The Radiography Support and Assistant Workforce: regulatory compliance, governance arrangements, supervision and delegation.

Guidance to support delegation and supervision of the radiography support workforce.

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Contents

Introduction

This guidance document is intended for managers, supervising staff and support workers who are employed in all aspects of diagnostic and therapeutic radiography. It contains valuable advice and real-life instances that can aid in the implementation of effective governance strategies to ensure a safe and high-quality service.

Background

Clinical support workers (CSWs), senior clinical support workers (SCSWs), mammography associates (MAs) and assistant practitioners (APs), collectively referred to as the radiography support workforce, work with and alongside radiographers and associated professionals to provide high-quality care across all areas of diagnostic imaging, nuclear medicine, PET and radiotherapy services.

Clarification of the roles and responsibilities held by the radiography support workforce can be found in the CoR Education and Career Framework[1] and Developing career pathways for diagnostic imaging support worker roles: guidance on roles and responsibilities.[2]

In June 2003, the Radiography Skills Mix[3] review set out ambitious plans to reduce waiting times for diagnosis and treatment across radiography and radiotherapy services. From the outset it was recognised that achieving these targets would require the expansion of the radiographic workforce with the implementation of new service delivery models.

In 2023, this work continues as pressures on imaging and radiotherapy services waiting lists and patient outcomes are exacerbated by the Covid-19 pandemic of 2020.

The following are two key points from the 2003 publication:

- ‘Standards of practice, task for task, should be identical across the disciplines involved Irrespective of profession or discipline, each task would be identified with all its essential competencies mapped.’
    - Since 2003, roles and responsibilities have expanded across all career levels in radiography within well-defined frameworks and competencies.
    - Patient experiences and outcomes for radiographic activity should be comparable, regardless of the occupational background or registration status of the workforce.
    - Agreed role descriptors and occupational standards matched with defined and accredited education pathways support the delivery of a consistently high-quality service.

- ‘A four-tier multidisciplinary model, designed to shape a clinical team around client and care requirements rather than professional boundaries, should be tried and tested. It was envisaged that the model would be implemented as a whole and not as single tiers.’

    - A fourth edition of the College of Radiographers Education and Career Framework for the radiographic and associated workforce was published in 2022,[1] describing the entire workforce from entry-level support workers to consultant radiographers/practitioners, with education and training and professional standards clearly articulated.

‘The Radiography Support and Assistant Workforce: Regulatory compliance, Governance arrangements, Supervision and delegation’ guidance builds on the work from 2003. It supports the 2020 publication by Sir Mike Richards, Diagnostics: Recovery and Renewal,[4] promoting growth in the support workforce as an enabler to recruitment, retention and further development of the radiographer practitioner, enhanced, advanced and consultant workforce.

This document supports the implementation of the National Imaging Strategies across the UK and UK-wide cancer workforce initiatives.[5–10]

National Imaging Programme Wales

Transforming Imaging Services in England

Scottish Radiology Transformation Programme

Northern Ireland Strategic Framework for Imaging services

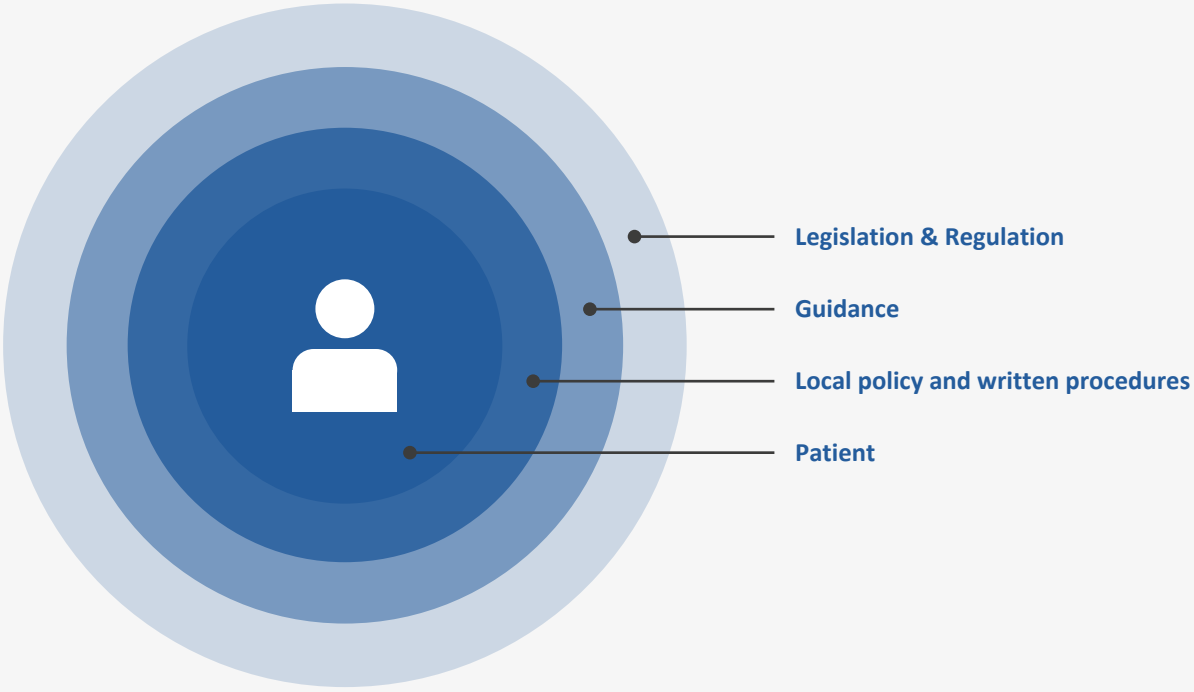
NHS Long Term Plan: Cancer

National Radiotherapy Plan for Scotland

The pace of technological change and professional role development within radiography means that the workforce is frequently required to demonstrate agility in innovation and adaptivity. Early adoption of new technology has been used to enhance professional practice and improve patient outcomes. This can mean that workforce structures and training to deliver new practices must evolve rapidly. A standardised view of the radiography support workforce’s capability is fundamental to flexing workforce profiles at all levels.

There are a growing number of resources to support the appropriate deployment and development of the support workforce to aid service growth and workforce transformation and reduce unwarranted variation. The governance around the support workforce’s deployment is the same as that needed for

any skill mix or role change. Legislation and regulation must be complied with; national and professional guidance should be considered and implemented. Staff will then follow local policies and written procedures from the employers' interpretation of regulation and guidance.



Rings of confidence: maintaining patient safety (SoR)

In 2021/22, Health Education England (HEE, now NHS England Workforce, Training and Education) invested funding to pump-prime work to accelerate recognition and understanding of the radiography support workforce to aid workforce transformation.

The Society of Radiographers (SoR), working with its members and stakeholders across England and the devolved countries, has developed guidance on roles and responsibilities of the diagnostic imaging support workforce[2] for the whole of the NHS to encourage standardisation and deliver workforce transformation.

This document builds on all of the previous work.

Good governance framework

Good governance arrangements underpin a safe and effective workforce. Governance frameworks within each service ensure the safe delivery of services to patients and provide the appropriate assurance to the employer or board.

The bedrock of appropriate workforce deployment, including delegation and effective supervision, is the provision of clear, current and unambiguous policies and associated written procedures.

The Quality Standard for Imaging[11] and BS EN ISO 9001:2015 quality standard for radiotherapy[12] detail, among other quality standards, good staff governance processes, ensuring systems are in place that support safety and quality (QSI 2021 Standard XR-701).

Good governance processes will give confidence and support to radiographers and the radiography support workforce to enable their roles to evolve and develop.

A quality assurance (QA) and compliance framework should be used to support the provision and regular review of the following radiography support workforce-related governance processes.

Some examples of good practice that support the effective deployment of the radiographic support workforce

Required	Examples of good practice
Job descriptions	National standards for education Scope of practice guidance Roles and responsibilities
Education	College of Radiographers-approved education programmes
Accreditations	College of Radiographers accreditation scheme Mammography associate (MA) Assistant practitioner (AP) National accreditations/assessments Abdominal Aortic Aneurysm (AAA) screening technician annual assessment Voluntary registers
Training records	Accessible Audited Review dates
Continuing professional development (CPD) policy	Funding support Time identified (job plans/rosters) Recommendations Organised activities Linked to personal development plans (PDPs)

Required	Examples of good practice
Competency status policies	Defined competence National Occupational Standards Screening standards AAA screeners MAs/APs in breast screening Local competence Competency records and management Entitlements Reassessment after long-term absence Reassessment timeframes Recognition of prior learning Transferable passports
Clear lines of responsibility	Organisation charts Named line managers Daily white board updates
Systems of work	Accessible local policies and written procedures Audit and review cycles
Regulatory requirements	Entitlements under IR(ME)R 17 Supported role within Human Medicines Regulations 2012 Care Quality Commission/Health Inspectorate Wales/Healthcare Improvement Scotland/Regulation and Quality Improvement Authority (Northern Ireland)
National and professional guidelines	Professional body Regulatory guidance National Institute for Health and Care Excellence (NICE) National screening programme standards Medicines policy
Induction, preceptorship and competency	New starters Staff in training Agency workers Returners to work
Workforce plan	Business plan Recruitment Retention Development
Training needs analysis	Appraisal PDP Linked to business and workforce plan
Quality assurance processes	Systematic approach Patient/service user feedback Outcomes measures

While the examples mentioned above are certainly good practice for deploying the radiographic support workforce effectively, it's important to note that they are not exclusive. There may be other strategies and approaches that can also be successful in this regard.

Policies, procedures and systems of work form the governance framework of assurance which is reportable across the service and within the organisation.

These systems and processes should be visible to staff and be well understood by all to provide the optimum framework for safe service delivery to patients.

An example of this from within radiotherapy services serves to make clear the governance framework responsibilities for the necessary components and the evidence required.

Responsibilities within a single service provider model

Task	Responsible	Evidence
Service design (or review)	Head of Service (Imaging or Radiotherapy)	Service description/operational policy Organisational-level sign-off
Develop a strategic workforce profile and plan	Head of Service (Imaging or Radiotherapy)	Skill mix review/governance arrangements Successful business plan Regional/network/local agreement Benchmarks
Development of job descriptions, roles, responsibilities and scope of practice for all staff	Head of Service (Imaging or Radiotherapy)	Agreed job descriptions Workforce development plans
Development of training plans and associated competencies related to role, scope of practice	Head of Service (Imaging or Radiotherapy) Modality lead radiographers/service leads Education and training lead	Training needs analysis Scope of practice documentation Training records
Provision of required education, training and development opportunities to support competency needs	Core trainers Clinical supervisors Education and training lead(s) Modality/service lead Governance lead	Training Needs Analysis Education (CPD) programme(s) Education (formal education routes –CoR/OFSTED/IFATE/QAA-approved programmes that can lead to accreditation) Records of attendance (internal and external) Identification of core trainers Training records

Provide sufficient supervision and appropriate delegation to support staff development and competency	Competent radiographers (all grades) Core trainers Clinical supervisors Education and training lead(s) Clinical/governance leads	Rota schedules and shift patterns List of designated core trainers
Monitor staff development and competency levels	Clinical supervisors Line managers Senior leadership team Education and training lead(s) Quality manager(s)	Rota development Skill mix review One-to-one informal meetings Appraisal/PDP process Training records/competency Incident/error review and associated learning outcomes Competency/revalidation audit
Management of documentation and records surrounding training and competency	Quality manager(s)	Training records Training records audit
	All staff	Training records Training records audit Incident/error review and associated learning outcomes Competency/revalidation audit

Poly service provider: governance for networks, dual providers/outsourced employment models

Where a service has two or more providers – for example NHS facilities operated by staff employed by a private provider, NHS staff working in independent sector facilities or staff working across networked NHS services – the staff governance processes have to be robust.

The lines of responsibility should be clear and agreed upon within the contract to ensure appropriate employer liability is in place.

For all roles, there should be agreed and comparable scopes of practice to support appropriate supervision and delegation. All parties should agree on which roles can perform which tasks and the underpinning knowledge and skill needed to deliver these.

Attention should be paid to regulatory compliance through the employer's written procedures.

Identifying and developing a workforce model

When building a workforce model, it's important to ensure that the skill mix and individual scopes of practice are aligned with service needs. This means following legislative requirements, considering guidance from relevant bodies, and referring to quality and safety standards. There are many tools available to assist with creating a suitable workforce model, and it's important to also account for risk management strategies during the process. See Appendix: Workforce planning tools.

Regulation and accountability

Registered healthcare professionals are regulated by statute and are accountable to their regulatory body for their actions. For radiographers and clinical scientists, this is the Health and Care Professions Council (HCPC),[13] for nurses the Nursing and Midwifery Council (NMC)[14] and for radiologists the General Medical Council (GMC).[15]

Nuclear medicine technologists and sonographers are not regulated by statute, but can register with the Register of Clinical Technologists,[16] which is a Professional Standards Authority[17] assured register. Employers may make registration a requirement of employment.

Registrants must abide by their regulatory body's standards. Breaches of standards may mean the registrant faces sanctions, including having their name removed from the register and thus being prevented from working within their profession.

For staff to have confidence in meeting their regulator's requirements, appropriate delegation of tasks and adequate supervision of the radiography support workforce are essential.

Members of the radiography support workforce have a duty of care and are subject to the same liability as a registered professional. When delegating to a member of the radiography support workforce, the registered professional has a professional and legal requirement to protect both the support worker and the patient.

The radiography support workforce is not regulated by statute. Members are accountable for their actions in the following four domains:

- To the patient/client – under civil law (by duty of care)
- To the public – under criminal law
- To the employer – under employment law
- To the Professional Code of Conduct of the profession they support

Key points of regulatory consideration for the radiography support workforce

The use of medical ionising radiation is governed by the Ionising Radiation (Medical Exposure) Regulations 2017[18] and Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018[19] – hereafter referred to as IR(ME)R.

Employers must also comply with the Ionising Radiations Regulations 2017 (IRR 17)[20] and with the Radioactive Substances Act 1993 where radioactive substances are used.[21,22]

For MRI, the Control of Electromagnetic Fields at Work Regulations 2016[23] define the requirements.

The regulations for the supply, administration and prescribing of medicines are stipulated in the Human Medicines Regulations 2012.[24]

All the regulatory requirements are supported by a significant amount of national guidance, available from the internet.

General considerations of other regulations, such as health and safety or equalities legislation, is not covered in this document.

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017, IR(ME)R 2018 NI)

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) recognise four duty holders: the Operator, the Employer, the Practitioner and the Referrer.

Support workers as Operators

As for all registered healthcare professionals with duties involving the use of ionising radiations, radiography support workers must be adequately trained and entitled as Operators in line with their defined and written scope of practice. Adequate training is defined in IR(ME)R Schedule 3 and regulation 17 and includes theoretical knowledge and practical experience. Anyone who does not meet these requirements (a trainee) may undertake practical aspects of an exposure under the supervision of someone who is trained and who remains responsible for the exposure.

The employer must take steps to ensure that radiography support workers entitled as Operators are adequately trained and assessed as competent and that they undertake continuing education and training after qualification. This includes the use of new techniques (regulation 6).

Entitlement of an Operator will be determined by the employer and should be made in writing. It will include their scope of practice (that is, the range of tasks that may be undertaken by them) and is sometimes referred to as 'scope of entitlement'. Entitlement should be reviewed in line with any changes to the scope of practice and must be supported by appropriate education and training.

Support workers who are entitled as Operators could be identified in a variety of ways in the employer's procedures, for example by profession, grade or individual name. In practice, decisions on who is entitled to act as Operator, and the scope of practice, should be taken at local level.

Entitlement is made by an appropriately experienced and specified individual, on behalf of the employer. For more information on duty holder roles and responsibilities, the joint professional body guidance should be considered the gold standard reference.

- For support workers in Diagnostic Imaging and Nuclear Medicine – IR(ME)R: Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine[25]
- For support workers in clinical practice– Radiotherapy: Ionising Radiation (Medical Exposure) Regulations: Implications for clinical practice in radiotherapy[26]

IR(ME)R Practitioners

Practitioners must be registered health care professionals who are entitled in accordance with the employer's procedures to take responsibility for an individual exposure (regulation 2) ie justification. Radiography support workers cannot be entitled as Practitioners, meaning they cannot justify exposures.

Support workers may authorise exposures in accordance with guidelines issued by the Practitioner. Any exposures falling outside the authorisation guidelines must be justified by a person who is trained and entitled as a Practitioner.

IR(ME)R Referrers

Referrers must be registered health care professionals who are entitled in accordance with the employer's procedures to refer individuals for exposure to a Practitioner.

Radiography support workers cannot act as Referrers.

The Ionising Radiations Regulations (IRR) 2017

Employer responsibilities

Employers have specific responsibilities to restrict so far as is reasonably practicable the extent to which their employees and other persons are exposed to ionising radiations. These are laid down in the Ionising Radiations Regulations (IRR) 2017. These regulations apply to registered healthcare professionals and the support workforce.

Employers must provide written working instructions to restrict exposures to employees and others in areas designated as controlled or supervised. These are known as Local Rules.

Employers must ensure that training is provided on both the operational and working conditions of the practice to which the radiography support worker is assigned. Training must be effective, and employers are required to monitor this.

Radiography support worker responsibilities

Radiography support workers must know their duties and responsibilities under IRR 2017. Importantly, they must understand the importance of notifying the employer if they are pregnant or breast/chest feeding.

They must know, understand and work in line with the Local Rules. If working without direct supervision, they should know who is responsible for managing the designated area, including restriction of access to other workers and the public.

Support workers would not usually be designated classified workers as they are unlikely to receive an effective dose greater than 6 mSv per year, or an equivalent dose greater than 15 mSv per year for the lens of the eye, or greater than 150 mSv per year for the skin or the extremities.

The support workforce should know who the Radiation Protection Supervisor is and how to contact them.

Work with ionising radiation (Ionising Radiations Regulations 2017) Approved Code of Practice and guidance[27] provides additional information and is considered the gold standard reference.

Support workforce and their role in quality control and quality assurance processes

From the relevant regulations and for the purpose of this guidance:

> *'Quality Assurance' (QA) means all those planned and systematic actions necessary to provide adequate assurance that a structure, system, component or procedure will perform satisfactorily in compliance with generally applicable standards and quality control is a part of quality assurance*
>
> *'Quality Control' (QC) means the set of operations (programming, coordinating, implementing) intended to maintain or to improve quality and includes monitoring, evaluation and maintenance at required levels of all characteristics of performance of equipment that can be defined, measured, and controlled*

Appropriately trained and entitled members of the radiography support workforce can work as Operators under IR(ME)R 2017 to perform defined aspects of radiation equipment QC.

Example: Senior Clinical Support Worker (SCSW) managing a controlled area

A competent and entitled SCSW switches on the CT scanners and runs the daily QA tests, recording the results before the radiographers start work.

The SCSW enters the scanner suite through a locked door with an access code/key. They check that access and egress are restricted by ensuring that scan room doors are locked and no emergency patients are due.

They switch the scanner on and continue to monitor the environment, ensuring that no personnel accidentally enter the area and that illuminated radiation warning signs are all working.

The QA tests are run and the results recorded and checked against the tolerance levels. The exposure button is immobilised/scanner is locked, and the SCSW ensures the results are available for the radiographers to start work. Where a test is shown to be out of the tolerance range or fails to complete, the SCSW will switch the scanner off, alert the lead radiographer and leave a written notification to prevent use.

The SCSW leaves the scanner suite, closing and locking the door behind them.

Support and advice is available from the lead CT radiographer.

The guidance notes that the entitlement should allow the entitled Operator to be identified, whether by name or designation. It should also include their defined scope of practice, including the tests they are permitted to undertake and the equipment on which they are permitted to perform these tests. The date on which they were entitled (or dates if it varies with equipment or test) and a schedule for a review of their training records and entitlement should also be included.

Good practice

The employer can similarly reflect IR(ME)R entitlements for the radiography support workforce to perform QC in MRI or ultrasound, or on ancillary equipment (eg emergency call alarms, hoists, patient monitoring equipment) as appropriate within their defined scope of practice and in accordance with relevant guidance.

This should be accompanied by written employer's procedures and detailed protocols against which staff are trained and deemed to have ongoing competency by a recognised and clear methodology.

Patient identification and seeking consent

Patient identification

All staff are required to follow their employer's procedures with regard to identification checks prior to any clinical procedure or process.

Consent

Members of the radiography support workforce may take responsibility for obtaining patient consent for their scope of practice provided they are proved competent to do so following education and training in line with the organisation's policy.

Whenever students or trainees are working with a radiographer or a radiography support worker 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 or trainee to be present during the examination.

Where patients consent to a student/trainee being present, a competent support worker can deliver learning as defined with, where relevant, the education provider and the employer.

Example: An Assistant Practitioner (AP) consenting a patient for general radiography

A diagnostic radiography AP is assigned a worklist of examinations on patients within their scope of practice. They work with an SCSW who manages the flow of patients into the examination room, helps with equipment preparation and cleaning, supports manual handling needs and provides general support to the work area.

The AP, on receiving the patient into the room, introduces themselves and their role, completes all local requirements for patient identification, explains the procedure, checking whether the patient has any questions or queries before seeking their verbal consent to continue. They will alert the patient to their actions as they perform the examination, including seeking consent to touch the patient to identify surface and bony landmarks or adjust the patient position.

The role of the radiographic support workforce and assistant practitioner in medicines management

The Human Medicines Regulations 2012[24] identifies the legal mechanisms that can be used by named regulated professions and others to supply, administer and prescribe medicines.

Where the administration of medicines is being undertaken, any suitably trained and competent member of staff in health or social care may administer medicines that an authorised prescriber has prescribed for an individual.

A legal prescription or a Patient Specific Direction (PSD) allows any suitably trained healthcare worker to administer medicines that fall within their scope of practice with the endorsement of their employer in written policies and procedures.

Where a PSD or prescription is in place, a competent member of the radiography support workforce can administer certain medicines or support the process of preparation for a radiographer to supply or administer a medicine.

Registered radiographers can supply or administer medicines using a Patient Group Direction (PGD). The radiographer takes legal responsibility for the decision to administer the medicine and cannot delegate any aspect of the process. A support worker cannot prepare or support medicines supply and administration when administered using a PGD.

The legal restrictions for administration of a radioactive substance and adjunct medicines is defined within The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2018[28] (regulation 240) where a Prescription Only Medicine is administered by an operator acting in accordance with the written procedures and protocols defined by a license holder.

Medicines policies defined by employers detail who can administer medicines within any particular setting.

Pharmacists are best placed to advise on an appropriate departmental medicines policy in line with legislation and the organisation-level policy.

Further information is available from the Medicines management[29] page of the SoR website and the Professional Guidance on the Administration of Medicines in Healthcare Settings[30] from the Royal Pharmaceutical Society and the Royal College of Nursing.

Supervision

Supervision has many different forms and functions. All healthcare professionals work within a supervisory framework to maintain safety and enhance effective practice. The HCPC places specific requirements on registered allied health professionals to participate in professional supervision.[31]

All aspects of supervision are needed for the support workforce and other staff to function effectively.

The various aspects of providing adequate supervision should include:

- A defined and agreed team structure/skill mix for each work area
- Setting goals and defining expectations within the supervisory framework
- Ensuring people understand their duties
- Clear written procedures
- Monitoring productivity and quality
- Supporting constructive feedback and coaching

There are multiple definitions of supervision, depending on the context.

Type of supervision Aim *Who provides it*	**Practical examples**
Practice/clinical supervision Aims to support learning and develop competency related to a specific clinical task *Provided by an identified trainer/expert from the skill area*	Training and support for new equipment or techniques may be linked to regulatory requirements
	Developing the scope of practice for a new skill, eg cannulation, radiographic technique, sterile trolley set-up and disposal
	When the risks of the work and the inexperience of the person require the work to be directly supervised by a competent person
Professional supervision Largely focused on identifying professional learning, development needs and CPD Defined by professional regulators such as HCPC;[13] may be a radiographer or another professional colleague *Provided by a named supervisor who may not work with the support worker on a daily basis*	Clinical supervision models[32] for registered healthcare professionals
	Focused conversations, either one-to-one or in a team
	Can be problem focused, reflective, resilience based, learning sets, cyclical, etc
	Focuses on managerial aspects of learning, self-reflection and awareness, support and self-management
	An essential aspect of CPD

<table>
<tr><td rowspan="8">Managerial supervision
Delivers formal management processes for some or all practical elements with oversight for a defined work area or staff group

Provided by a named line manager, or a named person for a defined work area; may change daily or even by shift for some elements

Embodied in an organisational diagram</td><td>Guidance and direction/oversight of work
The supervisor authorises the work, is aware of what the person is doing but may not be directly observing the task</td></tr>
<tr><td>Policies/procedures ensure task is correctly carried out
The task is completed according to a scheme of work</td></tr>
<tr><td>Work allocation/rosters/delegation
Scheme of work/written procedures define whether direct or remote supervision applies</td></tr>
<tr><td>Support and advice</td></tr>
<tr><td>Coaching</td></tr>
<tr><td>Trouble shooting</td></tr>
<tr><td>Human resource management processes
• Performance management
• Discipline
• Absence management
• Appraisal and PDP</td></tr>
<tr><td>Professional support/expert advice</td></tr>
<tr><td>Escalation for work-/task-related queries</td></tr>
<tr><td>Regulatory supervision
Defined in IR(ME)R 2017 for the practical aspects of ionising radiation exposures
Entitled Operators for supervision of trainees</td><td>No supervision required for the practical aspects of radiation exposure within the defined scope of practice for which entitled to carry out
Trainees or people not entitled as an Operator must be supervised by an entitled Operator for any medical radiation exposure; the supervisor holds responsibility for the exposure</td></tr>
</table>

Members of the radiography support workforce will need a proportionate amount of supervision in all aspects, based on their job role, knowledge, experience, competence and confidence.

The radiography support workforce should know who is providing their supervision, guidance and direction and have appropriate access to them. A risk-assessed approach to supervision is recommended. The supervision needed will vary by role, work area, confidence and competence of both the supervisees and those providing supervision.

Example: Supervision within the ultrasound support workforce – new starter to experienced team member

A new CSW who holds an appropriate qualification in health and social care is employed to support work within an ultrasound department. The initial induction and familiarisation is carried out by an experienced sonographer who completes all required documentation and holds the responsibility for signing off support worker competence. An SCSW is then assigned to oversee and support the in-house aspects of the CSW's training and development. The CSW works alongside the SCSW, being directly supervised until competence is achieved and signed off by the sonographer. The level of supervision is gradually reduced as the CSW develops confidence and knowledge of local working practices. The SCSW remains available for support and advice, checking in regularly with the CSW, giving feedback and guidance. The sonographer schedules weekly sessions with the CSW to review progress against goals set, agree when competence assessments are appropriate and provide professional guidance. Once competent, the CSW works within the team, fulfilling their role following the direction of the daily team leader for their work schedule. CPD time is provided and personal development monitored through the appraisal process by their line manager. The line manager provides the oversight of all human resources processes.

The ultrasound support workforce team meet regularly with the sonographer assigned to oversee their work, discussing their work processes, experiences and departmental issues as part of the supervisory process.

Example: An Assistant Practitioner (AP) scanning in CT

A radiography AP (Diagnostic or Therapeutic) is educated to the agreed level and is competent to position patients, select appropriate scanner parameters as defined by the imaging protocol (authorisation guidelines or justified directly by an IR(ME)R practitioner) and initiate exposures for a limited range of high-volume CT examinations. They work directly alongside a radiographer, who is always available for advice and guidance or to step in where a patient falls outside of the AP's scope of practice.

Radiography support workers follow protocols and written procedures, escalating issues outside of their scope of practice to the registered radiographer or associated professional.

Example: Escalation – areas outside of the support workforce scope of practice

For a CSW this may be where a routine stock check identifies a significant shortfall or concerns around expiry dates.

For an SCSW this may be where a patient observation falls outside of the expected range.

For an AP it may be where a diagnostic examination identifies an urgent or unexpected finding.

In each of these circumstances, there should be assurance that an appropriate registered professional is available to provide the appropriate intervention.

Those providing supervision should have an appropriate level of knowledge of supervisory processes and provide supervision only where they have the appropriate knowledge, skill and experience. There are circumstances where it is appropriate for a professional from another discipline to provide supervision, eg a registered nurse overseeing an AP providing patient monitoring. For all imaging and radiotherapy procedures it is unlikely to be appropriate for another profession to provide supervision.

"[Patients] have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality."[33] The College of Radiographers' education and career framework[1] defines the qualifications expected for each level of the support and registered workforce and the expectations at each level.

Example: Breast screening[34] remote supervision

The NHS Breast Screening Programme (NHSBSP) reviewed the need for direct supervision of its AP workforce by radiographers. After a successful trial, involving all elements of the workforce in the design and review, and with the support of the SoR, the NHSBSP proposed a voluntary system of remote support for experienced breast screening APs. This new way of working recognises the skill of the workforce and the ability to use newer technologies for oversight and communication.

The system works to defined service standards including regular audit. National guidance defines the implementation process and governance required for services wanting to adopt the new way of working.

Case study – independent sector (IS) provider CT

An IS provider is contracted to perform outsourced CT examinations for the NHS. The provider performs high-volume, routine referral examinations for a defined range of people. The model of two radiographers in a scanner, supported by a CSW, limits clinical capacity and activity when the supply of radiographers is limited. The IS provider has a long history of developing its workforce, providing education, training and a career pathway at all levels. The IS provider has recruited interested and capable support workers from within its teams to develop into CT APs working alongside a registered radiographer in a CT scanner. The AP has a comparable scanning skill to that of a radiographer underpinned by a two-year foundation degree in diagnostic radiography. They have a defined level of responsibility for decision-making, with clear escalation to the registered radiographer. Their scope of practice is narrowly defined with a specific role in the team. Capacity to scan patients is increased and radiographer roles are enhanced by the development of this support workforce.

Delegation

Principles and processes underpinning good practice for supervision and delegation to the support workforce

What is delegation?

Delegation is the process by which a radiographer or equivalent professional allocates work to a member of the support workforce who is deemed competent to undertake that task. The member of the support workforce then carries the responsibility for undertaking that task.

The delegate has a responsibility:

1. For agreeing to undertake the task in accordance with their competence and instructions from the person delegating, i.e. when someone agrees to do a task and follows the instructions of the person delegating, they are responsible for doing it to the best of their ability.

2. To communicate changes and conditions that affect their competency; they have a right to refuse to undertake that delegated task, i.e. if someone is willing and capable of completing a task, they should proceed. However, if any changes or circumstances impact their ability to do so, they have the right to say ‘no’.

3. To escalate untoward patient changes and circumstances, i.e. be able to recognise when a patient needs help or support beyond their level of responsibility.

Good governance supports appropriate delegation.

ACTION	RATIONALE
1. Identify task to be delegated	To establish a clear pathway for delegation
2. Assess task, considering predictability, clinical risk and complexity	To develop appropriate education and training
3. Identify skills and knowledge required	To identify appropriate delegate and the level and amount of training required
4. Identify suitable person to act as delegate	To enable delegated task to be carried out safely and within the scope of professional bodies' codes and guidelines
5. Ensure that the delegate is competent	To ensure delegates are adequately trained for the task
6. Agree delegation and complete relevant documentation	To provide a clear and concise record of training given and task delegated
7. Agree a feedback and escalation system to include: a. Frequency b. Effectiveness c. Documentation d. Reassessment timescales	To demonstrate that accountability has been maintained by those delegating To maintain a cycle of assessment and evaluation To support the delegate

Example: Delegation in practice

1. A manager with responsibility for stock control delegates tasks to the radiography support workforce. A CSW ensures that consumable room stock is maintained daily, performs a weekly stock check against an agreed stock level list, and unpacks and checks off routine deliveries as they arrive. They ensure stock rotation and raise an alert where shortages, damage or expiry dates cause concern. They provide weekly data to allow an SCSW to enter order details into the stock ordering system. A manager with responsibility for overseeing the ordering authorises the stock order and ensures that invoices are available for the standard receipting process.

2. A therapeutic radiographer delegates pre-treatment assessment to a competent therapeutic radiography AP. The Radiotherapy AP confirms all details with the patient, including checking consent, against a standard proforma and provides information according to the treatment plan. They respond to queries and questions within their scope of practice and seek support from the therapeutic radiographer as necessary.

3. An MRI radiographer delegates the task of seeking pre-scan patient safety information to an AP. The DRAD AP takes the patient through the safety questionnaire and highlights any concerns/non-compliance to the radiographer.

4. An MRI radiographer delegates patient positioning for routine knee and lumbar spine MRI imaging to a competent SCSW. The SCSW positions the coil as required by the radiographer and reassures and positions the patient. Where a patient is not able to comply with routine positioning or requires additional support, the radiographer does not delegate the task.

There are some circumstances in which the likelihood of a radiography support worker needing to escalate an issue can be predicted and the task should not be delegated. Although they may be competent to perform the intervention, and governance as above is in place, the context of the situation makes this unsuitable.

Examples of delegation: appropriate and inappropriate

Task	Delegation may be appropriate	Delegation may be inappropriate
A CSW confirms patient data on the patient information system	• Where the data is routine and accurate • Where the task is regularly performed	• Where the system is unstable • Where there are barriers to understanding • Where there are pressures, eg time, queues, conflicting priorities • Where the task has not been performed for some time
A CSW checks ultrasound equipment for cable abrasions, wheel lock issues or other damage as part of the QA schedule	• Where the equipment is in the usual location • Where the equipment is familiar and the task is performed regularly	• Where there is no assurance that the equipment has been properly decontaminated • Where the equipment is unfamiliar or the environment not standard • Where there are pressures, eg an operator is demanding access to the system

An SCSW competent to provide waiting time information, care and support to patients in the waiting area	• Where lists are running smoothly • Where the SCSW is confident and familiar with the work area • Where the SCSW has the time to do this • Where the patient cohort is routine and as expected	• Where there is significant backlog/equipment breakdown where additional information may be needed • Where a disruptive, aggressive or particularly unwell person is present • Where infection prevention and control prevents this • Where the SCSW is not sufficiently familiar with the work area to provide adequate support
A Diagnostic radiography AP deemed competent to perform mobile radiographs	• When working directly alongside a radiographer: one has patient contact, one positions and exposes • In a regular referral area where patient positioning and imaging is considered a routine process, eg Coronary Care Unit (CCU), where access to a radiographer is immediately available by phone or co-location of facility	• When working as a single operator in an unfamiliar or unpredictable environment or for an atypical/non-standard referral • When using direct digital mobile equipment where a clinician may seek immediate viewing of the image with a comment from a single operator • Where significant adaptation of technique or management of environment may be required • In extremely distressing circumstances
A therapeutic radiography AP deemed competent to complete pre-radiotherapy assessments	• Where there is a standard treatment plan and records are easily updated and accessed • Where there are no barriers to communication	• Where there are significant barriers to communication • Where there is an unfamiliar treatment plan • Where the patient raises queries before attendance outside the scope of practice of the TRAD AP • Where records are not easily updated or accessed by the radiographer
A TRAD AP competent to position patients for CT planning	• Where the patient position is standard according to protocol • Where they work directly with a planning radiographer	• Where the patient position is not standard • Where there are significant emotional or distressing circumstances

The context in which delegation takes place should be considered, including situations where human factors may contribute to a radiography support worker feeling under pressure to act beyond their scope of practice.

What is responsibility and accountability?

Professional accountability is fundamentally concerned with weighing up the interest of patients and clients in complex situations, using professional knowledge, judgement and skills to make a decision, and enabling the professional to account for the decision made.

Delegation to non-registered staff entails the delegating professional being responsible for ensuring that:

- The delegate is competent to carry out the care required
- Appropriate levels of supervision and support are in place
- It is in accordance with professional standards and the employing organisation's policies, procedures and guidelines

Registered healthcare professionals have a duty to take responsibility for the care they deliver and hold the responsibility for assessment, planning and evaluation for the patients in their care.

'Responsibility' refers to the ultimate owner of a project, task or course of action. The responsible party has to answer for the end result, good or bad. They are in charge of the entire process and need to be accountable for the results.

The HCPC standards for delegation and supervision state that:

- If a registrant delegates work they need to provide appropriate supervision and support
- It is important to identify what is appropriate for the circumstances and ensure all aspects of supervision are covered

Robust clinical governance processes such as standardised systems of work, standardisation of education and training, documented scope of practice, protocols, and clear lines of accountability in written procedures all support the regulated professional when delegating tasks.

Choosing clinical tasks that can be delegated to support or assistant workers is a complex professional activity that depends on a radiographer's professional opinion related to the demonstrated skill level of individual workers to effectively undertake the clinical task for that patient or individual.

In practice, this decision-making should be well supported by an agreed service delivery model, where a radiographer or associated professional working with a support worker has confidence in the governance arrangements that provide assurance on the competence of the support worker. This does not remove the responsibility of the radiographer for consideration of what is appropriate delegation but should provide a working model for service delivery that is consistently applied and focused on outcomes.

Further general principles of accountability and delegation can be found on the Royal College of Nursing website.[35]

Summary

It is important to note that this document may not cover every single service requirement. The duties of support staff may vary depending on the work environment and patient needs. To ensure effective governance, it is advisable to consult all relevant staff members and create proper documentation. Consistent education levels must be maintained across comparable roles, and relevant training should be provided to support staff to enhance their contributions to radiography services. This will promote career advancement at all levels of practice.

Glossary

Accountability	This is the principle that individuals, organisations and the community are responsible for their actions and may be required to explain them to others.
Assistant practitioner (AP)	An AP is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The AP would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The AP may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve.
Associated professional	This is a graduate professional working in clinical imaging or therapeutic radiography not on a statutory register, eg a sonographer or a nuclear medicine technologist.
Competence	This refers to a bringing together of general attributes – knowledge, skills and attitudes. Skill without knowledge, understanding and appropriate attitude does not equate to competent practice. Thus, competence is 'the skills and ability to practise safely'.

Delegation	Delegation is the transfer to a competent individual of the authority to perform a specific task in a specified situation that can be carried out in the absence of the registered practitioner and without direct supervision.
DRAD	This refers to diagnostic radiography.
Clinical support worker (CSW)	1. A non-registered clinical member of staff who has a role or task delegated to them by the registered practitioner 2. Career framework level 2 – entry level
Institute for Apprenticeships and Technical Education (IFATE)	Home / Institute for Apprenticeships and Technical Education
Ofsted	The Office for Standards in Education Children's Services and Skills https://www.gov.uk/government/organisations/ofsted
Patient Group Direction (PGD)	A PGD provides a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber.
Patient Specific Direction (PSD)	A PSD is an instruction from a doctor, dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. There is no set protocol for PSDs written into the legislation.
People/person/patient	The terms people/person/patient have been used to represent all recipients of care, including children and young people.
QAA	The Quality Assurance Agency for Higher Education https://www.qaa.ac.uk/the-quality-code/advice-and-guidance/assessment
Registered practitioner	This is a professional who is on a register for a particular profession, ie the HCPC or the NMC. 'Registered health care professional' means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (regulation 2).
Responsibility	Responsibility is a form of trustworthiness: the trait of being answerable to someone for something or being responsible for one's conduct.
Student	This is a person who is studying at a university or other place of higher education; it also denotes someone who is studying in order to enter a particular profession.
Senior clinical support worker (SCSW)	This is a non-registered clinical member of staff who has a role or task delegated to them by the registered practitioner. An SCSW has profession-specific knowledge and training to career level 3.
TRAD	TRAD is therapeutic radiography.

Appendix: Workforce planning tools

Developing career pathways for diagnostic imaging support worker roles: guidance on roles and responsibilities

A summary document endorsed by HEE and SoR UK Council defining the expectations of education and training for CSWs, SCSWs and APs in diagnostic radiography.

AHP Support Worker Competency, Education and Career Development Framework

A framework to support employers, networks and services to effectively plan, develop and deploy their allied health professions support workforce.

College of Radiographers Education and Career Framework

Provides guidance for the education and career development of the radiographic profession from support worker through to consultant practitioner.

Calderdale Framework

An evidence-based workforce transformation tool for use across acute and community health and social care sectors.

Six Steps Methodology to Integrated Workforce Planning (Wales and Scotland)

A tool developed by Skills for Health to provide a practical approach to planning that ensures a workforce of the right size with the right skills and competence.

Nursing, Midwifery and Allied Health Professions (NMAHP) Professional Workforce Needs Analysis Tool

A tool from NHS Scotland to support strategic planning of the future workforce solutions, including assessing the need for healthcare support worker, senior healthcare support worker and assistant practitioner roles.

HEE Star: Accelerating workforce redesign

The facilitated HEE Star workshops support productive conversations around workforce challenges and identify opportunities, products and resources available that can help design solutions.

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