Professional Standards For Independent Practitioners

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Summary

The SCoR supports the role of the independent practitioner and recognises the need for policies to enable them to provide high professional standards of care. This document provides guidelines for professional practice for members who are working as independent practitioners; it does not directly apply to employees of independent providers.

1. Introduction

1.1 The term **Independent Practitioner** encompasses all those members of The Society and College of Radiographers (SCoR) who are healthcare practitioners (whether registered with a regulatory body or not) **and who are not directly classed as employees**.

1.2 Independent Practitioners provide services to Healthcare Commissioners, Trusts and Health Boards, corporate medical companies and, in some cases, directly to members of the public who may self-refer. These services include diagnostic imaging, screening, Dual Energy X-Ray Absorptiometry (DEXA), therapy and education. Independent practitioner members may, for example, be self-employed, partners, company directors, franchisors or franchisees.

1.3 There is increasing demand on diagnostic imaging and therapy services to meet the requirements of the various National Screening Programmes, local and national targets for diagnosis and treatment as well as new initiatives on early cancer diagnosis. The coalition government's white paper 'Liberating the NHS'[1] outlines the role General Practitioners (GPs) will have in leading commissioning in England which will include all 'willing and able' providers. This will accentuate the need for alternative high quality specialist services providing services to the NHS who may also be able to offer provision closer to where people live.

1.4 The SCoR supports the role of the independent practitioner and recognises the need for policies to enable them to provide high professional standards of care. This document provides guidelines for professional practice for members who are working within the definition stated above; it does not directly apply to employees of independent providers.

1.5 This document does not advise on legal and internal revenue matters for independent practice, or on the setting up of private companies. Additional advice on these matters should be sought from appropriate sources.

2. Philosophy and Aims

2.1 The aim of an independent service is to provide both the patient and the client (clinician, commissioner or purchaser) with a high quality of service. The service must ensure safe and effective patient care which complies with relevant statutory instruments and clinical governance policies. Of particular relevance are current regulations and advice controlling the use of ionising and other radiations and registration with the Care Quality Commission in England, or its equivalent in Scotland, Wales and Northern Ireland.

2.2 Independent practitioners practise in a number of settings ranging across NHS Trusts, Health Boards, local communities and the private sector. In each instance, independent practitioners will strive to deliver a high quality service for their patients. Clinical governance will play a key role and places particular emphasis on lifelong learning, professional self-regulation, and the setting, delivering and monitoring of standards. The Ionising Radiations Regulations 1999 (IRR99)[2] and the Ionising Radiation (Medical Exposure) Regulations (2000)[3] and 2006[4] will also impact significantly on practice and procedures for ensuring safety.

2.3 In a service where there is an ever-increasing demand on resources, difficult choices may have to be made which could influence the quality of service being offered. It is in the interest of patients, commissioners and professional staff that the service is of the highest quality. Individual independent practitioners have a duty to their patients to have due regard to their professional code of conduct in their practice and it is vital that an independent practitioner is not compromised in his/her professional role when dealing with a patient. Indeed, independent practitioners must work within the statutory obligations placed on all healthcare professionals and it is no defence to claim that certain working practices remove professional responsibility from the individual. Independent practitioners must recognise and avoid conditions and practices that are inappropriate and ensure they develop and maintain high quality services at all times.

3. Models of Independent Practice

3.1 Independent practice may take any of the following forms

- self-employed
- sole traders
- partnership
- limited liability partnerships (LLP)
- limited liability companies (LLC)
- franchisor
- franchisee

3.2 Members are advised to seek advice from appropriate sources as to which model is suitable for their own particular practice. Further information on business models can be found at www.businesslink.gov.uk. This site is large and the 'starting up' page may be of particular help to those new to independent practice.

4. Codes of Proficiency, Conduct and Ethics

4.1 This document should be read in conjunction with the following documents:

- The Code of Conduct and Ethics (2008)[5] published by the SCoR. This document provides guidance to all members of the imaging and radiotherapy workforces

- The Standards of Proficiency for Radiographers, published by the Health Professions Council[6] or an equivalent Code published by another statutory regulatory body (eg Nursing and Midwifery Council)
- The Standards of Conduct, Performance and Ethics, published by the Health Professions Council[7] or an equivalent Code published by another statutory regulatory body (eg Nursing and Midwifery Council)
- The Code of Conduct and Ethics of the Public Voluntary Register of Sonographers[8] which is hosted by the SCoR. All qualified sonographers are encouraged to join this Voluntary Register.

Together, these documents set out the underpinning values and principles required to promote, maintain and disseminate the highest standards of professionalism including responsibility and accountability, thereby enhancing the good standing and reputation of the members of the SCoR

5. Care Quality Commission

All independent practitioners in England are at least potentially required to register with the Care Quality Commission (CQC). This is a statutory requirement effective from 1st October 2010.

The registration requirements do not apply to employees, only to the legal entity or organisation that is delivering a service or services. 'The Scope of Registration' can be found via the CQC website[9] .

The SCoR's understanding is that the following exemptions from registration apply but it is vital that independent practitioners refer to the CQC directly if at all uncertain as to whether a particular service needs to be registered or not. This advice must not be used in place of definitive guidance from the CQC itself.

i) You will not need to register if the sole or main purpose of the services you are providing is the provision of primary medical services made in pursuance of the NHS Act. This would include providing diagnostic, screening or treatment services as part of a GP's service or under a primary medical contract with Primary Care Trusts or Strategic Health Authorities. In all cases if you are not a provider in your own right, but are either employed or paid by a provider to carry out work for their service, then you will not need to register. Please note that providers of primary medical care will need to register with the CQC from April 1st 2012, this includes GP practices. If you largely perform your work within this category but also see patients via other pathways you will need to register if you wish to continue with this aspect of your practice unless the sole or main purpose of the services you are providing is the provision of primary medical services under a contract made in pursuance of the NHS Act.

ii) You will **not** need to register if you use 'consulting rooms' rented in an independent hospital that is itself registered with the CQC. However, all aspects of your work must be carried out under the hospital's management and policies. This is usually done by the independent hospital granting 'practising privileges'. You are advised of the need to ensure that you have been granted 'practising privileges' and that this remains current.

If your work does not fall within one of the above categories you will most likely need to register. If you are in any doubt, the SCoR advice is to contact the CQC as the onus is on the provider of services to register. There is, however, a very wide variety of ways in which services are delivered by providers; the CQC may not be able to advise in advance as to whether registration is required in every case and may request that the application form is completed so that a full assessment can then be made.

The CQC has advised the SCoR that 'keepsake' or 'souvenir scanning' ultrasound providers in pregnancy do come within the 'Scope of Registration'.

The application forms are available from http://www.cqc.org.uk/content/contact-us Telephone 03000

616161. CQC Customer Services Team are available 8.30am to 5.30pm, Mondays to Fridays.

A series of Frequently Asked Questions (FAQs) are available on the SCoR website.
http://doc-lib.sor.org/care-quality-commission-cqc-regulation-faqs-0#top

Please note that CQC registration applies to England only. There are equivalent bodies to the CQC in Scotland, Wales and Northern Ireland and members in the above categories are advised to make enquiries with them as to whether there are plans to register diagnostic, therapy or screening services as in England. The SCoR's understanding is that the CQC is the first health and social care services regulator to expand the scope of service provider regulation. Web links to the regulators in all four countries are below.

There may be cross border issues if practising in Scotland or Wales but also providing independent diagnostic, screening or therapy services in England, and advice should be sought from the CQC if you believe you fall into this category.

England: Care Quality Commission: http://www.cqc.org.uk/
Scotland: Scottish Commission for the Regulation of Care: http://www.carecommission.com/
Wales: Health Inspectorate Wales: www.hiw.org.uk
Northern Ireland: Regulatory and Quality Improvement Authority: www.rqia.org.uk

Further information can be obtained from http://www.cqc.org.uk/

6. Fetal Anomaly Screening Programme and Independant Practice

Independent practitioners in England must meet the comprehensive requirements of the Fetal Anomaly Screening Programme (FASP)[10] when undertaking screening examinations that form part of the FASP remit. These are first trimester Down's syndrome screening and the second trimester 18 weeks to 20 weeks 6 days fetal anomaly scan. There are equivalent organisations to FASP in Wales, Scotland and Northern Ireland.

7. Liabilities

7.1. A healthcare professional such as a radiographer or sonographer, as with any professional person, is liable in common law for any injury caused to a patient or client through breach of contract and acts of wilful or professional negligence whilst carrying out his or her professional duties. This is in common with all persons who hold themselves, and the services they offer, out to the public as having special skills.

- When a practitioner is self-employed (or similar) there will be no employer that is vicariously liable. Hence, provision for professional indemnity cover for allegations of negligence must be made.
- Independent practitioners acting as employers will be vicariously liable for the harm caused by the employees of their organisations.
- An employer is not liable for the acts of independent contractors; ie self employed (or similar status) people who are working under a contract to provide services.
- Independent Practitioners acting as employers have a duty to their employees under Health and Safety laws.

7.2 The above makes it imperative that all independent practitioners ensure that they are covered in

terms of professional and vicarious liabilities and third party insurance.

7.3 The SCoR provides Professional Indemnity Insurance (PII) to its members but it is important that the advice is followed. Details are available from http://www.sor.org/members/membershipcentre/profindemn.htm

The above is a link to a general PII insurance statement that applies to all modalities. There is also a specific statement for ultrasound entitled 'Statement on Ultrasound Referrals and Professional Indemnity Insurance[19]':

http://doc-lib.sor.org/statement-ultrasound-referrals-and-professional-i...

It should be noted that the SCoR PII only covers individual members and not companies.

7.4 Independent practitioners will need to ensure that they are also covered for 'third party' liability, equipment damage or loss, transport of equipment and corporate insurance when running a company or business. Other forms of insurance to cover for personal illness or disability may also be advisable.

7.5 This document does not cover legal matters. Independent Practitioners are strongly advised to seek legal advice from appropriate sources to clarify the full extent of their own particular legal position and liabilities.

8. Operational Policy

8.1 Independent practitioners must have a written operational policy which embraces all aspects of their work. The working environment must be safe and must comply with all statutory health and safety requirements, such as the Health and Safety at Work Act (1974)[11], Management of Health and Safety Work Regulation (1999)[12] and IR(ME)R (2000[3]; 2006[4]).The following section identifies areas that need to be covered.

8.2 All work must be monitored and verified in order to provide an efficient audit system.

8.3 A dose reduction policy, specifying appropriate mechanisms for ensuring that the dose to the patient is kept as low as reasonably achievable (ALARA principle), must be established when ionising radiation is being employed. Similarly with ultrasound the British Medical Ultrasound Society safety statements should be followed: http://www.bmus.org/policies- guides/pg-safetystatements.asp

For magnetic resonance imaging (MRI) scans, independent practitioners should follow the advice given in the SCoR document entitled 'Safety in Magnetic Resonance Imaging' (2007)[13].

Supply, administration and prescribing of medicines (including contrast agents) must be done within the current legislations. For information reference should be made to The Supply, Administration and Prescribing of Medicines: guidance and advice for the radiography workforce (2010)[14].

8.4 Where independent practitioners have a direct role in the procedure, there should be a protocol for reporting and interpretation of images and a framework of supervision for advice and guidance.

8.5 There should be recognition of agreed referral sources

8.6 Practice should be evidence based.

8.7 There should be protocols concerning all aspects of Health and Safety for patients, staff and members of the public, including those pertaining to the safe use of ionising radiations and to ensuring personal safety.

8.8 There should be due regard to quality assurance including safety, inspection and testing of equipment and the appropriate quality assurance procedures.

8.9 There must be a comprehensive training and development strategy. Independent practitioners must be aware of their professional responsibility to keep their practice current with respect to equipment/techniques and dose reduction/minimisation methods. Independent practitioners should record all relevant continuing professional development (CPD) activities in accordance with the CPD policy of SCoR and the statutory requirements of the HPC or other regulatory bodies.

8.10 There should be a clear policy on the information to be issued to patients.

8.11 There should be a regular review of all equipment and an equipment replacement programme should be established.

8.12 There should be declared, unambiguous and acceptable levels of care for patients including statements on relationships, standards and facilities.

8.13 Patient/client confidentiality must be maintained at all times.

8.14 There should be due regard to ethical standards.

9. Clinical Governance

9.1 Clinical governance was defined in the 1998 consultation document 'A First Class Service: Quality in the New NHS'[15] as:

‘a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.’

9.2 The ethos of Clinical Governance has been embedded throughout this document. However, the key components and themes that promote good clinical governance are stated here for clarity. These components and themes are aimed at sizeable healthcare organisations but are nevertheless relevant themes that every independent practitioner and small independent practice will need to consider to ensure they have relevant policies and procedures in place.

- **Patient, public and carer involvement;** to include analysis of patient /professional involvement and interaction, and strategy, planning and delivery of care.
- **Strategic capacity and capability;** including planning, communication and governance arrangements, and cultural behaviour aspects.
- **Risk management;** incident reporting, infection control, prevention and control of risk.
- **Staff management and performance;** recruitment, workforce planning and appraisals.
- **Education, training and continuing professional development;** including professional re-validation, management development, confidentiality and data protection.
- **Clinical effectiveness;** clinical audit management, planning and monitoring, learning through research and audit.
- **Information management;** patient records and other record keeping.
- **Communication;** patient and public, external partners, internal, board and organisation-wide.
- **Leadership throughout the organisation;** including Board, Chair and non- executive directors, chief executive and executive directors, managers and clinicians.
- **Team working within the service;** working with senior managers, clinical and multi-disciplinary teams, and across organisations. NB Independent practitioners have a professional responsibility to interact with other health care professionals and to seek feedback. Responsibilities within a skills mix environment are described in the document

'Team working within clinical imaging: A contemporary view of skills mix' (RCR SCoR 2007)[16].

10. Overall Standards

10.1 Standards

Independent Practitioners are expected to develop, implement and monitor policies embracing the standards below. This will serve to assure patients and commissioners that the service offered by the Independent Practitioner is of a high quality.

- Specific objectives of the service relating to the following must be laid down in writing:
- Provision and maintenance of high quality care
- Provision of the service on a routine and regular (and possibly emergency) basis
- Consultation and co-operation with other health care professionals concerning the provision of the service
- Conduct of professional activities in accordance with the standards set by relevant professional organisations
- Compliance with all relevant Health and Safety regulations, including IRR99[2], IR(ME)R 2000 regulations[3] and IR(ME) Amendment Regulations 2006[4].
- Provision of a courteous and considerate service to patients including the need to respect privacy, confidentiality, diversity and human rights.

10.2 Information governance

Health records are confidential. They should be shared only on a need-to-know basis. Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information. There should be systems in place to protect the confidentiality and security of patient information and provide access to relevant information only to those who need it. In practice, this is addressed through three fundamental principles - **confidentiality, integrity and availability.**

- **Confidentiality** - Information must be secured against unauthorised access.
- **Integrity** - Information must be safeguarded against unauthorised modification.
- **Availability** - Information must be accessible to authorised users at times when they require it.

In order to maintain these principles, the following standards must be observed:

- All patient information should be recorded factually, lawfully and as transparently as possible to allow the public to
    - understand the reasons for processing personal information
    - give their consent for the disclosure and the use of personal information
    - gain their trust in the way the service provider handles the information
    - understand their rights to access information held about them.

Patients' medical records and reports from imaging examinations must be stored in a secure place within a specified time and a duplicate record kept. This may be in paper or digital format such as Picture Archiving and Communications Systems (PACS). A report should be produced for all examinations.

- Films or other images (whether hard copy or digital) must be provided for all examinations except where it has been agreed and documented that this practice is unnecessary.
- Films and records must be kept in accordance with agreed local policy and to comply with

statutory requirements.
- Particular attention must be given to insurance, indemnity, public liability and data protection.

10.3 Referrals

Independent practitioners may only accept requests for examinations involving ionising radiation from Registered Health Care Practitioners (ie they must be registered under a statutory regulatory body in the UK). Requests must be properly authorised in accordance with established criteria, national guidelines and evidence based practice and the examination requested must be of benefit to the patient[17]. The request must contain sufficient clinical information to justify the examination. Independent practitioners may carry out alternative or additional examinations where, in their professional judgement, these are appropriate to the patient's condition.

Independent practitioners may, however, accept self-referrals for relevant examinations where this is allowable. It must be noted that **there is no mechanism for self-referral under the IR(ME)R 2000/2006 legislation**. The SCoR has published advice relating to self- referrals[18]. Further advice relating to ultrasound examinations can be found in the SCoR document: 'Statement on Ultrasound Referrals and Professional Indemnity Insurance Arrangements'[19].

Independent practitioners must use their own professional judgement and not carry out any imaging where, in their professional opinion, the risk to the patient is greater than the benefit obtained by the procedure. It is good practice to go back to the referrer in cases where this is in doubt.

The independent practitioner should ensure that the patient or client has been assessed appropriately prior to undertaking the examination and has given their consent.

- The examination should take place in a clinically appropriate environment.
- Patients must be fully informed of the implications of their examinations and the importance of disclosure of results to their general practitioner/referrer.
- A copy of the results, any risk assessment and information given to the patient is sent to the referrer for their records, so ensuring continuity of care. This is an important standard for the protection of the public.
- The independent practitioner maintains full records for future reference.

10.4 Consent

It is imperative that all independent practitioners are aware of the issues surrounding the gaining of consent from patients and others attending for diagnostic imaging or radiotherapy. Radiographers and sonographers have professional duties and responsibilities in terms of conduct, performance and ethics including a requirement to only undertake those tasks in which they are competent and for which appropriate patient consent has been obtained. The principle of consent to an examination carried out by a healthcare professional is the right of patients to determine what happens to their bodies. The radiographer or sonographer who does not respect this principle is potentially liable to both legal action by the patient and by a regulatory body such as the Health Professions Council. SCoR advice can be found within 'Consent to Imaging and Radiotherapy Treatment Examinations'[20] (2007)

10.5 Policies and procedures

The service must have dated, written policies and procedures to provide the framework for the service being provided. These must be based on current knowledge and principles. To achieve the standard the following must be observed:

- Policies and procedures are reviewed and updated at least annually and should be signed by all involved in the service and dated accordingly.
- Diagnostic imaging and interventional procedures using ionising radiation are performed only

upon written request from an approved referral source or follow published self-referral policies. The request must contain sufficient clinical information to justify the examination (See also section 10.3 on referral). For ultrasound examinations, a verbal self-referral from the patient themselves is acceptable but the reasons for the request should be recorded on the report and the sonographer must be able to justify the examination.
- A written 'intimate examinations and chaperone' policy should be in place. It is good practice to offer a suitable chaperone for all intimate procedures; this should be irrespective of the healthcare professional's gender.
- All images are interpreted and reported in a timely fashion within an agreed scheme of work.
- Protocols relating to all imaging and interventional procedures are available.
- Procedures and Protocols as required under IR(ME)R (2000)[3] and (2006)[4] are written and available.
- In case of abnormal findings, there should be a policy on referring patients and clients into appropriate care management pathways in a timely fashion. There must be a written policy for dealing with results of a critical or urgent nature[21].
- Where cases are complex or equivocal there should be a mechanism for obtaining a second opinion. In situations where interpretation is not or cannot be provided, this is identified and an appropriate procedure is agreed with the referrer.
- In the event of an adverse incident, individual statements must be written and dated by all concerned as soon as possible after the event. These will be important in internal/external enquires that may follow.

10.6 Record keeping and reporting

Good documentation and record keeping are synonymous. Effective patient care requires documentation of diagnosis, treatment and future plans so that there is sharing of communication for all practitioners for the benefit of the patient. Many civil cases arise after an initial event, and records are essential in terms of providing clarity, content, style, accuracy and comprehensiveness.

Records must be:

- made as soon as possible after the examination
- accurate, comprehensive and clear
- written legibly
- free of jargon
- signed and dated
- not be altered, unless there is a mechanism for the original report to be readable
- where changes or amendments of records are made, these need to be signed and dated at the time the change or amendment is made.

Advice on reporting is contained in the following documents:

Standards for the Reporting and Interpretation of Imaging Investigations, RCR, (2006)[22]
Medical Image Interpretation by Radiographers: Definitive Guidance[23] The Scope of Practice, SCoR, (2009)[24] The Scope of Practice in Medical Ultrasound, SCoR, (2009)[25].

Advice on ultrasound reporting was published by the United Kingdom Association of Sonographers (UKAS) in their (2008) document; Guidelines for Professional Working Standards: Ultrasound Practice[25]. UKAS merged with the SCoR on 1st January 2009.

Further advice on reporting can be obtained
from: http://www.sor.org/practice/ultrasound/professional-issues

10.7 Staff development, education and continuous professional development. (CPD)

The service must be properly directed and staffed to achieve its stated goals and objectives. Practitioners are responsible for identifying, developing and maintaining the necessary skills and competences relevant to the service and its objectives and to ensure the provision of high quality

care.

To achieve the standard the following must be evident:

- the service is staffed by qualified, registered, practitioners holding an accredited professional qualification appropriate to the speciality of the examination being performed. It is recognised that not all sonographers will be able to register with a statutory regulatory body such as the HPC or NMC but should do if this is possible. Those who are unable to should register with the Public Voluntary Register of Sonographers which is administered by the College of Radiographers;
- there is a current written organisational chart, denoting clear lines of responsibility and accountability;
- diagnostic images are interpreted by independent practitioners working within an overall clinical governance framework;
- the IR(ME)R 2000[3] and 2006[4] legislation specifies four duty holders: employer, referrer, practitioner and operator. The roles and functional responsibilities of the various duty holders can be vested in one and the same person. However, it is a requirement that the employer must ensure that the practitioner and operator be 'adequately trained' in accordance with Schedule 2 of the Regulations. In addition, entitlement to undertake any of the duty holder functions is the responsibility of the employer and must be specified within agreed protocols;
- there should be a continuing educational programme, supporting CPD and maintaining competencies in the relevant areas of practice. This should utilise professional and other resource material and should also encourage research to ensure independent practitioners are fully aware of advances in practice. Members of the SCoR can use the 'on-line' resource 'CPD Now' to maintain and develop their CPD portfolio; this will be helpful when evidence is requested by the HPC or other regulatory body at registration renewal;
- all practitioners need to recognise and work within their own limitations and scope of practice;
- all staff need to be aware of occupational hazards such as work-related musculoskeletal disorders and take measures to avoid/minimise them.

10.8 Facilities and Equipment

There should be suitable space, equipment and adequate supplies for the safe performance and delivery of all services provided.

To achieve the standard the following must be observed:

- the implementation of radiation safety measures is supervised by the equipment operator. The services of a Radiation Protection Supervisor/Radiation Protection Advisor (RPS/RPA) for IRR 1999[2] and a Medical Physics Expert (MPE) for IR(ME)R 2000[3] and 2006[4] who is appropriately qualified and experienced must be available to provide specific support and advice;
- due attention is paid to product liability with respect to loan, purchase, modification or sale of equipment;
- safety measures include safety precautions against electrical and mechanical hazards, fire and explosions as well as against radiation hazards;
- all new work practices must be assessed as required under the Management of the Health and Safety at Work Regulations, 1999[12] This would include specific 'Prior Risk Assessment' if the work practice involves the use of ionising radiations. Safety measures also need to be followed to minimise work related disorders to staff;
- all newly installed equipment is tested to ensure it meets agreed specifications and is 'Critically Examined' in accordance with IR(ME)R 2000[3], 2006[4] and, where relevant, the Royal College of Radiologists standards for ultrasound equipment[27];
- all equipment is subject to a planned maintenance and replacement programme in accordance with statutory requirements;
- all equipment and facilities conform to existing Health and Safety Regulations and relevant

European Directives;
- calibration of equipment and all safety measures followed are in compliance with statutory regulations;
- there is a policy for infection control.

10.9 Monitoring and evaluation

Health professionals should be able to assess the care they provide against established clinical standards by means of clinical audit. This will involve identifying and building on good practice, the assessment and minimising of risk and the investigation of problems and learning from that investigation. The service must assure the provision of high quality care by its involvement in evaluation activities.

To achieve the standard, the following policies are observed:

- evaluation of the service compared to the standards laid out in this document
- evaluation of service compared to national standards
- evaluation of professional performance
- evaluation of incidents and accidents
- evaluation of the use of resources
- evaluation of waiting lists and times
- evaluation of Health and Safety policies, risk assessments, procedures and practices
- evaluation of radiation safety standards, compliance with regulations and evaluation of quality assurance procedures as required under IR(ME)R 2000[3] and 2006[4]
- provision of a mechanism for making and dealing with complaints which is clear and known to all
- collation of statistics on, for example, number of attendances, referrals, use of investigations, patient satisfaction and equipment failure
- where research is undertaken, assurance that patients' rights are protected and the research protocols have been approved by the relevant authorities
- Independent practitioners in England will need to register with the Care Quality Commission unless exempt (see section 5).

11. Imaging Services Accreditation Scheme

Independent Practitioners are encouraged to have their services independently assessed by the Imaging Services Accreditation Scheme (ISAS). This service was set up jointly by the Royal College of Radiologists and the College of Radiographers in 2009.

Details can be obtained at http://www.isas-uk.org/

12. Marketing and Advertising

12.1 SCoR, within its Code of Conduct and Ethics allows for the practice of independent practitioners advertising their services provided that any advertisement conforms to the British Codes of Advertising Practice and Sales Promotion[5]. To achieve the standard, the following criteria apply:

- advertisements should not be false, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational
- advertisements should be dignified and professionally restrained

12.2 The health care practitioner/patient relationship is important, therefore due regard should be paid to the maintenance of the highest ethical standards in any advertising. Direct appeals to patients, either face to face or over the telephone, should be avoided. It is undesirable to use too many abbreviations which can be confusing to patients and clients. Comparative claims with other practitioners should not be made in respect of superiority of skills, equipment and/or facilities. The term 'specialist' should be restricted to those who have a defined specialist skill. While it may be correct and proper for Independent Practitioners to be able to publicise their service and practice, they should act in a restrained and professional manner at all times.

Further information can be obtained from the Advertising Standards Authority (ASA) at www.asa.org.uk and at https://www.cap.org.uk/Advertising-Codes.aspx

12.3 Independent Practitioners who are registered with a regulatory body such as the HPC or NMC must also comply with their requirements.

12.4 The National Screening Committee has issued Public Guidance on Screening (October 2010). Independent practitioners should be aware of this advice and how it may affect their practice. Download “Thinking of having a private screening test?” from http://www.screening.nhs.uk/private-screening

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