



## **The Scope of Practice of Assistant Practitioners in Clinical Imaging; additional information**

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### **Background**

The role of Assistant Practitioners was established at the start of the decade such that some have been in employment for a period approaching 10 years. It is recognised that during this time they will have become highly experienced and they and their managers may seek to extend their role. There is provision made for this in the SCoR policy document "Scope of Practice of Assistant Practitioners in Clinical Imaging" (2007) However for reasons of patient safety, public protection and protection of SoR members, there remain limitations to the Scope of Practice.

### **Delegation and responsibility**

The task of image acquisition is delegated to the Assistant Practitioner by a registered radiographer who retains responsibility for the episode of care, the act of delegation and for providing proper supervision. The Assistant Practitioner must not accept any task for which they have not be trained and entitled as an Operator under IR(ME)R to perform.

In the event of an adverse incident arising from the actions of the Assistant Practitioner, the act and appropriateness of delegation may be challenged. If the delegation was inappropriate then it is the radiographer who may have this aspect of their professional conduct investigated and may risk losing their registered status with the Health Professions Council. The HPC cannot take action against the Assistant Practitioner as they are not a registered healthcare practitioner.

Even if the employer offers vicarious liability for actions undertaken outside the Scope of Practice or an individual's competence, the supervising radiographer is not protected from any action that may be taken against them by the HPC. Put simply, even if the employer indemnifies the radiographer against litigation by a patient, the radiographer can still lose their registration to work as a radiographer.

### **Use of mobile imaging equipment on wards and in areas remote from the main department**

The primary concern of all involved in an imaging procedure is that the patient is treated effectively, within ALARA principles and following best practice. There have been suggestions that Assistant Practitioners undertake imaging procedures on wards and without the direct supervision of a

radiographer. There are a number of reasons why this is unacceptable and outside of the recognised scope of practice of Assistant Practitioners:

- As best practice and to achieve dose limitation to both the patient being imaged and other patients, staff, and visitors, patients should be examined within the main imaging department wherever possible. If the patient's condition precludes this then, by definition, the patient's condition is complex and likely to require adaptation of standard technique. Justification of the individual exposure will also be required, given the needs of the patient and the requirement to adapt technique and, under IR(ME)R, this cannot be undertaken by the Assistant Practitioner. It is also inappropriate and not in the patient's best interests that imaging should be delayed while the Assistant Practitioner finds a radiographer to provide supervision.
- The application of radiation protection measures to limit dose to other patients, staff and visitors is the subject of the Ionising Radiations Regulations 1999. It is outside of the Scope of Practice and responsibility level of the Assistant Practitioner to establish, maintain and monitor the controlled and supervised areas.
- The supervising radiographer who is responsible for the episode of care is placed in a difficult position if she/he is held responsible for the activities of another person or situation over which they have no direct knowledge or control. It is unacceptable to the SCoR to expect a radiographer to accept this liability.

## Operation of fluoroscopic equipment outside the main department

There have been suggestions that this activity can be undertaken by Assistant Practitioners under the direct supervision of a medical practitioner. SCoR has considered and supported individual cases where the examination is non complex and is undertaken with radiographer support immediately available. However, for many operations, procedures and investigations the potential for significant dose accumulation is high. The individual responsible for monitoring dose accumulation, the radiation environment and for challenging prolonged exposure is beyond the level of responsibility of the Assistant Practitioner and must be carried out by a registered radiographer.

SCoR does not support the concept that the registered medical practitioner can adequately undertake these radiation protection responsibilities at the same time as performing the procedure.

As in the case of using mobile imaging equipment, the radiographer who is nominally responsible for supervision is placed in a difficult position if an adverse incident or 'exposure that is greater than intended' results from the examination.

## Status of this guidance

In preparing this statement, the SCoR has sought the views of the Medical Exposure Department of the Health Protection Agency and the IR(ME)R Inspector for England. We expect to publish joint guidance in the near future, especially in relation to cardiac imaging. We also intend to consult with the relevant agencies in the other countries of the UK.

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