

Policy for Assistant Practitioners to Provide Imaging

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

The 2015 review ensures the Policy for Assistant Practitioners reflects current practice. The policy now includes the associated scope of practice documentation and local departmental schemes of work relating to Assistant Practitioners providing imaging across all areas of the Four Imaging Departments. This includes all Plain film areas, fluoroscopy, and Cross-Sectional Imaging.

The 2020 review rectified a numbering issue from 4.4 onwards.

Within section 6, 9 and appendix 3 Ionising Radiations (Medical Exposures) Regulations 2000 Policy and associated Procedures. Trust ref: B13/2001 was replaced with Ionising Radiation Safety Policy. Trust Ref: B26/2019

Within section 9 Ionising Radiation (Medical Exposure) Regulations 2000 was replaced with Ionising Radiation (Medical Exposure) Regulations 2017

References to Assistant Practitioners in Mammography and Breast Care Centre was removed. They will require their own policy.

The scheme of work for Assistant Practitioners working in community hospitals has been included.

The 2023 review updated references to the reviewed Ionising Radiation Safety Policy B26/2019.

Changes to rooms and locations of services in appendices to align with service moves.

Addition of any incomplete Diagnostic Radiography course to approved courses in Appendix 1.

KEY WORDS

Assistant Practitioner	Imaging Scheme of work
Scope of Practice	Cross-Sectional
Plain Film	

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the safe and effective provision of care and diagnostic imaging of patients by Assistant Practitioners within Imaging Departments.

This document has been produced to support staff in role development. It includes agreed protocols which form an agreed Scope of Practice for Assistant Practitioners.

It is supported by Government documentation; local initiatives; pressures to deliver clinically efficient and cost- effective health care.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to all Assistant Practitioners working within the University Hospitals of Leicester departments of Imaging.

- 2.2 This policy will apply to both qualified and trainee Assistant Practitioners who have completed or are in the process of completing, a recognised course of study – Appendix 1.
- 2.3 The procedures outlined within this policy will be undertaken under appropriate supervision (Appendix 2) without compromise to patient care, the diagnostic quality of the investigation or patient safety.
- 2.4 Assistant Practitioners will be required to perform imaging on all patient groups as described in the enclosed Scope of Practice & Scheme of Work documentation – Appendices 3, 4 & 5

3 DEFINITIONS AND ABBREVIATIONS

Imaging Protocols: Local protocols for specific imaging examination requirements which are developed from National guidance.

Scheme of work: Site and modality specific information listing examination inclusions & exclusions to the Assistant Practitioner role.

Scope of practice: Local schemes of work & imaging protocols combined to form Scope of Practice documentation.

4 ROLES

- 4.1 The **executive lead** responsible for this Policy is the Chief Nurse
- 4.2 The **Operational Lead for Imaging** is designated as having overall responsibility for overseeing this role ensuring that:
 - a) all radiographic, trainee and qualified assistant practitioners are aware of this policy
 - b) there are procedures in place for providing assurance that the policy is followed
- 4.3 **Superintendents** are responsible for the compliance of the policy in their area
- 4.4 **Radiographic staff, trainee and qualified assistant practitioners** have a duty to follow this policy and report any concerns which may impact on patient safety.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

- 5.1 All Assistant Practitioners who undertake this role must have completed a relevant, recognised course of training - Appendix 1.
- 5.2 On successful completion of the course the Assistant Practitioner will be deemed competent to undertake those imaging duties, covered in the competency logbook provided by the course, whilst working under the supervision of a HCPC registered Radiographer.

- 5.3 Definitions of supervision are contained within Appendix 2.
- 5.4 All imaging duties must be undertaken following agreed protocols for each radiographic procedure. These protocols together with the enclosed schemes of work form the Scope of Practice for Assistant Practitioners – Appendix 3
- 5.5 Assistant Practitioners must follow this policy for carrying out imaging duties
- 5.6 Documentation should be recorded in line with Trust and local policy to include:
 - i) Work undertaken by the Assistant Practitioner must be identifiable.
 - ii) Patient confidentiality should be maintained in accordance with the Data Protection Act (2018)
 - iii) The Radiology Department / Clinical Support & Imaging CMG will maintain a record of initial training and on-going training. Continued competence for each Assistant Practitioner will be assessed annually at appraisal.

This policy is supported by the following procedures found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure	Appendix
Ionising Radiation Safety Policy. Trust Ref:B26/2019	

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All Assistant Practitioners who undertake this role must have completed a relevant, recognised course of training. The training course completed or being undertaken has been approved by the Imaging Board in line with the Training, Education and Development (TED) group recommendations.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 These are set out in the Policy Monitoring table set out below.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Compliance with Policy	Superintendent Radiographers & Modality Leads working with Service development team	Reporting to Service Development Team	3yr Review as per policy. On-going review in response to Service changes and staff training & development needs.	Imaging Board amendment to Policy as required.

Compliance with Training requirements	Departmental managers	Appraisal	Annually	
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8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim, therefore, is to provide a safe environment free from discrimination and treat all individuals fairly with dignity, and appropriately, according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

This policy is supported by Government documentation, local initiatives, pressures to deliver clinically efficient and cost- effective health care.

References:

NHS Plan 2000, Pilot Scheme from Breast Care

Ionising Radiations (Medical Exposures) Regulations 2000

Ionising Radiations (Medical Exposures) Regulations 2017

Skills for health: Competencies / National Occupational Standards – Assistant Practitioners

Skills for Health 2010, 'The role of Assistant Practitioners in the NHS: factors affecting evolution and development of the role'

Trust policy:

Ionising Radiation Safety Policy Trust ref: B29/2019

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 10.2 This policy and associated scheme of work will be reviewed by the General Managers, Consultant Radiographers and Superintendent Radiographers via the Senior Staff meeting.
- 10.3 The review date will be 3 years from the date of this document.

Plain film (& Fluoroscopy where included in the programme studied) – excluding Mammography

- APU / ARU Diploma Of Higher Education Medical Imaging Practice
- University of Derby BTEC Professional Development Certificate Clinical Imaging
- FdSc: Clinical Imaging. University of Leicester, Loughborough College and UHL Academy of Imaging
- FdSc Health & Social care (Diagnostic Radiography pathway) Birmingham City University.
- FdSc Professional Development (Health & Social care) University of Derby

Cross-Sectional Imaging

- FdSc: Clinical Imaging. University of Leicester, Loughborough College and Academy of Imaging

For all modalities any UK Diagnostic Radiography course where at least 120 credits have been awarded at level 5 (DipHE, FdSC, HND etc.) in suitable modules. Suitable modules will be assessed by the relevant modality lead and practice educator and additional training or support may be given as part of the induction process.

Courses recognised by the Imaging Service for Additional Assistant Practitioner training

- Dental Radiography module, University of Derby
- Level 4, 20 credit module to demonstrate competence to perform orthopantomography and lateral cephalometry.

The level of actual physical supervision required will be dependent on the knowledge and competence of the Assistant Practitioner, the complexity of the task and the hazards involved.

‘Such supervision as necessary’ to ensure the maintenance of clinical standards and the health and safety of patients and staff.

What does a supervisor do?

Checks that you did what you were supposed to do.

Advises and assists whenever there is a situation that you do not feel comfortable with.

Different levels of supervision

Direct Supervision

1. When the risks of the work and the inexperience of the person requires the work to be directly supervised by a competent person. One to one direct observation of the complete task.

Indirect (remote) Supervision

1. The risks of the work and the experience and competence of the person requires the supervisors’ authority and /or advice before that work can be carried out. The supervisor is aware of what the person is doing but is not directly observing the task
2. The risks of the work and the experience and competency of the person are such to allow the work to commence following an appropriate scheme of work. The task is completed according to schemes of work.
3. Although the risk of the work is high, the experience and competency of the staff are such that the work can be carried out with limited supervision The task can be completed in a way determined by the person due to difficulties arising following the scheme of work without advice being sought.

Trainee & Qualified Assistant Practitioners

1. Assistant Practitioners support the work done by Radiographers within the Imaging departments. Their duties include the performance of imaging examinations including initiation of exposure to the patient of X-rays or Magnetic Resonance dependant on their area of expertise.
2. Whilst carrying out examinations the Assistant Practitioner **MUST**,
 - Follow locally agreed procedures
 - Work under the supervision of a Radiographer (Appendix 2)
 - Minimise the radiation dose to the patient.
 - Put the interests of the patient first.
 - Recognise their own competency/recognise their limitations and never work beyond them.
3. Examinations performed during training are documented in the trainee's log book. This ensures all examinations are covered by the training programme.

An additional short course of study must be completed to be able to undertake specific examinations, for example:

- Fluoroscopy for ECMO cannulations and Vascular Access
- Being deemed competent to complete an MRI safety questionnaire independently.
- OPG / PA Mandible in ED
- CBCT for dental examinations

Evidence of course completion must be documented in the individuals' personal file.

4. Different patient groups require different supervision by a qualified practitioner;

Qualified Assistant Practitioner:

- **REMOTE:** Adults and Children over 7 years of age with no additional factors which may make imaging harder to achieve. (accompanied)—Radiographer aware Assistant Practitioner is performing the examination; they are not necessarily in the same room.
- **DIRECT:** Foetal, neonates (see local policies)— Working directly **with** the Radiographer (named nurse) concerned.

Trainee & Qualified Assistant Practitioners must ensure they do not work outside their scope of practice at any time, seeking help, advice and appropriate supervision prior to any examinations they feel may be beyond their range of experience.

Practically this means:

Plain film, and Fluoroscopy

In Training:

- Direct supervision for all procedures.
- All films to be checked by a qualified radiographer.
- A Trainee Assistant Practitioner cannot authorise requests for imaging.
- A Trainee Assistant Practitioner will not be able to image skulls or facial bones whilst training or upon qualification and subsequent employment.

Qualified:

Assistant Practitioners will be expected to work under remote/ direct supervision as specified in appendix 2.

1. Receive and authorise request forms under protocol and in accordance with the Ionising Radiation Safety UHL policy.
2. Book patients onto CRIS,
3. Confirm patient identity (Ionising Radiation Safety UHL Policy B26/2019 15.3)
4. Confirm pregnancy status (Ionising Radiation Safety UHL Policy B26/2019 15.5) Where relevant, complete and witness pregnancy status forms
5. Undertake plain film examinations (excluding skull and facial bones) in a safe and appropriate manner assessing and checking their own work in adherence with local department schemes of work (Appendices 4-5)
6. Undertake fluoroscopic procedures in adherence to local department schemes of work. (Appendices 4-5)
7. Process images
8. Send patient away with appropriate advice on next steps
9. Forward images to PACS
10. Post process details on CRIS
11. For Bone Densitometry examinations – register the patients on the scanner,
12. Archive images and authorise requests according to protocol

Items 1-12 directly above may be carried out without direct reference to a qualified radiographer unless they fall outside any of the above protocols and policies.

Assistant Practitioners who have completed an approved additional course of training in Dental Radiography may also perform orthopantomography lateral cephalometry and CBCT (for dental work only) in a safe and appropriate manner, checking their own work in this area whilst ensuring adherence to local department schemes of work (appendices 4-5)

Cross-sectional imaging

1. Assistant Practitioner's will always have direct supervision, during training and upon qualification from a qualified practitioner.
2. Qualified Assistant Practitioners will scan under protocol whilst being supervised by a qualified Radiographer within the same control room who will be immediately available for advice and/or assistance if necessary. All examinations will be conducted according to protocol and be deemed 'complete' when all protocolled scan sequences are completed to the required standard, archived and sent for reporting. Examination reporting will be carried out by a qualified reporting Radiologist/Radiographer.
3. Trainee Assistant Practitioner's completing Patient Safety Questionnaires in MRI must have them countersigned by the Supervising Radiographer prior to the patient's entrance to the scan room.

Qualified Assistant Practitioner's may complete safety questionnaires without recourse to qualified radiographers providing they have completed the 6 week training programme (MRI) at induction to an adequate standard and been signed as competent by the Superintendent Radiographer (MRI). Any queries or questions regarding the safety questionnaire which fall outside of the scope covered by the MRI induction should be referred back to the supervising Radiographer prior to the patient being taken into the scan room.

Completed MRI induction training records will be kept in the site Superintendents' office.

4. Trainee Assistant Practitioner's and qualified Assistant Practitioners are not permitted to inject patients with contrast agent. Following 'in house' training in IV Cannulation they are permitted to cannulate the patient & flush the cannula with saline, load the pump and flush the line but not connect the contrast filled line to the patient or flush through the contrast agent. Qualified Assistant Practitioners are also permitted to monitor the patient during injection for extravasations at the injection site.
5. Trainee Assistant Practitioner's and qualified Assistant Practitioners can prepare and give oral contrast in line with examination protocol as specified by Radiologist / Radiographer instruction - as per department procedure and after being checked by a qualified member of staff.
6. Trainee Assistant Practitioner's and qualified Assistant Practitioners can position the patient, select appropriate scan protocol as per Radiologist requirements, and initiate the scan under direct supervision as specified.
7. Trainee Assistant Practitioners are to check with qualified staff when the examination is complete.

Qualified Assistant Practitioner's may complete the examination without recourse to a qualified radiographer when all requirements for a complete examination are met (point 2 above) AND they are deemed competent and signed off by the Superintendent Radiographer in that area following completion of the 6 week MRI induction programme.

8. Post process images, archive and film as necessary.
9. Send patient away including removal of cannula when appropriate.

10. Post process patient details on Radiology Information System.
11. Work in adherence with local department schemes of work (Appendices 4 - 5)
12. Records of quality, recalls and discrepancies are maintained centrally and addressed through appropriate Clinical Governance committees.

All Assistant Practitioners will be:

- Responsible for their professional standards and Continual Personal Development.
- Accountable for the quality of their work and adherence to governing regulations, policies, procedures and guidelines.

Records of quality, recalls and discrepancies are maintained by the superintendent responsible for the area of work and addressed through appropriate Governance forums.

The following national legislation and local policies will be strictly observed:

- Policy for Assistant Practitioners to Provide Clinical Imaging
- Health and Safety at Work Act
- Ionising Radiation Regulations 2017
- Ionising Radiation (Medical Exposure) Regulations 2017 (and associated Trust Policies B26/2019)
- Data Protection Act
- Freedom of Information Act
- Local Rules
- Referral Guidelines
- MRI operational policy – Cross-sectional Imaging staff only.

Staff will be required to sign that they have read and understood this policy as part of the MRI induction programme. This will be checked and re-signed annually prior to their appraisal review meeting.

The qualified Assistant Practitioner is an **'Operator'** under the terms of the IR(ME)R legislation.

Introduction

This document has been discussed and formulated by the appropriate Superintendent Radiographers and General Managers within the Imaging Service at UHL in conjunction with the Superintendent Radiographer responsible for Assistant Practitioner training.

The purpose of the document is to identify the frameworks within which Assistant Practitioners that have successfully completed a two year Foundation degree can undertake imaging procedures within the Radiology Departments of UHL.

Recognised 2 year Foundation degrees are as follows:

- FdSc Clinical Imaging (University of Leicester, Loughborough College, Academy of Imaging)
- Anglia Ruskin University
- Birmingham City University
- FdSc Professional Development University of Derby

All newly appointed Assistant Practitioners will complete an induction covering areas within which they will be expected to practice. These areas include (depending on site base):

- Plain Film areas – including mobiles
- Paediatrics – plain film only excludes mobiles
- General Fluoroscopy
- Bone Densitometry Scanning

Local variations are in place to account for varying case-mix between the sites and local needs. These are listed at the end of this document.

Governing regulations, policies, procedures and guidelines

All staff are required to practice in line with relevant government legislation, trust and local policies and procedures and work within the parameters identified in trust and local guidelines. More specifically in respect of staff, patient and public safety and privacy the following will be strictly observed:

Policy for Assistant Practitioners to Provide Clinical Imaging
Health and Safety at Work Act

Ionising Radiation Regulations 2017

Ionising Radiation (Medical Exposure) Regulations 2017 (and associated Trust Policies B26/2019)
Data Protection Act
Freedom of Information Act
Local Rules
Referral Guidelines
MRI operational policy –Cross sectional imaging staff only

The Assistant Practitioner is an '**Operator**' under the terms of the IR(ME)R legislation.

Assistant Practitioners (2 year qualification) will be expected to:


Receive and authorise request forms (in line with national, trust and local referral guidelines).
Book patients onto CRIS,
Confirm patient identity (Ionising Radiation Safety UHL Policy B25/2019 Appendix 5 section 3
Confirm pregnancy status (Ionising Radiation Safety UHL Policy B25/2019 Appendix 5 section 5)

Where relevant complete and witness pregnancy status forms
Undertake the examinations in a safe and appropriate manner
Process images
Forward images to PACS
Post process details on CRIS

The above activities may be carried out without direct reference to a Radiographer.

Complete competency sheets for all equipment in each area - 'signed off' annually by a Radiographer with who has also been deemed competent on the relevant equipment.

Local Scheme of work – Assistant Practitioners working at the Leicester Royal Infirmary

University Hospitals of Leicester 
NHS Trust

C3/2018
Appendix 4b

Leicester Royal Infirmary

Plain Film areas – A&E, Outpatient's, GP's, Inpatients, Mobiles
Paediatrics – Plain film only
General Fluoroscopy –Room 14 (Mobile C-arm in Vascular Access)
Maxillo-Facial Clinic

Plain Film: A&E, Inpatients, Outpatients and GP's

Inclusion: All areas including OPT and AP mandible for trauma work
CBCT limited to dental work following a short course of additional study. This will be documented in the individuals' personal file.

Exclusions: Skull and facial bones

Mobiles

Inclusion: All adult mobile chest and abdomen x-rays including Critical Care Units, Theatre Recovery and Resus

Exclusions: Examinations other than a chest and abdomen x-ray, trauma series in Resus unless under direct supervision of a radiographer
Theatres –plain film x-rays and mobile fluoroscopic examinations

Paediatrics

Inclusion: Plain film examinations in the Paediatric and A&E areas of the department

Exclusions: Mobiles and Fluoroscopy examinations unless under direct supervision of a radiographer

Fluoroscopy Room 14

Inclusion: Vascular Access cases

All other fluoroscopic examinations to be done under direct supervision of a Radiographer/Radiology Nurse Operator or Radiology Practitioner.

Exclusions: Major interventional procedures, Arterial Vascular procedures

Night duties

Inclusion: Night duties will be rostered as an additional/supernumery person subject to the appropriate levels of supervision being maintained.

Exclusion: Night duties not to be rostered with only one other radiographer

Maxillo-facial Clinic

Inclusion: Orthopantomography and lateral Cephalometry views. - following a short course of additional study. This will be documented in the individuals' personal file.

Exclusion: All other views

Bone Desitometry (DEXA)


Inclusion: Spine, hip, forearm booked onto planned OP/GP sessions

Exclusion: Requests not authorised by protocol by a radiographer or justified by a practitioner. Assistant Practitioners will not authorise DEXA requests.

Forensic cases

The current Society and College of Radiographer advice is that Assistant Practitioners should not be involved with Forensic cases. At the present time this advice will be followed.

**Local Scheme of work – Assistant Practitioners working at the Leicester
General Hospital**

University Hospitals of Leicester 

C3/2018 Appendix 4c

Leicester General Hospital

Plain Film area: D2 – Rooms 5,7 and DEXA

Ward Mobiles

Other mobiles accompanied by a radiographer

Plain Film:

Inclusion: All areas not listed as excluded.


Exclusions: Skull and facial bones

Mobiles

Inclusion: All adult mobile chest and abdomen x-rays including Critical Care Units and Theatre Recovery

Exclusions: Examinations other than a chest and abdomen x-ray, unless under direct supervision of a radiographer
Theatres –plain film x-rays and mobile fluoroscopic examinations
Neo-natal Intensive care (SCBU/NNU)

Local Scheme of work – Assistant Practitioners working at Glenfield
Hospital

University Hospitals of Leicester 

C3/2018 Appendix 4d

Glenfield Hospital

Plain Film areas – Lightroom 1
Plain Film areas – Lightroom 2
Plain Film areas – Chest Room
Mobiles and Theatres
Satellite DR/CR Rooms
Room 3 –General Fluoroscopy
Restorative Dental Clinic

Inclusion: All areas

Exclusions: Skull and facial bones. Neo-natal examinations. (Unless under direct supervision of a radiographer)
Major interventional procedures
Arterial Vascular procedures

Mobiles

Inclusion: All adult mobile chest and abdomen x-rays including Critical Care Units and Theatre Recovery.
Paediatric Chest and abdominal X-rays under direct supervision of a Radiographer or identified named Nurse.

Exclusions Examinations other than a chest and abdomen x-ray, unless under direct supervision of a Radiographer
Theatres –plain film x-rays and mobile fluoroscopic examinations (excluding ECMO as documented below)

Fluoroscopy (Room 3)

Inclusion: Vascular Access studies

All other fluoroscopic examinations to be done under direct supervision of a Radiographer/Radiology Nurse Operator or Radiology Practitioner.

Theatre

Inclusion: ECMO cannulations - following a short course of additional study. This will be documented in the individuals' personal file.

Exclusion: All other theatre examinations

Restorative Dental Clinic

Inclusion: Orthopantomography and lateral Cephalometry views. - following a short course of additional study. This will be documented in the individuals' personal file.

Exclusion: All other projections

Community Hospitals

Plain Film: Minor Injuries Unit/Urgent Care Centre, Inpatients, Outpatients and GP's

Inclusion: All areas including OPT and AP mandible for trauma work

Exclusions: Skull and facial bones

Named community sites covered by UHL imaging

Loughborough Hospital
Coalville Community Hospital,
Hinckley and District Hospital,
Melton Mowbray Community Hospital,
St Luke Hospital – Market Harborough,
Rutland Memorial Hospital

Introduction

This document has been discussed and formulated by the appropriate Superintendent Radiographers and Service Managers within the Imaging Directorate at UHL in conjunction with the Superintendent Radiographer responsible for Assistant Practitioner training.

The purpose of the document is to identify the frameworks within which Assistant Practitioners that have successfully completed a two year Foundation Degree: Clinical Imaging (University of Leicester, Loughborough College and Academy of Imaging) may undertake Imaging procedures within Cross Sectional Imaging, UHL

All newly appointed Assistant Practitioners will complete an induction covering areas within which they will be expected to practice. These areas include (depending on site base):

- CT departments
- MRI departments

Governing regulations, policies, procedures and guidelines

All staff are required to practice in line with relevant government legislation, trust and local policies and procedures and work within the parameters identified in trust and local guidelines. More specifically in respect of staff, patient and public safety and privacy the following will be strictly observed:

- Policy for Assistant Practitioners to Provide Clinical Imaging
- Health and Safety at Work Act
- Ionising Radiation Regulations 2017
- Ionising Radiation (Medical Exposure) Regulations 2017 (and associated Trust Policies B26/2019)
- Data Protection Act
- Freedom of Information Act
- Local Rules & Referral Guidelines
- MRI Operational Policy

The Assistant Practitioner is an '**Operator**' under the terms of the IR(ME)R legislation.

CT

Assistant Practitioners (2 year qualification) will be expected to:

- Receive and act on suitably authorised requests
- Book patients onto CRIS
- Confirm patient identity (Trust policy –IR(ME)R B13/2001 section 6.2.1) • Confirm pregnancy status (Trust policy – IR(ME)R B13/2001 section 6.2.4)
- Where relevant, complete and witness pregnancy status forms.
- Undertake CT examinations in a safe and appropriate manner under direct supervision.
- Cannulate the patient, flush with saline, load the pump and flush the line but **not** connect the contrast filled line to the patient or administer contrast. Qualified Assistant Practitioners are also permitted to monitor the patient during injection for extravasations at the injection site providing evidence of their training to do this can be provided. (See UHL Imaging / Imaging Academy scope of practice – appendix 3)
- Remove cannula
- Process images
- Forward images to PACS
- Post process details on CRIS

Complete training competency sheets for CT equipment - to be 'signed off' by the supervising radiographer.

MRI

As for CT but:

- Complete patient safety questionnaires unsupervised when deemed competent and authorised by the responsible Superintendent.
- Raise all concerns arising from the Safety questionnaire with the supervising Radiographer prior to patients' entry to the room; including but not exclusively Intra orbital foreign bodies, implants, stents, prosthetics etc.

Cross-Sectional Imaging:

Inclusion: All areas covered by the University training programme which the AP has completed.

Exclusion: Cardiac MRI and CT