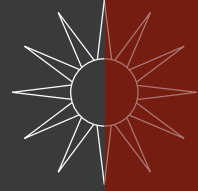


THE COLLEGE OF
RADIOGRAPHERS



The Scope of Practice of Assistant Practitioners in Radiotherapy

THE SOCIETY OF
RADIOGRAPHERS



RADIO THERAPY AND ONCOLOGY

The Scope of Practice of Assistant Practitioners in Radiotherapy

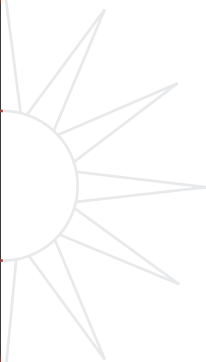
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Foreword

This document has been produced to provide definitive statements regarding the policy of the Society and College of Radiographers (SCoR) in respect of the practice of Assistant Practitioners in Radiotherapy.

Initial policy guidance was stated in the College of Radiographers' publication A Strategy for the Education and Professional Development of Therapeutic Radiographers¹ in October 2000 and was restated three years later in Education and Professional Development: Moving Ahead² but it is evident that practice has developed and this new guidance reflects the important role that Assistant Practitioners can play in the delivery of radiotherapy and oncology services.

Additionally, in the recently published National Radiotherapy Advisory Group (NRAG)³ report, recommendations included, firstly, that the four tier skills model should be fully implemented in all Radiotherapy Centres – the Assistant Practitioner role is a part of this structure. Secondly, that professional bodies should support the service in developing local workforce proposals to deliver effective skill mix. Development of the Assistant Practitioner role, in a safe and effective manner, has the ability to enable reconfiguration of the workforce and should facilitate the development of the advanced and consultant practitioner roles for Radiographers. This document provides guidance to the service to support the safe introduction of the Assistant Practitioner role.

The guidance has been developed following publication of The Scope of Practice of Assistant Practitioners in Clinical Imaging and follows advice provided by representatives of the Health Protection Agency, for which we are grateful. Other contributors include members of Radiotherapy Advisory Group (RAG), Jane Head, Jan Johnson, Moira Tomlinson, Christine Richard, Susan Lamb, and Caroline Williams.

These statements reflect current practice and it is envisaged that evidence based research will be used to further refine future guidance.



Zena Mitton
President

1. Introduction

- 1.1 The 'Assistant Practitioner' was introduced to the radiography workforce as a result of a study into skill mix in radiography⁵. The diversity of radiographic practice, coupled with increasing demand and the introduction of new technologies and techniques, allowed for the exploration of the potential to develop new roles. Within the career progression framework⁶, new roles have emerged that support service delivery by developing individuals to undertake specific tasks and activities that improve the patient flow and delivery of an effective and timely service. There was no suggestion at any point that these new roles would replace Radiographers⁵ but that they would provide additional capacity in the workforce to allow Radiographers to develop and fulfil their own potential. They also fulfilled the need to develop career progression opportunities for the support workforce.
- 1.2 For all new roles there is a need to develop education and training programmes that support the individual in acquiring new skills and extending knowledge. There must be a framework of supervision that allows for development and ensures patient safety during both development and ongoing practice.
- 1.3 The Assistant Practitioner was developed as a skilled worker, working under the direction of a registered healthcare practitioner. Guidance was issued as these roles were developed. The intention of that guidance was to underline the importance of these new roles in the establishment of new working practices that, while assisting in service delivery, neither compromise the safety of the patient nor compromise the quality of care.
- 1.4 To this end, the Society and College of Radiographers has established its voluntary register for Assistant Practitioners. Information on this process is available from the Approval and Accreditation section of the Professional and Education Department, SCoR and is available on the website www.sor.org.

2. The Assistant Practitioner

2.1 The definition of the Assistant Practitioner appears in the Skill Mix document⁵ as follows:

‘An Assistant Practitioner performs protocol-limited clinical tasks under the direction and supervision of a state registered practitioner.’

(It should be noted that, at the time of publication, the term ‘state registered’ was still valid).

2.2 This additional guidance document is intended to support Radiotherapy Service Managers, Radiographers and Assistant Practitioners by stating clearly the rationale for the Scope of Practice of Assistant Practitioners in Radiotherapy and clarifying the responsibilities of all concerned. Radiotherapy Service Managers will wish to use this document to create local guidelines, which best suit their own service needs.

2.3 It is intended that the Scope of Practice for the entire radiography workforce be kept under review and research evidence used to support future developments in the Scope of Practice, such that services to patients continue to be improved.

3. Rationale for the Scope of Practice of Assistant Practitioners

- 3.1 The Department of Health project⁵ that examined skill mix, identified and developed the Scope of Practice of Assistant Practitioners through a process of consultation and field testing in a number of pilot sites. The project concluded that the activity of the Assistant Practitioner would be related to undertaking routine work under protocol under the supervision of a registered health care practitioner (Radiographer). The possibility that other activities that would provide support for Radiographers (and, as such, where Assistant Practitioners would be working under direct supervision), could be explored.
- 3.2 The Society and College of Radiographers' policy regarding the practice of Assistant Practitioners was published in Educational and Professional Development: Moving Ahead²:

"Assistant Practitioners, like general support staff, are [also] likely to be diverse but they will differ from the general support workforce in that, as part of their duties, they will perform limited clinical imaging examinations or treatment procedures in concert with, and under the supervision of, state registered Radiographers. The range of such examinations or treatments will vary in accordance with locally identified need but is likely to be confined to standard examinations or treatments carried out on ambulant adult patients, and conducted in accordance with locally agreed protocols."
- 3.3 Therefore the original Scope of Practice of Assistant Practitioners in radiotherapy was defined by both the Department of Health and the Society and College of Radiographers as performing limited treatment procedures which will vary in accordance with locally identified need and was determined through consultation and in consideration of the relative risk associated with the activity.
- 3.4 Occupational standards have been developed to support new roles within radiotherapy. These were developed as part of the Department of Health skills mix project and are endorsed by the professional body.

4. The Scope of Practice related to specific radiotherapy procedures

- 4.1 Assistant practitioners must have a sound knowledge of the basic concepts of a defined area of practice as described in the Learning and Development Framework⁷ (2007). (Appendix A includes an excerpt from the document relating to clinical practice of Assistant Practitioners.)
- 4.2 Within Radiotherapy Centres, Assistant Practitioners work as members of the team and, in describing their scope of practice, it is important to recognise two distinct roles.
- 4.3 Firstly, there are elements of the work traditionally performed by the Radiographer which may be undertaken by the Assistant Practitioner who is trained and competent to carry out that element (ie the Assistant Practitioner takes responsibility for the tasks delegated to them).
- 4.4 Secondly, Assistant Practitioners may work alongside the Radiographer helping with aspects of an episode of care under the direct supervision of the Radiographer (Band 6 upwards). This may include elements which would be outside the normal scope of practice for an Assistant Practitioner if working alone. The Radiographer retains both professional and legal responsibility for the episode of care.
- 4.5 The Assistant Practitioner will work within a scope of practice under the supervision (direct or indirect depending upon the task) of a registered practitioner (Radiographer) within relevant legislation and departmental protocols. Elements which may be delegated may include:
- Elements of pre-treatment processes; for example imaging, simple dosimetry.
 - Elements of treatment delivery; protocolised and simple megavoltage, treatments.
 - Elements of daily machine quality assurance tasks.
 - Elements of patient support and information within a clearly defined proforma.
- 4.6 All areas of practice of the Assistant Practitioner require robust training and education and appropriate assessment of competence. It is the responsibility of the Radiotherapy Services Manager to define the details of the scope of practice for their Assistant Practitioner in response to their own service needs (and in line with guidance from this professional body), in agreement with the employer, who entitles the Assistant Practitioner to carry out the defined scope of practice. However, the safety of the patient is always paramount and therefore the scope of practice is limited.

Assistant practitioners can never replace a Radiographer where a registered practitioner of this level is required.

5. Practices outside the Scope of Assistant Practitioners

- 5.1 Assistant Practitioners may contribute to the practices listed below under the direct supervision of a Radiographer. However, the Radiographer retains overall clinical responsibility for the episode of care.
- 5.2 .1 Listed below are a number of situations in which the responsibilities related to radiation protection, patient care and treatment planning and delivery are considered to be beyond the Scope and Practice and role of the Assistant Practitioner in Radiotherapy:
- Obtaining consent for radiotherapy
 - Decision making regarding treatment complications
 - On treatment patient review/patient follow up
 - Administration and supply of medicines under Patient Group Directions -NB Assistant Practitioners are not permitted, by law, to use Patient Group Directions (PGDs)
- 5.2.2. Listed below are clinical situations where Assistant Practitioners can work but where they can only take responsibility for the core elements of set-up as identified in section 4.5 (for which they are competent to do so). Beyond this Assistant Practitioners are therefore able to contribute to the set-up of patients within the clinical situations listed below however they must be under direct supervision of a registered radiographer and therefore cannot take responsibility for the total treatment (ie they cannot work alone and therefore must always be directly supervised for the more complex elements of the set up requirements).
- Complex computer treatment planning - 3-D/4-D computer dosimetry;
 - Complex and non-protocolised radiotherapy including apposition techniques; superficial, orthovoltage and electron and, for example, multifield/phase complex head and neck treatments
 - Patients with complex needs including children;

6. Professional responsibilities of the supervising Radiographer

6.1 The 'Episode of Care'

- 6.1.1. When a patient/client presents for radiotherapy, they are entitled to receive the highest standards of care. Therefore the responsibility for ensuring the quality and standards of the episode of care remains with the registered practitioner (Radiographer). The episode of care begins with the referral for exposures to ionising radiation. All exposures which are part of the radiotherapy process must be justified before they are made and the justification for radiotherapy must be undertaken by someone recognised (and entitled by the employer) as a 'Practitioner' under IR(ME)R 2000. Following the publication of The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006, the 'Practitioner' must be a registered health care professional whose profession is regulated by a body as detailed within Section 25(3) of the National Health Service Reform and Health Care Professions Act 2002. For this reason, an Assistant Practitioner is legally not allowed to take on the role of 'Practitioner'.
- 6.1.2 The Assistant Practitioner as an IR(ME)R 'Operator' is, however, legally responsible for the tasks they are entitled by the employer to undertake in relation to ionising radiation medical exposure.

6.2 Supervision

- 6.2.1 The Society and College of Radiographers has published a Statement and a Framework related to clinical supervision^{9,10}. It should be recognised that clinical supervision is a quality assurance framework and not a quality control process. Clinical supervision is a two-way process between an individual and his/her mentors, supervisors and peers and is intended to ensure that safe, effective practice is carried out at all times. Where the Assistant Practitioner is supervised by a Radiographer, the Society and College of Radiographers considers that the supervising Radiographer should be banded at Band 6 or above because only at this level will they be able to demonstrate the level of knowledge and skills necessary to supervise others effectively.
- 6.2.2 The responsibilities of supervision involve the Radiographer making professional judgements as to the ability of the Assistant Practitioner to undertake the allocated task. Where a supervising Radiographer judges that the Assistant Practitioner being supervised is not able to undertake the allocated task, the supervising Radiographer is directly responsible and accountable for ensuring that the task is re-allocated, or for carrying out the task personally. It is also the responsibility of the Assistant Practitioner to alert the supervising Radiographer to situations where they do not have the competence or confidence to undertake the relevant task. If they carry out the task under direct supervision, legal responsibility for the task remains with the supervising Radiographer as the autonomous, regulated practitioner.
- 6.2.3 It is expected that Assistant Practitioners will be subject to supervision. This means that they will know clearly who is supervising them for all tasks that they undertake and that their supervisor will be working with them in the treatment room, or will be immediately accessible for support and advice. It should be clear to all Assistant Practitioners and Radiographers whether the supervision for a given task will be direct or indirect before commencing.
- 6.2.4 Legal opinion has advised that 'adequate supervision' for Assistant Practitioners cannot be provided by telephone and therefore the Society and College of Radiographers does not support this practice.

7. Responsibility of the employer

- 7.1 It is the responsibility of the employer to ensure that individuals carrying out roles and functions under IR(ME)R 2000 are 'adequately educated and trained for their role'⁴. Adequate training can be determined by reference to Schedule 2 of the IR(ME) Regulations. As the Assistant Practitioner in Radiotherapy is only able to act in the capacity of IR(ME)R 'Operator', the employer must ensure that the Assistant Practitioner does not undertake tasks for which they have not been trained, nor entitled to do. The 'Operator' must be entitled by the employer to act in this capacity and the scope of entitlement should also be specified.

It is the responsibility of the employer to set up clear and robust systems of training and assessment of competence.

In all cases, records must be kept of the education and training of all individuals with responsibilities related to IR(ME)R 2000 and 2006.

8. The Society of Radiographers' Professional Indemnity Scheme

- 8.1 The policy of confining the Scope of Practice of the Assistant Practitioner forms the basis upon which the Society's Professional Indemnity Insurance is based. The insurance premium is based on an assessment of risk and limitation of practice reduces the risk. Professional Indemnity Insurance provided by the Society of Radiographers does not cover the Assistant Practitioner, nor the supervising Radiographer, if the Assistant Practitioner is acting outside the Scope of Practice determined by the Council of the Society of Radiographers and for which the individual is accredited.
- 8.2 The Society and College of Radiographers gives advice on all aspects of radiographic practice and does so in the best interests of patients and the public. This includes advising on the Scope of Practice of those individuals who practise radiography. It is expected that members of the Society of Radiographers and those accredited by the Society and College of Radiographers adhere to the relevant Scope of Practice, whether as an Assistant Practitioner, or as a supervising Radiographer.
- 8.3 Ultimately, it is the employer's responsibility to ensure that its employees are adequately educated and trained for their role. It is strongly advised that clinical governance guidelines are followed and that a thorough risk assessment is undertaken in order to develop protocols for Assistant Practitioners, and that the employer is aware of these new practices and accepts vicarious liability for its employees.

8.4 Local variations in the Scope of Practice and Professional Indemnity Insurance

- 8.4.1 It is accepted that Assistant Practitioners will develop their skills and will become experienced in defined aspects of radiotherapy. Over time, it may be possible for an individual Assistant Practitioner who has undergone further relevant and College of Radiographers' approved education and training, to be accredited for additional competences. The Society and College of Radiographers will consider such requests for accreditation on an individual basis using the standards and procedures of the Approval and Accreditation Board.
- 8.4.2 However, it should be noted that Assistant Practitioners cannot be responsible for a complete episode of care. This remains the domain of the registered Radiographer.
- 8.4.3 Where an employer, manager, supervising Radiographer(s) and Assistant Practitioner(s) agree a protocol that extends the Scope of Practice of an Assistant Practitioner beyond that approved by the Council of the Society of Radiographers Council, it may be possible to gain approval for a local variation to the Scope of Practice that is applicable to the named Assistant Practitioner(s) involved.
- 8.4.4 Information regarding the proposed extension to practice and the names of the individual Assistant Practitioner(s) should be forwarded to the Approval and Accreditation Board at The Society and College of Radiographers, for consideration. Should such a proposal be approved, the Society of Radiographers' Professional Indemnity Insurance cover would be extended to those individuals and their supervising Radiographers.
- 8.4.5 In considering such requests, it must be recognised that the Society will consider them primarily from the perspective of safe practice by the Radiographer(s) and Assistant Practitioner(s) concerned.

9. Research and audit of practice

- 9.1 It is important that the practice of the Assistant Practitioner is subject to the same clinical audit processes as for other members of the therapeutic Radiographer workforce. Extension of the role and Scope of Practice of the Assistant Practitioner to meet service demands will be considered by the Society and College of Radiographers on the basis of robust research and audit data to support such proposed change.

10. Advice to managers and employers

- 10.1 Radiotherapy Service Managers and Employers are advised to seek advice and clarification with regard to the Scope of Practice of Assistant Practitioners in circumstances that they consider may not be covered by this guidance document. Enquiries should be directed, in the first instance, to the Professional and Educational department.

11. Summary

- 11.1 This is the second edition of the document originally published in September 2007. Section 5 has been amended to provide more clarity on Practices outside the Scope of Assistant Practitioners. This guidance reflects the important role that Assistant Practitioners can play in the delivery of radiotherapy and oncology services.
- 11.2 This document supports the role of Assistant Practitioners in the delivery of radiotherapy services but, importantly, within a framework that is safe for patients, assistants, supervising Radiographers and employers alike. It re-states clearly the Scope of Practice for Assistant Practitioners set out in Education and Professional Development: Moving Ahead².
- 11.3 The Society and College of Radiographers recognises that service delivery models continue to evolve and that the radiotherapy and oncology workforce must also continue to develop. This document supports employers and managers in this development but within a safe, effective and evidence-based framework.

Appendix A (from SCoR Learning and Development Framework, SCoR 2007).

Assistant Practitioner

The Assistant Practitioner is required to have a sound knowledge of the basic concepts of a defined area of practice. The ability to communicate accurately and to exercise personal responsibility must be demonstrated. The learning process should enable the Assistant Practitioner to perform effectively within their area of practice, using given protocols as necessary.

Assistant practitioners, **whilst not able to practice autonomously**, must work effectively and safely within their defined area of practice, under supervision of a registered practitioner, within relevant legal and ethical frameworks, and in accordance with agreed protocols. They will:

1. Demonstrate knowledge and physical skills required within their own area of practice;
2. Undertake patient care procedures within their sphere of competence;
3. Function as a member of the multi-disciplinary health care team;
4. Demonstrate effective interpersonal and communication skills;
5. Demonstrate accountability for their own actions;
6. Demonstrate an ability to gather relevant information and act appropriately;
7. Apply problem-solving skills to routine situations;
8. Demonstrate effective use of information technology, literacy and numeracy skills in relation to their defined area of practice;
9. Demonstrate an ability to reflect on their area of practice and engage with CPD.

Education programmes should be designed such that Assistant Practitioners can:

- Recognise the importance of the knowledge and understanding relative to their defined roles;
- Develop the skills necessary to perform their roles;
- Recognise the links between different programme elements and themes;
- Appreciate that their knowledge and understanding is acquired within an evidence-based framework;
- Recognise that learning can occur in both education and practice environments and exploit the relationship between them.

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