



Code of Professional Conduct

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Summary

This document is for all members of the Society of Radiographers and replaces the Code of Conduct and Ethics published by the Society of Radiographers in 2008. This revised Code of Professional Conduct puts patients at the centre of everything that is done. It expects conduct in practice that reflects this aspiration based on the values of respect, empowerment, empathy, trustworthiness, integrity and justice. Of equal importance is the need to maintain the public's trust and confidence in the profession as a whole.

Introduction

Who is this code for?

This document is for all members of the Society of Radiographers and replaces the Code of Conduct and Ethics published by the Society of Radiographers in 2008.¹ It differs from it in two distinct ways; firstly it is inclusive of the professional workforce for diagnostic imaging and radiotherapy regardless of their role or place of work and whether or not they are registered by a statutory or voluntary regulatory body and secondly, it also applies to students and trainees where appropriate.

The Code of Professional Conduct is one of a number of legal, ethical and professional frameworks that govern practice in the four countries of the United Kingdom. In particular, it accepts and builds on the Health and Care Professions Council Standards of Conduct, Performance and Ethics (HCPC 2012)² by contextualising these generic, threshold standards for registrants to the practices of the student, trainee, assistant and professional workforce (including service managers) in diagnostic imaging and radiotherapy.

Scope of Practice

Autonomous professional practice entails the exercise of judgement and decision making through a complex process of assessment and action that involves the interaction of knowledge, experience, values and practical skills. Within the roles and sectors described in the Scope of Practice 2013 (SCoR 2013)³, individual members of the professional workforce are able to develop and manage their own practice as autonomous practitioners. It is a moral and ethical activity that demands high standards of reflective practice and professional behaviour. Although not autonomous practitioners in their own right, students, trainees and assistant practitioners are subject to the same moral and ethical imperatives applied to their more restricted scope of practice.

Accountability

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Autonomy entails accountability, which is the authority to make decisions about care and treatment and the freedom to act within a defined scope of professional practice. The concept of accountability has been usefully framed within the four pillars of professional, ethical, law and employment by Caulfield (cited in Jasper 2006).⁴ The professional pillar relates to published standards of professional practice by professional and statutory bodies, while the ethical pillar derives from social values and individual moral codes. In terms of law, both civil and criminal law govern all practice, with employment setting out roles, responsibilities, authorities and expectations of individual posts in contracts of employment. As individual professional practitioners you are fully accountable *at all times* for the quality of the compassionate care and treatment that you offer.

The publication of the Mid Staffordshire NHS Foundation Trust Inquiry (Francis) Report (2013)⁵ is a timely reminder to the entire workforce, and those who aspire to be part of it, that the duties and responsibilities of practitioners set out by the framework of accountability are non-negotiable. The report's core message is 'put patients first' and it stresses the need for a renewed focus on patient safety and quality of compassionate care. This applies to all members of the workforce even those who do not work directly with patients. Managers have a vital role in policing compliance with standards and fostering a climate of prioritising patients. Professional accountability that puts patients at the centre also requires practitioners to work collaboratively and challenge poor practice when it is seen, either directly or by escalating the concern.

Role of SCoR

The Society and College of Radiographers (SCoR) gives professional leadership, guides and supports professional development and offers accreditation to practitioners who meet its standards of practice. This revised Code of Professional Conduct puts patients at the centre of everything that is done. It expects conduct in practice that reflects this aspiration based on the values of respect, empowerment, empathy, trustworthiness, integrity and justice. Of equal importance is the need to maintain the public's trust and confidence in the profession as a whole.

Structure of the Code

The Code has four sections; relationships with patients and carers, scope of professional practice, personal standards in professional practice, and relationships with other health care staff. Each section comprises a series of statements of professional conduct, underpinned by some additional clarification that contextualises them to the radiographic workforce and some resources/ links to legislation, professional and policy guidance where relevant.

References

- 1) Society and College of Radiographers, 2008. Code of conduct and ethics
<http://www.sor.org/learning/document-library/code-conduct-and-ethics>
- 2) Health and Care Professions Council, 2012. Standards of Conduct, Performance and Ethics
<http://www.hpc-uk.org/assets/documents/10003B6EStandardsOfConduct,PerformanceAndEthics.pdf>
- 3) Society and College of Radiographers, 2013. The Scope of Practice 2013
<http://www.sor.org/learning/document-library/scope-practice-2013>
- 4) Caulfield, P (cited in Jasper M). Vital Notes for Nurses. Professional Development, Reflection and Decision Making. Oxford: Blackwell Publishing Ltd, 2006.
- 5) Mid Staffordshire NHS Foundation Trust Inquiry (Francis) Report , 2013. TSO
<http://www.official-documents.gov.uk/document/hc1213/hc09/0947/0947.pdf>
http://www.official-documents.gov.uk/document/hc1213/hc08/0898/0898_i.pdf
http://www.official-documents.gov.uk/document/hc1213/hc08/0898/0898_ii.pdf
http://www.official-documents.gov.uk/document/hc1213/hc08/0898/0898_iii.pdf

Statements of Professional Conduct

Section 1: Relationships with Patients and Carers

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[1.1. You must provide the best compassionate care for patients based on up to date evidence.](#)

[1.2. You must practise in an anti-discriminatory manner, giving compassionate care that takes account of socio-cultural differences and ensuring that children, the elderly and other vulnerable groups are protected.](#)

[1.3. You must listen to and respect the wishes of patients, seeking to empower them to make decisions about their care and treatment.](#)

[1.4. You must obtain informed consent or ensure that it has been given prior to undertaking any examination or treatment.](#)

[1.5. You must communicate effectively and appropriately with patients, introducing yourself and giving relevant information during their examination or treatment.](#)

[1.6. You must respect patient confidentiality at all times and adhere to the provisions of current data protection legislation.](#)

[1.7. You must promote and protect the best interests of your patients at all times, giving due recognition to the views of carers where appropriate.](#)

[1.8. You must not engage in a personal relationship with any patient or use your position to exploit them sexually, emotionally, socially or financially.](#)

[1.9. You should, if possible, avoid providing care or treatment to anyone with whom you have a close personal relationship.](#)

Section 2: The Scope of Professional Practice

[2.1 You must work within current legal, ethical, professional and governance frameworks pertaining to your occupational role and the sector in which you work.](#)

[2.2 You must practise within the limits of your competence and, if necessary, refer patients to another qualified practitioner.](#)

[2.3 You must monitor the quality of your practice through reflective practice, using evidence from audit and research.](#)

[2.4 You must develop and maintain your competence to practise through continuing professional development \(CPD\).](#)

[2.5 You must only delegate care or treatment to another person if you are satisfied that they are competent. You remain responsible for the overall management of the patient.](#)

[2.6 You should undertake practitioner, operator and referrer roles within IR\(ME\)R 2000 and its subsequent amendments, when entitled to do so.](#)

[2.7 You must contribute to the education of students, trainees, assistants and other members of the professional workforce as appropriate.](#)

Section 3: Personal Standards in Professional Practice

[3.1 You must keep high standards of personal conduct, paying due regard to the importance of maintaining patients' and the public's trust and confidence in the profession.](#)

[3.2 You must keep current, accurate and secure records and ensure that they are completed with honesty and integrity.](#)

[3.3 You should limit your work if you believe that your physical, emotional and psychological health](#)

[is such that your performance or judgement may be affected.](#)

[3.4 You must not become involved in any activity that you believe to be unsafe, illegal, unethical or detrimental to patients.](#)

[3.5 You should ensure that your appearance is such that it inspires confidence in patients, reduces the risk of cross-infection and maintains the health and safety of all involved.](#)

[3.6 You should pay due regard to the responsible deployment of resources; human, financial and environmental.](#)

[3.7 You must make sure that, if you provide independent professional services, any advertising is accurate, honest and does not misrepresent the service offered.](#)

Section 4: Relationships with Other Health Care Staff

[4.1 You must practise collaboratively and communicate effectively with other healthcare staff, putting patients at the centre of your work and recognising and respecting the contributions of all members of the multidisciplinary team.](#)

[4.2 You must report any concerns you have about malpractice or patient safety to your manager or other senior professional, ensuring that you follow up such a report where appropriate.](#)

[4.3 You should accept requests for clinical imaging or treatment from named, registered healthcare professionals if they have been entitled to act in the capacity of referrer within IR\(ME\)R 2000 and its subsequent amendments. Such requests must be justified.](#)

Section 1: Relationships with Patients and Carers

1.1. You must provide the best compassionate care for patients based on up to date evidence.

The best care means that patients can be assured that your practice in undertaking examinations and/or treatments is compassionate, optimal and based on best evidence. Often, this is expressed in locally agreed protocols that aid and support clinical practice, judgement and decision making for each examination or treatment. Best compassionate care also means that patients' safety is paramount, including measures to control infection, radiation safety and general health and safety.

Resources & Links

Health Care Associated Infections (HCAIs) Practical Guidance and Advice 2006

<http://www.sor.org/learning/document-library/health-care-associated-infections-hcais-practical-guidance-and-advice>

The Ionising Radiations Regulations 1999 (IRR'99): Guidance Booklet 2012

<http://www.sor.org/learning/document-library/ionising-radiations-regulations-1999-irr99-guidance-booklet-0>

IR(ME)R 2000 and IR(ME) Amendment Regulations 2006 & 2011

<http://www.sor.org/learning/document-library/irmer-2000-and-irme-amendment-regulations-2006-2011>

Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000

<http://www.opsi.gov.uk/sr/sr2000/20000194.htm>

Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010

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http://www.opsi.gov.uk/sr/sr2010/plain/nisr_20100029_en_1

SoR Website page

<https://www.sor.org/practice/radiation-protection>

The Health and Safety at Work Act 1974 and associated regulations

<http://www.legislation.gov.uk/ukpga/1974/37>

Health and Safety at Work (Amendment) (Northern Ireland) Order 1998

<http://www.legislation.gov.uk/nisi/1998/2795/contents/made>

Towards Safer Radiotherapy NPSA 2008

<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61646>

Safety in Magnetic Resonance Imaging 2013

<https://www.sor.org/learning/document-library/safety-magnetic-resonance-imaging-0>

1.2. You must practise in an anti-discriminatory manner, giving compassionate care that takes account of socio-cultural differences and ensuring that children, the elderly and other vulnerable groups are protected.

The United Kingdom is a multi-cultural society with many different religious and ethnic groups. You must be aware of the potential impact of different values and beliefs on the way that you practise, for example in relation to care given by people of a different gender. Similarly, you need to be aware that vulnerable groups such as the elderly or disabled need additional consideration.

Resources & Links

The Equalities Act 2010

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Northern Ireland: differences between GB and NI Law

<http://www.equalityni.org/archive/pdf/EqualityAct2010gapsinNI2011.pdf>

Individual legislation relating to Equalities in Northern Ireland

<http://www.equalityni.org/Footer-Links/Legislation>

Intimate Examinations and Chaperone Policy 2011

<https://www.sor.org/learning/document-library/intimate-examinations-and-chaperone-policy>

Consent to Imaging and Radiotherapy Treatment Examinations 2007

<https://www.sor.org/learning/document-library/consent-imaging-and-radiotherapy-treatment-examinations>

The Child & the Law: The Roles & Responsibilities of the Radiographer 2005

<https://www.sor.org/learning/document-library/child-law-roles-responsibilities-radiographer>

Consent and Adults with Impaired Capacity 2010

<https://www.sor.org/learning/document-library/consent-and-adults-impaired-capacity>

1.3. You must listen to and respect the wishes of patients, seeking to empower them to make decisions about their care and treatment.

Working in partnership with patients is more than just giving appropriate information before undertaking examinations or treatment. It means transferring the decision-making to them,

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respecting their autonomy to make decisions about their own care or treatment and advocating with others on their behalf even if you do not agree with their decision. Full and truthful answers must be given to any question reasonably asked by the patient.

Resources & Links

Patient Advocacy 2008

<https://www.sor.org/learning/document-library/patient-advocacy>

Consent to Imaging and Radiotherapy Treatment Examinations 2007

<https://www.sor.org/learning/document-library/consent-imaging-and-radiotherapy-treatment-examinations>

1.4. You must obtain informed consent or ensure that it has been given prior to undertaking any examination or treatment.

If you perform any examination or treatment without a person's consent, you are committing a criminal offence. Consent may be verbal or written, implied or explicit. However it is obtained, you must be certain that your patient has the capacity to consent voluntarily to examination or treatment. In the case of mental incapacity, the provisions of the current relevant mental capacity or competence legislation must be adhered to.

Resources & Links

Consent to Imaging and Radiotherapy Treatment Examinations 2007

<https://www.sor.org/learning/document-library/consent-imaging-and-radiotherapy-treatment-examinations>

Consent and Adults with impaired capacity 2010

<https://www.sor.org/learning/document-library/consent-and-adults-impaired-capacity>

Student radiographers and trainee assistant practitioners: verifying patient identification and seeking consent 2010

<https://www.sor.org/learning/document-library/student-radiographers-and-trainee-assistant-practitioners-verifying-patient-identification-and>

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Adults with Incapacity (Scotland) Act 2000

<http://www.legislation.gov.uk/asp/2000/4/contents>

Revised codes of practice, Scotland 2008.

<http://www.scotland.gov.uk/publications/2008/03/25120154/1>

1.5. You must communicate effectively and appropriately with patients, introducing yourself and giving relevant information during their examination or treatment.

Communication is a dialogue between individuals that depends on clear expression and reciprocal listening and hearing. You may need to check what the patient has heard and adjust your communication style to meet the needs of different patient groups, such as those for whom English is not a first language, or hearing impaired people. In Wales, English and Welsh is equal in status and patients must be enabled to communicate in Welsh.

Resources & Links

Welsh Language (Wales) Measure 2011

<http://www.legislation.gov.uk/mwa/2011/1/contents/enacted#top>

A living language: a language for living; Welsh Language Strategy 2012-17

<http://wales.gov.uk/docs/dcells/publications/122902wls201217en.pdf>

1.6. You must respect patient confidentiality at all times and adhere to the provisions of current data protection legislation.

Respecting patient confidentiality means that information may only be shared with a third party if they are directly involved in their care. The use of social media such as Facebook™ or Twitter™ to publicise thoughts, actions and feelings can increase the risk of breaking patient confidentiality. You need to take extra care and act with absolute discretion at all times.

Resources & Links

Patient Identification, Confidentiality and Consent: Further Guidance 2009

<http://www.sor.org/learning/document-library/patient-identification-confidentiality-and-consent-further-guidance>

Consent to Imaging and Radiotherapy Treatment Examinations 2007

<https://www.sor.org/learning/document-library/consent-imaging-and-radiotherapy-treatment-examinations>

Data Protection Act 1998

<http://www.legislation.gov.uk/ukpga/1998/29/contents>

Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

1.7. You must promote and protect the best interests of your patients at all times, giving due recognition to the views of carers where appropriate.

You have a duty of confidentiality to patients and must not share information about their condition with carers without their express consent. Carers may be able to provide valuable contextual information but you must take care not to breach patient confidentiality when speaking to them. If carers have a Lasting Power of Attorney (LPA), this gives them certain rights to make decisions on behalf of the patient.

Resources & Links

Patient Advocacy 2008

<https://www.sor.org/learning/document-library/patient-advocacy>

Consent and Adults with impaired capacity 2010

<https://www.sor.org/learning/document-library/consent-and-adults-impaired-capacity>

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Adults with Incapacity (Scotland) Act 2000

[Revised codes of practice, Scotland 2008.](#)

Team working in Clinical Imaging 2012 (SCoR and RCR)

<https://www.sor.org/learning/document-library/team-working-clinical-imaging>

[Public Interest Disclosure Act 1998](http://www.legislation.gov.uk/ukpga/1998/23/contents)

<http://www.legislation.gov.uk/ukpga/1998/23/contents>

[The Public Interest Disclosure \(Northern Ireland\) Order 1998](http://www.legislation.gov.uk/nisi/1998/1763/contents/made)

<http://www.legislation.gov.uk/nisi/1998/1763/contents/made>

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1.8. You must not engage in a personal relationship with any patient or use your position to exploit them sexually, emotionally, socially or financially.

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1.9. You should, if possible, avoid providing care or treatment to anyone with whom you have a close personal relationship.

A close personal relationship is defined as partner, spouse, child, parent, sibling or close friend.

Section 2: The Scope of Professional Practice

2.1 You must work within current legal, ethical, professional and governance frameworks pertaining to your occupational role and the sector in which you work.

The Health and Social Care Act 2012 (England) makes it more likely that radiographic services will be provided in diverse settings in the private, voluntary, independent and not for profit sectors. It is your responsibility to ensure that you understand the particular legal and governance frameworks pertaining to the organisation in which you work.

Resources & Links

Scope of Practice 2013

<http://www.sor.org/learning/document-library/scope-practice-2013>

The Health and Social Care Act 2012 (England only)

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Professional Standards for Independent Practitioners 2011

<https://www.sor.org/learning/document-library/professional-standards-independent-practitioners>

<https://www.sor.org/career-progression/independent-practitioners>

HCPC Standards of Conduct, Performance and Ethics 2012

<http://www.hpc-uk.org/assets/documents/10003B6EStandardsOfconduct,performanceandethics.pdf>

2.2 You must practise within the limits of your competence and, if necessary, refer patients to another qualified practitioner.

You should be aware of your limitations and practice safely and competently within them, asking for help and referring patients as necessary.

Resources and Links

Scope of Practice 2013

<http://www.sor.org/learning/document-library/scope-practice-2013>

Education and Career Framework for the Radiography Workforce 2013

<https://www.sor.org/learning/document-library/education-and-career-framework-radiography-workforce>

2.3 You must monitor the quality of your practice through reflective practice, using evidence from audit and research.

Reflective practice means taking the time to actively consider how good your practice is. This is best done by engaging in regular professional supervision with peers and ensuring your practice is up to date. You should also take part in audit and research activities appropriate to your role.

Resources and Links

Clinical Supervision: A position statement 2003

<http://www.improvement.nhs.uk/documents/18weeks/clinical-supervision.pdf>

Research and the radiography profession: A strategy for research 2010 - 2015

<https://www.sor.org/learning/document-library/research-and-radiography-profession-strategy-research-2010-2015>

<https://www.sor.org/career-progression/researchers>

2.4 You must develop and maintain your competence to practise through continuing professional development (CPD).

Your scope of practice will develop over time, often through external factors such as the introduction of new technologies and developments in services. It is your responsibility to manage this process through reflective practice and continuing professional development. As a member of the professional workforce you may develop your scope of practice as you determine provided that you are competent and that you have undertaken the required education and training.

Resources and Links

A Strategy for Continuing Professional Development 2003

<https://www.sor.org/learning/cpd>

Scope of Practice 2013

<http://www.sor.org/learning/document-library/scope-practice-2013>

2.5 You must only delegate care or treatment to another person if you are satisfied that they are competent. You remain responsible for the overall management of the patient.

Delegation of tasks is most likely to happen with assistant practitioners. They are accountable for their actions within their defined scope of practice. If you delegate care or treatment to an assistant practitioner you remain responsible for overall patient management. Students you are mentoring are under your supervision, either directly or indirectly, at all times. You must ensure that you know what stage of training students have reached, what they should be expected to do and the level of direct supervision expected.

Resources and Links

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Clinical Supervision: a position statement 2003

<http://www.improvement.nhs.uk/documents/18weeks/clinincal-supervision.pdf>

Scope of Practice of Assistant Practitioners 2012

<https://www.sor.org/learning/document-library/scope-practice-assistant-practitioners>

2.6 You should undertake practitioner, operator and referrer roles within IR(ME)R 2000 and its subsequent amendments, when entitled to do so.

Resources and Links

Clinical Imaging Requests from Non-Medically Qualified Professionals 2008

<https://www.sor.org/learning/document-library/clinical-imaging-requests-non-medically-qualified-professionals>

IR(ME)R 2000 and IR(ME) Amendment Regulations 2006 & 2011 2012

<http://www.sor.org/learning/document-library/irmer-2000-and-irme-amendment-regulations-2006-2011>

Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000

<http://www.opsi.gov.uk/sr/sr2000/20000194.htm>

Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010

http://www.opsi.gov.uk/sr/sr2010/plain/nisr_20100029_en_1

<https://www.sor.org/practice/radiation-protection>

2.7 You must contribute to the education of students, trainees, assistants and other members of the professional workforce as appropriate.

You have a professional responsibility to take part in the education and training of students and trainees and to support them. Therefore you should have knowledge, understanding and skills in facilitating learning, teaching and assessment in the clinical environment. You should provide appropriate support mechanisms for all learners and enthuse and inspire others to engage with learning.

Resources and Links

Education and Career Framework for the Radiography Workforce 2013

<https://www.sor.org/learning/document-library/education-and-career-framework-radiography-workforce>

Roles and Responsibilities in Clinical Education 2011

<https://www.sor.org/learning/document-library/roles-and-responsibilities-clinical-education>

Section 3: Personal Standards in Professional Practice

3.1 You must keep high standards of personal conduct, paying due regard to the importance of maintaining patients' and the public's trust and confidence in the profession.

The commitment to putting patients first means focusing all of your attention on them during the examination or treatment. You should not speak to colleagues about personal or social matters or use a mobile phone or other personal electronic device while caring for patients. Outside of work

your behaviour should not bring the profession into disrepute by engaging in illegal or other, morally dubious activities.

3.2 You must keep current, accurate and secure records and ensure that they are completed with honesty and integrity.

This includes financial records such as expenses claims or business accounts if you are in independent practice as well as ensuring that patients' records are accurate, up to date and kept secure.

Resources and Links

Education and Career Framework for the Radiography Workforce 2013

<https://www.sor.org/learning/document-library/education-and-career-framework-radiography-workforce>

Professional Standards for Independent Practitioners 2011

<https://www.sor.org/learning/document-library/professional-standards-independent-practitioners>
<https://www.sor.org/career-progression/independent-practitioners>

3.3 You should limit your work if you believe that your physical, emotional and psychological health is such that your performance or judgement may be affected.

You have a duty to look after yourself. If you believe that your health status is putting you or your patients at risk, you must take action. This also means sharing information with your manager and cooperating with them in any referral to occupational health services.

3.4 You must not become involved in any activity that you believe to be unsafe, illegal, unethical or detrimental to patients.

Conscientious objection: *You must report in writing to your employing authority, at the earliest date in your employment, any conscientious objection that may be relevant to your professional practice. You should explore with them ways in which you can avoid placing an unreasonable burden on colleagues because of this. Your right to conscientious objection does not exempt you from providing service users with full, unbiased information, for example, prior to prenatal screening or testing.*

You do not have the right to refuse to take part in any emergency treatment. You should give careful consideration when deciding whether or not to accept employment in an area that carries out treatment or procedures to which you have a conscientious objection

3.5 You should ensure that your appearance is such that it inspires confidence in patients, reduces the risk of cross-infection and maintains the health and safety of all involved.

You must adhere to any uniform policy within your employing organisation. Remember that your appearance may impact on patients' confidence in your professional ability and this should be considered in relation to such things as piercings and tattoos.

Resources and Links

Health Care Associated Infections (HCAIs) Practical Guidance and Advice 2006

<http://www.sor.org/learning/document-library/health-care-associated-infections-hcais-practical-guidance-and-advice>

<https://www.sor.org/trade-union-support/health-safety>

3.6 You should pay due regard to the responsible deployment of resources; human, financial and environmental.

Putting patients first does not mean you do not also have to be concerned about the proper use of resources. There is a balance to be struck between the needs of the individual and the public good, which you should consider at all times.

3.7 You must make sure that, if you provide independent professional services, any advertising is accurate, honest and does not misrepresent the service offered.

Resources and Links

Professional Standards for Independent Practitioners 2011

<https://www.sor.org/career-progression/independent-practitioners>

Section 4: Relationships with Other Health Care Staff

4.1 You must practise collaboratively and communicate effectively with other healthcare staff, putting patients at the centre of your work, and recognising and respecting the contributions of all members of the multidisciplinary team.

Working collaboratively in partnership with other health care staff means that you should be aware of the expertise of others in the MDT and be able to communicate with them as peers in an honest, respectful and effective manner. However, if you have concerns about the quality of care or treatment being given by others, you should challenge those individuals.

Resources and Links

Team working in clinical imaging 2012 (SCoR and RCR)

<https://www.sor.org/learning/document-library/team-working-clinical-imaging>

Towards safer radiotherapy 2008

https://www.rcr.ac.uk/sites/default/files/publication/Towards_saferRT_final.pdf

4.2 You must report any concerns you have about malpractice or patient safety to your manager or other, senior professional, ensuring that you follow up such a report where appropriate.

If you believe that patients are being put at risk by the malpractice of another member of the workforce, you have a duty to report your concerns using local systems for whistle-blowing.

Resources and Links

Education and Career Framework for the Radiography Workforce 2013

<https://www.sor.org/learning/document-library/education-and-career-framework-radiography-workforce>

Code of Professional Conduct

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Public Interest Disclosure Act 1998

<http://www.legislation.gov.uk/ukpga/1998/23/contents>

The Public Interest Disclosure (Northern Ireland) Order 1998

<http://www.legislation.gov.uk/nisi/1998/1763/contents/made>

Report of the Inquiry into Mid Staffordshire NHS Foundation Trust (Francis Report) 2013

<http://www.official-documents.gov.uk/document/hc1213/hc09/0947/0947.pdf>

http://www.official-documents.gov.uk/document/hc1213/hc08/0898/0898_i.pdf

http://www.official-documents.gov.uk/document/hc1213/hc08/0898/0898_ii.pdf

http://www.official-documents.gov.uk/document/hc1213/hc08/0898/0898_iii.pdf

Care Quality Commission Standards (England)

<http://www.cqc.org.uk/>

Whistleblowing links:

<http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing>

<https://www.sor.org/news/scor-pledges-support-staff-who-speak-out>

http://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf...

4.3 You should accept requests for clinical imaging or treatment from named, registered healthcare professionals if they have been entitled to act in the capacity of referrer within IR(ME)R 2000 and its subsequent amendments.

Such requests must be justified.

Resources and Links

Clinical Imaging Requests from Non-Medically Qualified Professionals 2008

<https://www.sor.org/learning/document-library/clinical-imaging-requests-non-medically-qualified-professionals>

IR(ME)R 2000 and IR(ME) Amendment Regulations 2006 & 2011 2012

<http://www.sor.org/learning/document-library/irmer-2000-and-irme-amendment-regulations-2006-2011>

Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000

<http://www.opsi.gov.uk/sr/sr2000/20000194.htm>

Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010

http://www.opsi.gov.uk/sr/sr2010/plain/nisr_20100029_en_1

<https://www.sor.org/practice/radiation-protection>

Other links

UK wide legislation:

<http://www.legislation.gov.uk/>

Code of Professional Conduct

Published on Society of Radiographers (<https://archive.sor.org>)

Public Health England:

<https://www.gov.uk/government/organisations/public-health-england>

Public Health Wales:

<http://www.publichealthwales.wales.nhs.uk/>

Scottish Public Health Network:

<http://www.scotphn.net>

All links current as of 28th June 2013

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