

Education and Training Committee – 15 November 2012

Profession-specific standards of proficiency for radiographers – Society of Radiographers response to revised draft standards

Executive summary and recommendations

Introduction

We are currently reviewing the profession specific standards of proficiency for the professions we regulate. The consultation response analysis and revised draft standards of proficiency for radiographers are before the Committee today for its consideration, approval, and recommendation to Council.

The professional body for the profession—The Society and College of Radiographers—have expressed concern about some of the standards we have revised following consultation. The Society’s representative has reviewed the amendments we have made to the standards following consultation, and has raised concerns with the Executive about the content or positioning of some standards. Given the nature of their concerns, the Executive felt it was appropriate to share the issues raised with the Committee.

To inform the Committee’s consideration, the attached paper sets out the detail of each of the standards that are of concern to the Society. The paper also sets out our decisions and reasoning for each stage of the review process—the process itself is explained in the following paragraphs.

At the start of the review of the standards, we asked the Society for their suggestions on any changes that they considered necessary. We used their suggestions to revise the standards for public consultation. The Society also responded to our public consultation on the standards, and suggested a number of amendments, which we have considered and included where we felt they were appropriate.

In reviewing responses to the consultation, we have sought the advice of the radiography member of the Education and Training Committee on the profession-specific detail in the standards. In considering the consultation responses the Committee member has also sought the advice of therapeutic radiography colleagues.

Further advice on any minor amendments may be needed after the Committee’s consideration. Any further amendments needed will be reflected in the version of the standards taken to the December Council meeting, and will be subject to formal legal scrutiny.

Decision

The Committee is invited to consider the comments on each draft standard of proficiency for radiographers.

Background information

Paper for Education and Training Committee, 15 November 2012, (enclosure 10 at www.hcpc-uk.org/aboutus/committees/educationandtraining/index.asp?id=590)

Resource implications

The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency for radiographers have been taken into account in the Policy and Standards workplan for 2012/13.

Financial implications

The financial implications of the ongoing process of review and eventual publication of the revised standards of proficiency for radiographers have been taken into account in the Policy and Standards budget for 2012/13.

Appendices

- Draft standards of proficiency for radiographers and amendments for consideration

Date of paper

14 November 2012

Standards of proficiency for radiographers – standards for further consideration

Numbers of standards refer to the numbering in Appendix 1 of the consultation response analysis for radiographers

New standards and added words or phrases to standards are shown as underlined text. Deletions are shown as ~~strikethrough~~.

Standard	Society of Radiographers pre-consultation suggestion	Standard consulted on	Public consultation responses	HCPC proposed amendment post-consultation	Society of Radiographers post-consultation response	Proposed action
13.27	This is a new standard introduced in response to the public consultation.	This is a new standard introduced in response to the public consultation.	The Society suggested two new standards in the public consultation on the use of radiopharmaceuticals – one for diagnostic radiographers and one for therapeutic radiographers.	After considering the consultation responses, we agreed that the proposed standard is a threshold level requirement for diagnostic radiographers, but we did not consider that the proposed new standard for therapeutic radiographers was set at threshold level. We added the following standard for diagnostic radiographers: <i>be able to assist with imaging procedures involving the use of radionuclides</i>	The Society are happy for the standard to be added to the requirements for diagnostic radiographers, but consider its current position within the standards to be inappropriate. They suggest it should be positioned after 14.33.	We suggest that the standard could be appropriately located under generic standard 14.

Standard	Society of Radiographers pre-consultation suggestion	Standard consulted on	Public consultation responses	HCPC proposed amendment post-consultation	Society of Radiographers post-consultation response	Proposed action
14.11	<p>This standard is currently in the standards of proficiency under 2b.4.</p> <p>The Society did not suggest an amendment to this standard in their review.</p>	<p>We consulted on the current unamended standard of proficiency:</p> <p><i>be able to manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions or treatments and to manage adverse and critical care incidents, to prioritise workload and the use of resources</i></p>	<p>One respondent from the Norfolk and Suffolk Team at NHS East of England asked for clarification on the difference between this standard and standard 15.7 which is about dealing with clinical emergencies.</p> <p>Some respondents including Birmingham City University and the University of the West of England felt that this standard was beyond threshold level for newly qualified radiographers.</p>	<p>In considering the consultation responses, we felt that the standard was overly complex, and that certain aspects that are covered in other standards including 1.2 and 15.7 could be removed. We proposed the following amendment:</p> <p><i>be able to manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions or treatments and to manage adverse and critical care incidents, to prioritise workload and the use of resources</i></p>	<p>The Society are content with the removal of the second part of the standard, but are concerned about the removal of 'planned diagnostic imaging examinations' as they feel that 'intervention' does not adequately describe the work of diagnostic radiographers.</p>	<p>We suggest that the phrase '<i>planned diagnostic imaging examinations</i>' could be returned to the standard.</p>

Standard	Society of Radiographers pre-consultation suggestion	Standard consulted on	Public consultation responses	HCPC proposed amendment post-consultation	Society of Radiographers post-consultation response	Proposed action
14.26	<p>The current standards contain one standard which applies to both diagnostic and therapeutic radiographers, under 2b.2.</p> <p>The Society did not suggest an amendment to this standard in their review.</p>	<p>We consulted on the unamended current standard of proficiency:</p> <p><i>be able to calculate radiation doses and exposures</i></p>	<p>Some respondents including the University of Salford, Gloucestershire Hospitals NHS Trust, University of the West of England, and Birmingham City University felt that this requirement is beyond threshold level for newly qualified diagnostic radiographers. This is because diagnostic radiographers do not calculate dose and exposure in the same way as therapeutic radiographers.</p>	<p>After considering the consultation responses, we agreed that this requirement should be stated differently for each modality. For therapeutic radiographers, the standard remains the same. For diagnostic radiographers we proposed the following amendment:</p> <p><i>be able to calculate radiation doses and exposures and record and understand the significance of radiation dose</i></p>	<p>The Society support the separation of the requirements into distinct standards for each modality. However, they are concerned by the wording of the standard for diagnostic radiographers, as they feel this weakens the requirement for diagnostic radiographers to understand the relationship between exposure factors used and radiation dose received by the patient. The Society suggest this amendment:</p> <p><i>be able to calculate radiation doses and exposures and the resulting radiation dose, and record and understand the significance of radiation dose</i></p>	<p>The Committee is requested to consider this issue further.</p>

Standard	Society of Radiographers pre-consultation suggestion	Standard consulted on	Public consultation responses	HCPC proposed amendment post-consultation	Society of Radiographers post-consultation response	Proposed action
14.34	<p>The Society suggested the following amendment to a current standard from under 2b.4 (suggested new text <u>underlined</u>):</p> <p><i>be able to distinguish disease and trauma processes as they manifest on diagnostic images <u>and provide a written preliminary comment on the imaging appearances</u></i></p>	<p>In considering the Society's recommendation, we considered that 'written' preliminary review was beyond threshold, so we consulted on the following amended standard:</p> <p><i>be able to distinguish disease and trauma processes as they manifest on diagnostic images and form a preliminary view on the imaging appearances</i></p>	<p>Some respondents including the University of Salford felt that 'preliminary view' is a little vague, and suggested that this should be stated more clearly.</p> <p>The Royal College of Radiologists and James Paget University Hospitals NHS Foundation Trust felt that this requirement was set beyond the threshold level for newly qualified radiographers.</p>	<p>In considering the consultation responses, we were concerned that the requirement could be beyond threshold, and that the revised standard we consulted upon could be confusing. We considered it was more appropriate to return the standard to its current form:</p> <p><i>be able to distinguish disease and trauma processes as they manifest on diagnostic images</i></p>	<p>The Society are concerned about the lack of change to this standard. They consider that diagnostic radiographers are able to provide a written report identifying abnormalities in diagnostic images. This requirement has been part of the Society's professional policy since 2006, and they have recently agreed guidelines with the Royal College of Radiologists on this issue.¹</p> <p>The Society suggest this amendment:</p> <p><i>be able to distinguish disease and trauma processes as they manifest on diagnostic images <u>and provide a preliminary report on the imaging appearances</u></i></p>	<p>The Committee is requested to consider this issue further.</p>

¹ Team working in clinical imaging, Royal College of Radiologists and Society and College of Radiographers, published September 2012, page 13. [www.rcr.ac.uk/docs/radiology/pdf/BFCR\(12\)9_Team.pdf](http://www.rcr.ac.uk/docs/radiology/pdf/BFCR(12)9_Team.pdf)

Standard	Society of Radiographers pre-consultation suggestion	Standard consulted on	Public consultation responses	HCPC proposed amendment post-consultation	Society of Radiographers post-consultation response	Proposed action
14.42	<p>The Society suggested this standard as a new addition for therapeutic radiographers:</p> <p><i>be able to perform standard CT planning procedures</i></p>	<p><i>be able to perform standard CT planning procedures</i></p>	<p>Some respondents including the University of the West of England felt that this requirement is beyond threshold level for newly qualified radiographers.</p> <p>This standard is linked to the requirements set out in standard 14.31. We received many responses from respondents expressing concern about the proposed content of 14.31, which we consider may also be relevant to the content of this standard.</p>	<p>In considering the consultation responses, we have been advised that this area is considered to be an aspect of more specialist practice for therapeutic radiographers and is not offered by all education providers.</p> <p>We recommended that this standard should therefore be removed.</p>	<p>The Society are concerned that this standard will not be included, and consider that all centres should be delivering this requirement. They suggest that if the standard consulted on is too strong that the following amendment could be included instead:</p> <p><i>be able to <u>assist</u> in standard CT planning procedures</i></p>	<p>The Committee is requested to consider this issue further.</p>

Standard	Society of Radiographers pre-consultation suggestion	Standard consulted on	Public consultation responses	HCPC proposed amendment post-consultation	Society of Radiographers post-consultation response	Proposed action
14.43	<p>The Society suggested this standard as a new addition for therapeutic radiographers:</p> <p><i>be able to construct appropriate immobilisation devices, individualised to the specific needs of each patient and the treatment regime prescribed</i></p>	<p><i>be able to construct appropriate immobilisation devices, individualised to the specific needs of each patient and the treatment regime prescribed</i></p>	<p>Some respondents including the University of the West of England felt that some education programmes would have difficulty in delivering this standard.</p>	<p>In considering this amendment we have been advised that this area is considered to be more specialist practice for therapeutic radiographers and is not offered by all education providers, nor is it required in every workplace.</p> <p>We considered that standard 14.24 is sufficient at present, and we recommended that this standard should therefore be removed.</p>	<p>The Society are concerned that this standard will not be included, and consider that all education programmes should be delivering this requirement. They suggest that if the standard consulted on is too strong that this could be included instead:</p> <p><i>be able to <u>assist in the construction of</u> appropriate immobilisation devices, individualised to the specific needs of each patient and the treatment regime prescribed</i></p>	<p>The Committee is requested to consider this issue further.</p>