Statements for Professional Conduct
Statements for Professional Conduct

March 2002
Reprinted with minor amendments September 2004
ISBN 1 871101 16 6

£15 SCoR members
£25 non-members

The College of Radiographers
207 Providence Square
Mill Street
London SE1 2EW

Telephone 020 7740 7200
Facsimile: 020 7740 7233
E-mail: info@sor.org
Website: www.sor.org
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preamble</td>
<td>6</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Statements for Professional Conduct</td>
<td>8</td>
</tr>
<tr>
<td>Statement One</td>
<td>9</td>
</tr>
<tr>
<td>Statement Two</td>
<td>10</td>
</tr>
<tr>
<td>Statement Three</td>
<td>11</td>
</tr>
<tr>
<td>Statement Four</td>
<td>12</td>
</tr>
<tr>
<td>Statement Five</td>
<td>13</td>
</tr>
<tr>
<td>Statement Six</td>
<td>14</td>
</tr>
<tr>
<td>Statement Seven</td>
<td>15</td>
</tr>
<tr>
<td>Statement Eight</td>
<td>16</td>
</tr>
<tr>
<td>Statement Nine</td>
<td>17</td>
</tr>
<tr>
<td>Statement Ten</td>
<td>18</td>
</tr>
<tr>
<td>References/Bibliography</td>
<td>19</td>
</tr>
<tr>
<td>Appendix A</td>
<td>21</td>
</tr>
<tr>
<td>Appendix B</td>
<td>22</td>
</tr>
</tbody>
</table>
Preamble

These Statements for Professional Conduct are issued by the College of Radiographers to give advice and guidance to all practising members and those studying to gain qualifications in radiography.

The Health Act 1999 restates that radiography is a profession. This automatically carries the statutory requirement to regulate professional practice for the protection of patients accessing the service and for their carers.

Under The Health Professions Order 2001, the terms Radiographer, Diagnostic Radiographer, and Therapeutic Radiographer are protected and may only be used by persons who have successfully completed an approved course leading to a diploma, or degree, in radiography, and who are currently registered with the Health Professions Council. Registration confers unambiguously the status of a professional.

The College recognises the need to address continuing changes in patterns of service delivery and to embrace both technological and personnel changes to provide a cohesive service. The purpose of these Statements is to promote standards of professional behaviour for all levels of practitioners working within their defined scope of radiographic practice. For the purposes of clarity within this document, all such staff will be referred to by the generic title of Radiographer. These statements advocate the adoption of best practice in order to assure public confidence in the services provided by Radiographers and their support staff.

In reviewing and revising the Code of Professional Conduct (1994; revised 1996), it became apparent that the key issues of changes in patterns of service delivery, continuing professional development (CPD), and requirements to demonstrate professional competence, as well as recognition of individuals’ rights, were not demonstrated transparently.

To address this, a working party was formed to produce a document fit for the 21st century practice environment.

Code of Conduct Working Party
January 2002
Introduction

The purpose of these Statements is to provide guidance to all levels of Radiographers, including students. This document publicly sets out the underpinning values and principles to promote, maintain and disseminate the highest standards of behaviour in order to enhance the good standing and reputation of the radiography profession.

For ease of use, the Statements of Conduct are presented at the beginning of the document; fuller discussion of issues occurs later in the document.

The statements are contextualised by the underpinning principles of professionalism, professional responsibility and accountability summarised in Appendix A.

The statements of conduct set out within this document are likely to be affected by the recent Human Rights Act 1998 that came into force in October 2000. This Act is designed to protect individual human rights and fundamental freedoms. As with any new legislation, it is too early to predict how this Act will affect English law but it is compatible with existing case law of the European Court of Human Rights. The full implications for the UK will become apparent only as a result of future test cases.

The Statements should be read in conjunction with the Memorandum and Articles of Association (2004), other current relevant SCoR guidance and these statements replace the Code of Professional Conduct (1994; revised 1996) for the College.
Statements of Professional Conduct

Statement 1
Radiographers are ethically and legally obliged to protect the confidentiality and security of patient information acquired through their professional duties, except where there is a legal requirement to do otherwise.

Statement 2
Radiographers have a duty to work in a co-operative and collaborative manner with other professional staff and carers in the interests, and with the consent, of their patient(s) except where there is a legal requirement to do otherwise.

Statement 3
Radiographers have a duty of care towards patients they accept for imaging/treatment procedures.

Statement 4
Radiographers must report to an appropriate person and/or appropriate authority, any circumstances that may put patients or others at risk.

Statement 5
Radiographers must identify and acknowledge any limitations in their knowledge and competence.

Statement 6
Radiographers must maintain and strive to improve their professional knowledge and competence.

Statement 7
Radiographers must uphold and enhance the good standing and reputation of the profession.

Statement 8
Radiographers must act in such a manner as to justify public trust and confidence, upholding and serving both the public interests and the interests of patients.

Statement 9
Radiographers are legally responsible and accountable for the results of their professional actions caused by act, negligence, omission or injury.

Statement 10
Radiographers must ensure that they pay due regard to the way in which they accept remuneration for their services.
Statement 1

Radiographers are ethically and legally obliged to protect the confidentiality and security of patient information acquired through their professional duties, except where there is a legal requirement to do otherwise.

In practice, Statement 1 appears straightforward. However, it refers to the inherent tensions resulting from the complex arrangements surrounding information security and confidentiality. Information security is subject to the Data Protection Act 1998 and the Data Protection (Subject Access Modification) (Health) Order 2000 and all staff are bound by these legal requirements. It also covers wide-ranging issues and rights including those set out within Your Guide to the NHS 2001 and the Human Rights Act 1998 that allow individuals the rights to privacy, to complain and to have that complaint dealt with appropriately and be assured of equality of access to healthcare.

When is a patient a patient?

Debate has occurred around the responsibility of a professional who comes into contact with a person outside the defined parameters of their professional work, for example an interaction that occurs in the corridor that has relevance to an individual's clinical care. Radiographers have a professional responsibility to report to the appropriate authority any information gained in that situation if it impacts upon the care of the patient, or other patients and staff. Conversely, Radiographers are reminded that patients expect professionals to respect their confidentiality, if this does not impact upon the safety of other staff, or patients.

Issue of conflict of interests

In certain circumstances. Radiographers may need to divulge confidential information regarding an individual patient. Such disclosure will be required by an Order of the Court, by virtue of certain statutory requirements or disclosures in the public interest. Normally, disclosure should only be undertaken where there is valid consent or legal justification. Public Interest Disclosure Act 1998.

Requests for disclosure from the police for the purpose of criminal investigations and under the regulatory bodies are likely to have implications under the Human Rights Act 1998. Where disclosures are made without consent, health service bodies and their employees will need to consider carefully the reasons for disclosure, including justifications under the Human Rights Act 1998, or in circumstances, such as public safety or the prevention of crime.

Radiographers should declare an interest if they, or any related party, have a pecuniary interest in, or are involved in any other capacity with, the patient.
Statement 2

Radiographers have a duty to work in a co-operative and collaborative manner with other professional staff and carers in the interests, and with the consent, of their patient(s) except where there is a legal requirement to do otherwise.

Multi-disciplinary team working has been demonstrated to be beneficial to patient care and has been adopted widely across the NHS. Radiographers must co-operate and communicate effectively with professional colleagues and other carers to ensure that patients receive the highest possible standards of care in line with the Caldicott principles. Radiographers have a responsibility not to undermine or bring other staff into disrepute, but to report professional performance issues, or concerns, to an appropriate person or authority. However, working within a multidisciplinary team, radiographers must only undertake those tasks for which they are competent and for which appropriate patient consent has been obtained (Appendix B).

In cases where Radiographers’ professional opinions and beliefs differ from those of other healthcare professionals, Radiographers must work co-operatively to resolve these differences without compromising their professional opinion.

Working within the multidisciplinary team and employers’ guidelines/procedures radiographers may discuss with patients the outcome of a medical imaging or therapeutic procedure.
Statement 3

Radiographers have a duty of care towards patients they accept for imaging/treatment procedures and must act in a manner appropriate to the standards of care imposed by law on a responsible body of Radiographers.

It is necessary for Radiographers to be assured that medical imaging and therapeutic procedures are performed following the receipt of an appropriate request and only where appropriate patient consent has been obtained (Appendix B).

This statement also covers the issue of reluctance to treat an individual where the Radiographer has either a conscientious or moral objection. It does not however, permit radiographers to be selective on the grounds of gender, religion, race, sexual persuasion or medical condition. Issues relating to conscientious objection require formal and open discussion with your employer. The employer should be notified in writing of any beliefs which may mean you will not be able to provide a service in certain circumstances. However, this should not compromise your relationship with an individual patient or your position with your employer.

In emergency situations, if the care requested by a patient is contrary to your moral beliefs, you must report this to an appropriate person and ensure suitable alternative arrangements are made for the continuity of that care.

Likewise, there may be times when, as a Radiographer, you are requested to care for people whose views or behaviour are personally unacceptable.

Whilst it is clearly unacceptable for a Radiographer to be subject to physical or verbal abuse, this situation may arise and will require skilful management on behalf of the Radiographer to avoid retaliation.

Radiographers are under a duty not to condone or undertake any practice that may cause physical or psychological distress.

Radiographers must report to an appropriate person or authority at the earliest possible time any action that may jeopardise patient care. This duty covers the basic necessity of an introduction through to ensuring that the practice environment is safe.

Bullying and harassment must not be tolerated. Radiographers have a duty to report such incidents to an appropriate person or authority, eg line manager/SoR representative, in line with local procedures. The remit here also extends to radiographers being obliged to promote anti-discriminatory practices and race equality.
Statement 4

Radiographers must report, to an appropriate person and/or appropriate authority, circumstances that may appear to put patients or others at risk.

Radiographers should ensure and maintain, insofar as reasonably practicable, the health, safety and welfare of themselves, their patients, fellow health professionals, relatives and carers, and the general public.

This statement in its broadest term also refers to the professional having a responsibility to maintain a safe environment for patients, carers and staff. Similarly managers/employers have a duty of care towards their employees, as well as patients.

Much has been written on the subject of whistle blowing in the NHS. Radiographers are reminded that if they have any concerns about issues, such as staffing levels or patient care, that they feel may be compromising or endangering patients or staff, they must report them through the employer’s formal procedures before making details public.
Statement 5

Radiographers must identify and acknowledge any limitations in their knowledge and competence.

Registration with the Health Professions Council confers eligibility to practice; however Radiographers must accept that part of being a professional means acknowledging one’s own limitations and scope of practice. The *Scope of Practice (2003)* clarifies the range and the current scope of practice of Radiographers. Part of competence to practice is accepting responsibility and being able to justify one’s own practice. The *Health Professions Order in Council (2001)* set out the underpinning principle of the need to maintain competence to ensure public confidence in professionals. This principle applies to all Radiographers.

Radiographers must also comply with all statutory regulations and professional guidelines relating to their sphere of practice, and must not undertake any procedure unless adequately educated and trained. This should extend to ensuring appropriate supervision and ensuring clear lines of accountability. Clinical practice should be subjected to regular audit and risk assessment.
Statement 6

Radiographers must maintain and strive to improve their professional knowledge and competence.

Every patient is entitled to be cared for by Radiographers with relevant and up-to-date skills and expertise. Therefore all Radiographers must undertake life-long learning and will keep a record of their on-going development activities.

The Society’s policy on Continuing Professional Development (CPD), *A Strategy for Continuing Professional Development (2003)*, underpins this philosophy. The Society and College considers that CPD, life-long learning, periodic appraisal and revalidation must be compulsory to ensure and maintain competence, as well as enabling radiographers to gain knowledge and competencies outside their core scope of practice.

Radiographers should use evidence-based practice. This may be achieved by active participation in audit and research. Additionally, Radiographers have a responsibility to engage in developing the body of knowledge, and in teaching and educating fellow colleagues, students and the public about the science and practice of medical imaging and radiotherapy treatment and care.
Statement 7

Radiographers must uphold and enhance the good standing and reputation of the profession.

As stated in the summary of Lord Benson’s criteria relating to professionals (1992) (Appendix A), Radiographers must behave in an ethical and professional manner. This broad statement refers to the wide variety of actions that may deem to amount to professional misconduct.

Examples below provide an indication of incidents that may be brought to the attention of the professional body which will investigate and take action if necessary in relation to any of the following that affect fitness to practice:

- court convictions;
- disciplinary procedures by the statutory regulatory body;
- disciplinary proceedings by an employer;
- personal conduct not conducive with professional activities/behaviour;
- abuse, bullying and harassment;
- working under the influence of any toxic substance, eg alcohol, drugs or prescribed medicines;
- ill health/disability.
Statement 8

Radiographers must act in such a manner as to justify public trust and confidence upholding and serving both the public interests and the interests of patients.

In everyday practice, some patients may perceive the Radiographer as being in a position of power. This is due to the patient’s vulnerable state, either through illness or degree of undress. The professional must at all times be conscious of this imbalance in power and actively take all necessary steps to avoid such a situation. It is also inevitable in imaging and treatment that close personal contact between the radiographer and the patient will occur. To ensure there is no misunderstanding or misinterpretation, it is necessary that a full explanation of the examination/treatment be given to each patient. Failure to do so may lead to an allegation of assault or indecent assault.

It may sometimes be necessary to invite a chaperone to observe that proper procedures are followed. Where possible, this should be a second member of staff of the same gender as the patient.

Professional loyalty cannot, however, override one’s responsibility to ensure that unethical conduct and illegal professional activities are reported to an appropriate person and/or an appropriate authority.
**Statement 9**

Radiographers are legally responsible and accountable for the results of their professional actions caused by act, negligence, omission or injury.

Under the professional umbrella, individual radiographers practise within their own scope/field of practice.

The *Human Rights Act 1998* enables individuals to seek redress under the European Convention on Human Rights in the UK Courts if they believe a Public Authority and its employees has breached or is likely to breach a convention right or freedom affecting them.

The European Convention on Human Rights touches on health and social care issues. Best practice should ensure that care, in particular end of life decisions, and consent to treatment respects the convention.

Radiographers must co-operate with health and social care agencies and other public bodies to develop good practice in line with the prevailing human rights culture.

Radiographers who are responsible as employers should ensure that all statutory and legal regulations are fully implemented and that all employees are treated equitably.
Statement 10

Radiographers must ensure that they pay due regard to the way in which they accept remuneration for their services.

This statement sets out the parameters to be observed by radiographers who provide independent professional services. The advertising should be professionally restrained, accurate, legal, decent, honest and truthful.

Radiographers should not accept commission from third parties for recommending, when practising, the purchase of goods or services related to their professional status. Care should be taken to avoid making comparative claims and the appropriate use of qualifications on advertising should be considered.

For further information please refer to the British Code of Advertising, Sales Promotion and Direct Marketing 2003.
References/Bibliography

Access to Personal Files Act 1987
Benson (1992) "Criteria for a group to be considered a profession" as recorded in Hansard (Lords) 8 July 1992, 1206-1207
References/Bibliography

Health Circular (HC (77) 33) (1977) Relationships between Medical and Remedial Professions [London: Department of Health]
Public Health (Control of Disease) Act 1984

Web based information
The Society of Radiographers - http://www.sor.org
Appendix A

Principles and Values of Professional Practice

In 1992, Lord Benson stated that to be a professional is to operate within specific criteria as described below:

1. The profession must be controlled by a governing body, which in professional matters directs the behaviour of its members.
2. The Governing Body must set adequate standards of education as a condition of entry and thereafter ensure that students obtain an acceptable standard of professional competence. Training and education do not stop at qualification. They must continue throughout the member’s professional life.
3. The Governing Body must set the ethical rules and professional standards that are to be observed by the members. They should be higher than those established by the general law.
4. The rules and standards enforced by the Governing Body should be designed for the benefit of the public and not for the private advantage of the members.
5. The Governing Body must take disciplinary action, if necessary expulsion from membership, should the rules and standards it lays down not be observed, or should a member be guilty of bad professional work.
6. Work is often reserved to a profession by statute – not because it was for the advantage of the member, but because of the protection of the public. Persons with the requisite training, standards and disciplines should carry it out.
7. The Governing Body must satisfy itself that there is fair and open competition in the practice of the profession.
8. The members of the profession, whether in practice or in employment, must be independent in thought and outlook. They must not allow themselves to be put under the control or dominance of any persons or organisation that could impair that independence.
9. In its specific field of learning, a profession must give leadership to the public it serves.

The Society of Radiographers holds that these criteria should in all respects direct the professional activities of members. Further that all legislation and guidance regulating health professionals should be implemented in the context of the Benson criteria. As a Radiographer, you must work with others in ways that best serve and protect the patient’s interests.
Appendix B

Consent
The following discussion is provided to support radiographers in the interpretation of consent and the implications for professional practice. Much has been written about this subject and it was the focus of debate within the working party. Points debated include:

Patient Information
In relation to providing patients with information concerning their care, patients must be presented with sufficient information in a manner that is user-friendly and in a form they can understand and that is appropriate for the examination or treatment to be undertaken. The patient must be given adequate opportunity to discuss any questions/concerns they have about their investigation/treatment in a non-threatening environment, which permits respect of the patient’s dignity. Patient information forms an important part of the consent process.

Radiographers may discuss directly with the patient the outcomes of their investigation/treatment in accordance with local procedures.

What is ‘consent’?
The requirements for consent may be different for various groups of patients. For example, children under 16 (Children Act), young people (16-17 years), confused or unconscious patients, or people with learning difficulties, therefore Radiographers are reminded to refer to the latest guidance on consent.

Consent may be implied or non-verbal, ie a patient positions themselves for an examination, or it may be explicit, ie oral or in writing. In the case of radiography, debate has occurred about the implications of relying on implied consent and the fact that the term ‘implied consent’ is not understood in law. It must also be acknowledged that there may be differences in how the law is interpreted in the four countries of the UK. Legally in England, Wales and Northern Ireland, no person may legally give consent to medical treatment on behalf of another adult. In Scotland, Adults with Incapacity (Scotland) Act 2000 provides the opportunity for individuals aged over 16 years to nominate a proxy decision maker.

In line with best practice, radiographers should endeavour to ensure that consent be explicit and in line with the employer’s policy. For significant invasive diagnostic procedures, all cancer care procedures, and for patient focused research, it is essential that written consent is obtained.

Informed Consent
Informed consent is a process rather than an individual event, whereby a competent and informed adult consents to a procedure. Acquiescence where the patient does not know or comprehend what the procedure entails, or is not aware that they may refuse the procedure, is not informed consent.

Other areas related to consent
Exceptions to the above principles include arrangements laid out under the Mental Health Act 1983, where patients detained for mental illnesses may be treated without consent as long as the treatment relates to their mental illness.

Secondly, the Public Health (Control of Disease) Act 1984 provides that, by a court order, persons suffering from notifiable diseases can be examined/treated without their consent.

Cases involving a patient’s consent or refusal to treatment may be affected by the Human Rights Act 1998. The Act will have an impact in the following circumstances:

- cases where patients are not properly involved in treatment decisions;
- ‘Do Not Resuscitate’ decisions;
- treatment of ‘Gillick competent minors’.

22