



Student radiographers and trainee assistant practitioners: verifying patient identification and seeking consent

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Summary

The purpose of this advice and guidance document is to reinforce the SCoR requirements of students and trainees and their supervising registered health professionals in the verification of patient identification and the seeking of consent from patients/clients.

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Preamble

The purpose of this paper is to reinforce and clarify existing guidance given by SCoR on the verification of patient identification and the seeking of consent from patients/clients by student radiographers, assistant practitioners and trainee assistant practitioners. It also clarifies the role of the supervising registered health care professional. Guidance on consent has been produced by SCoR¹³ and Department of Health (England)¹⁴ and others.

FOR THE PURPOSES OF CLARITY WITHIN THIS DOCUMENT, THE TERM “NON-REGISTERED WORKFORCE” MEANS STUDENT RADIOGRAPHERS, ASSISTANT PRACTITIONERS AND TRAINEE ASSISTANT PRACTITIONERS

1. Definitions, supervision and delegation

1.1 Student radiographers, assistant practitioners and trainee assistant practitioners are all part of the non-registered workforce and must therefore work under the supervision of a registered healthcare professional (normally a radiographer).

1.2 Assistant practitioners, do not practice autonomously, and must work effectively and safely

within their defined area of practice, under supervision of a registered practitioner, within relevant legal and ethical frameworks, and in accordance with agreed protocols¹. The term trainee assistant practitioner refers to an individual, in training to qualify as an assistant practitioner. Student radiographers follow a recognised undergraduate degree course which leads to eligibility for registration with the Health Professions Council.

1.3 Following guidance from the General Medical Council²⁰ the supervising radiographer may delegate a task but retains overall responsibility for the task and accountability for the decision to delegate. The person carrying out the task activity is accountable for his own actions. The supervising radiographer is required to ensure that the delegation is appropriate and the supervision is adequate. The task activity should therefore be overseen, reviewed or checked as appropriate and, in some circumstances, be signed by the person responsible. Within radiotherapy practice, it has been noted that ‘unnecessary’ delegation has been identified as a known cause of error².

2. Identification of the patient

2.1 Under supervision, the non-registered workforce may identify the patient in accordance with local policies and protocols. Typically this would be using the well established three-point patient identification procedure (first name, last name, date of birth) developed as a requirement for employers under IR(ME)R regulations [Regulation 4 (1) Schedule 1 (a)]³.

2.2 The non-registered workforce should ensure that the patient actively responds to identification questions.

2.3 The non-registered workforce should confirm with the patient that the requested examination corresponds with the patient’s clinical history i.e. check symptoms in case the wrong patient identifier has been attached to the request form.

2.4 Where possible, the NHS Number should always be used in conjunction with other verifiers when identifying a patient^{8,9}.

2.5 Between June 2006 and the end of August 2008, the National Patients Safety Agency (NPSA) received over 1,300 reports of incidents resulting from confusion and errors about patients’ identifying numbers. Many of these involved duplication in local numbering systems, for example, two patients having the same number, or one patient having more than one number⁸.

2.6 There may be exceptions where it may not be possible or may be difficult for the patient to be directly identified, for example, mute or non-English speaking, unconscious, children. The employer will have clearly documented procedures in place to cover these eventualities.

2.7 Annual and quarterly reports from the HCC (CQC) state in the annual report 2009 that “a significant cause of notifications continues to be radiological examinations involving the wrong patient, an issue that was identified in last year’s report. These include exposures that have been incorrectly referred from clinics and wards and those where the patient has not been correctly identified within the radiology department itself”¹⁰ and in the 1st Jan -31st March 2009¹¹ report in relation to CT examinations, an ‘increase in errors involving porters collecting the incorrect patient, and more importantly, radiographers not following the patient identification procedure after collection’.

3. Seeking Consent

3.1 As long as consent to investigation or treatment has been gained from the patient it is not necessary in law to seek additional consent to treatment which will be undertaken by a student or trainee as the nature and purpose of the procedure remains the same whoever undertakes the task^{13,14}.

3.2 The SCoR reaffirms its statement that from an ethical perspective, a patient must be made aware that the examination will be undertaken by a student and not a qualified health professional and permission to proceed must be sought from the patient through his/her explicit verbal agreement¹².

3.3 In addition the Health Professions Council¹⁵ advises that the student should make sure that before any intervention is carried out that the service user:

- is aware that a student will undertake the procedure;
- has given their permission for the intervention to be carried out by a student
- has been given an explanation by the student about the procedure to be carried out
- has been given an explanation of any risks associated with it.

3.4 The task of gaining consent may be delegated by a supervising radiographer to the non-registered workforce who is proven competent to do so following education and training. The radiographer retains the overall responsibility for the task and accountability for the decision to delegate. The person who has been delegated the task is responsible for their own actions.

3.5 Assistant practitioners in clinical imaging undertaking limited protocol driven plain film examinations on the co-operative, communicative and conscious adult patient may take responsibility for obtaining patient consent in these limited contexts provided s/he is proven competent to do so following education and training¹⁶.

3.6 Obtaining consent for radiotherapy is deemed to be beyond the scope of practice and role of the assistant practitioner in radiotherapy¹⁷.

4. IR(ME)R Regulations and enforcement

4.1 IR(ME)R Regulation 11 refers to training and prohibits any practitioner or operator from carrying out a medical exposure or any practical aspect without having been adequately trained. An exception is made for trainees where they participate in practical aspects under the supervision of someone who is adequately trained. Adequate training is training that satisfies the requirements of IR(ME)R Schedule 2.

4.2 Responsibilities of practitioners and operators with regard to any contravention of the IR(ME)R regulations are laid out in Regulation 13 which states:

“ In any proceedings against any person for an offence consisting of the contravention of the IR(ME)R Regulations it shall be a defence for that person to show that he took all reasonable steps and exercised all due diligence to avoid committing the offence” .

Due diligence is shown by adherence to the procedures laid down by the employing authority in relation to legal compliance³. In addition radiographers have a professional and ethical duty to challenge any ‘procedures’ they may deem unsafe or unfit for purpose⁴.

4.3 Students/ trainees undertaking any exposures should not be classified as IR(ME)R operators, this entitlement remaining the responsibility of the supervising radiographer⁷.

4.4 There may be circumstances, however, where an employer may entitle students/trainees to be

operators provided there is a robust local entitlement process within the clinical department that satisfies the relevant sections of IR(ME)R Schedule 2⁷.

4.5 The practitioner role under IR(ME)R regulations^{2,5} remains the responsibility of the supervising radiographer. The practitioner is responsible for the justification of an individual exposure in terms of net benefit to the patient. This requires the practitioner to have full knowledge of the potential benefit and detriment associated with the procedure under consideration.

4.6 In order for a student to eventually undertake the role of IR(ME)R operator once qualified, s/he will undergo a period of education related to the role and will be trained under the direct supervision of the registered radiographer. The IR(ME)R enforcing authority “expect(s) to see close collaboration between the training institution and the department providing the clinical placement”⁶.

4.7 In addition, the HCC identified that in relation to students “We are seeing increasing evidence of a breakdown in IR(ME)R procedures when the responsibilities in team working are not clearly identified, particularly **where trainees or students** are involved. Although it is common practice for these groups to have no entitlement in the employer’s written procedures, which require all operator tasks to be carried out under supervision, these arrangements may sometimes lack clarity”⁶.

4.8 IR(ME)R regulation 7(7[b]) states that the practitioner and the operator shall pay special attention to medical exposure of children. SCoR has issued advice specific to children^{18,19}.

5. Presence of students/trainees during examinations

5.1 Whenever students or trainees are working with a radiographer or observing, as part of their training, it is a requirement that their presence is explained to the patient and the patient’s permission is sought for the student(s) to be present during the examination.

5.2 For student observation of intimate procedures (eg, transrectal/transvaginal ultrasound, mammography, prostate brachytherapy, etc) as part of their training requirement, the patients’ explicit verbal consent for a student(s) to be present must be sought prior to entering the examination room. Patients must be made aware of the type and number of students who will be present and be advised they can decline without fear of offence or of compromising their examination or treatment¹³.

References

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2. Royal College of Radiologists, Society and College of Radiographers, Institute of Physics and Engineering in Medicine A Guide to Understanding the Implications of the Ionising Radiation (Medical Exposure) Regulations in Radiotherapy London: Royal College of Radiologists 2008
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<http://www.opsi.gov.uk/si/si2006/20062523.htm>
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8. NPSA Alert 0759/U1(June 2009) Risk to patient safety of not using the NHS Number as the national identifier for all patients 2009.06.24 -V1
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11. Healthcare Commission (Jan- Mar 2009) Quarterly update report on regulatory activities for IR(ME)R 2000
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13. SCoR (2007) Consent to Imaging and Radiotherapy treatment: An ethical perspective and good practice guide for the radiography workforce London:SCoR
14. DoH (2001) Good practice in consent implementation guide: consent to examination or treatment London: DoH
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18. SCoR (2005) The Child & the Law: The Roles & Responsibilities of the Radiographer London:SCoR
19. SCoR (2009) Practice Standards for the Imaging of Children and Young People Standard 4 London:SCoR
20. General Medical Council. Good Medical Practice. London: General Medical Council; 2006.

Further Reading

1. [Towards safer radiotherapy](#) - A working party, which included the National Reporting and Learning Service (NRLS), worked together to produce this report. The purpose of this report is to look at ways of reducing errors in radiotherapy which are caused by individual human error or failure of systems of work, with a view to finding practical and cultural solutions which will result in patient safety being optimised. The report sets out a series of recommendations key recommendations about communication and multidisciplinary procedures.
2. <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulat...>
3. <http://www.each-for-sick-children.org/each-charter> - European Association for Children in Hospital (EACH) Charter, adopted in 1988 in Leiden/NL, is a list of the rights for all children before, during or after a stay in hospital.

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