able to observe parent-child interactions;**
- 101 • **Be able to provide support for immobilisation of the child during the procedure**  
102 **as required and directed by the radiographers**
- 103 • **be able to write high level reports detailing evidence;**
- 104 • **be able to give effective evidence in court if required**

105 **The accompanying healthcare professional should understand that a failure to ensure**  
106 **they have the right level of knowledge and skills could have a detrimental impact on**

107 **the success of any criminal court proceedings and thereby a failure in the duty of care**  
108 **and protection of the child as outlined in professional codes of conduct**

109  
110

#### 111 **4. Recommendation 44**

112

113 *Extant wording:*

114

115 Where abuse is historic, a child may present with:

116 - Unexplained neurological abnormalities

117 - Neurological developmental concerns in the context of suspected physical abuse

118 -An unexplained increasing head circumference.

119 In such cases, MRI of the head is the best first-line imaging investigation and should be

120 performed urgently in view of child protection concerns for **the individual child and for**

121 **their siblings.**

122

123 Standard MRI protocols should be obtained as suggested in Appendix K, but in these cases,

124 spinal imaging is not required routinely.

125

126 Any CT or MRI imaging should be acquired and reported, within 24 hours and certainly no

127 later than 72 hours from the request being made.

128

129 *Proposed wording:*

130

131 **Where abuse is historic, a child may present with:**

132 - **Unexplained neurological abnormalities**

133 - **Neurological developmental concerns in the context of suspected physical**  
134 **abuse**

135 - **An unexplained increasing head circumference.**

136 **In such cases, MRI head of the index child is the best firstline imaging investigation**

137 **and should be performed urgently in view of child protection concerns for the**

138 **individual child and the family.**

139

140 **Standard MRI protocols should be obtained as suggested in Appendix K, but in these**

141 **cases, spinal imaging is not required routinely.**

142

143 **Any CT or MRI imaging should be acquired and reported, within 24 hours and**

144 **certainly no later than 72 hours from the request being made.**

145

146