Scope of Practice for Assistant Practitioners in Breast Imaging

V2.0
August 2016
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1. Introduction

1.1 Assistant Practitioners play an important role in supporting patient care in Breast Imaging.

2. Purpose of this Policy/Procedure

2.1 The purpose of this document is to underpin the radiographic practice undertaken by Assistant Practitioners and to clarify professional responsibilities of those who supervise them.

3. Scope

3.1 Under this protocol, Assistant Practitioners are authorised to act as IR(ME)R Operator to carry out:

- Diagnostic mammography examinations in the Mermaid Centre and on the mobile NHSBSP Breast Screening vans

4. Definitions / Glossary

**Assistant Practitioner**: A non-registered practitioner who has received sufficient training to acquire diagnostic images using ionising radiation.

**Registered Practitioner/ Professional**: A practitioner who is registered with a regulatory body as dictated through the Health Professions Act 2001.

**Direct supervision**: Describes the supervising radiographer/radiologist working alongside the Assistant Practitioner and able to immediately observe their practice.

**Indirect supervision**: the Assistant Practitioner is allocated a supervising radiographer/radiologist for the particular episode of care and they are immediately accessible (in person) for support and advice.

**Supervising radiographer**: A registered radiographer who has achieved competence through a post graduate qualification in mammography.

**Regulations**: describes the Ionising Radiations Regulations (IRR, 1999) and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R, 2011). Both govern the safe use of radiation, IRR99 relates to radiation safety in the workplace and the welfare of those working with radiation; IR(ME)R is focussed upon processes and procedures relating to the use of ionising radiation as part of clinical care.
5. Ownership and Responsibilities

5.1 Role of the Managers
Line managers are responsible for:
- Ensuring & monitoring adherence to the scope of practice
- Ensuring that delegation is within this scope of practice and competency has been achieved.
- Ensuring that sufficient supervision arrangements are in place.

5.2 Role of the Clinical Imaging Clinical Governance Group
This Group/Committee is responsible for:
- The review and update of the scope of practice
- Strategic monitoring of practice.

5.3 Role of Individual Staff Members
All staff members are responsible for:
- Ensuring strict adherence to this scope of practice
- Ensuring delegation is within the bounds of this protocol and underpinned by competency.
- The Assistant Practitioner must ensure all delegated procedures are within their capability; they are also responsible for maintaining their competency.

6. Standards and Practice

6.1 Ensuring Competency
All Assistant Practitioners are trained to a minimum of QAA academic level 4. The qualification may be a Foundation Degree, Higher Apprenticeship, Higher Professional Diploma or in-house equivalent. The qualification must be accredited by the Society of Radiographers, where the Assistant Practitioner has undertaken non-accredited learning they must be able to demonstrate individual accreditation with the Society of radiographers. Assistant Practitioners must be able to evidence their qualifications and copies must be held within the employers’ personnel files. On-going assessments are recorded within the Assistant Practitioners CPD folder and records of clinical assessment are recorded in a local audit folder held by the team leader. An Assistant Practitioner is considered clinically competent when they have completed a log book of clinical evidence and passed the required assessment process undertaken by the Practice Educator.

6.2 Maintaining Competency
The Assistant Practitioner is expected to maintain their standard of practice through continual development. A review of practice is held on an annual basis through appraisal and personal development planning.

6.3 Procedures Within the Scope of Practice Requiring In-Direct Supervision
The Assistant Practitioner may undertake imaging examinations only in accordance with the following two routes:
A) Acting as IR(ME)R Operator, authorise requests for imaging in accordance with the guidelines issued by the Practitioner in table one and undertake those imaging examinations

B) Undertake NHSBSP mammograms on the mobile Breast Screening van and within the Mermaid Centre.

N.B. The Assistant Practitioner is not a registered healthcare professional and therefore may not justify examinations in their own right, i.e. may not act as IR(ME)R Practitioner.

N.B. Since this scope of practice requires in-direct supervision, the Assistant Practitioner may not undertake lone working.

In undertaking imaging examinations by either route, the Assistant Practitioner will:

- Perform daily/monthly quality assurance checks
- Prepare the imaging room to examine patients.
- Identify patients as per Trust Policies including the Radiation Safety Policy & Departmental Procedures.
- Provide patients with information and reassurance about their examination before gaining their consent.
- Obtain diagnostic images in accordance with departmental protocols and procedures. This includes Breast Screening, Breast Symptomatic and Breast follow up Mammograms
- On achieving clinical competency Assistant Practitioners can assess the technical quality of radiographs If the radiograph meets the required standard the Assistant Practitioner may release the image to PACS. Images are scrutinised at film reading alongside monitoring through the NHSBSP technical recall rate.
- If a repeat exposure is needed for any reason then this must be discussed with the supervising registered professional before any further imaging is attempted. The level of supervision required is at the discretion of the supervising registered professional.
- Record the examination details on CRIS (radiology information system), or in the NHSBSP daybook including any comments which will aid the reporting clinician in their analysis.
- Report and complete fault forms for equipment where errors or breakdown occur
Table One
The following are the indications for x-ray which an Assistant Practitioner may authorise under this protocol; where there is any uncertainty then the Assistant Practitioner will consult a Radiographer. The examinations must be performed on static X ray equipment or Mobile breast screening van for Mammography, to produce digitized images.

| **Breast Screening** | Routine two view mammograms authorised by the NHSBSP  
| | TRs on achieving recognised clinical competency authorised as requested by filmreader (registered practitioner)  
| | Following further training, competent Assistant practitioner can perform Supplementary Views if authorised by an IRMER practitioner |

| **One Stop Clinics** | Routine two view mammograms authorised by departmental protocols ([IRMER Radiation Procedures & Protocols for use in the NHS Breast Screening Programme and in the Mermaid Centre Breast Imaging Unit p5-7](#))  
| | Following further training, competent Assistant Practitioners can image male patients and perform supplementary views if justified by a film reader/ Radiologist ([IRMER Radiation Procedures & Protocols for use in the NHS Breast Screening Programme and in the Mermaid Centre Breast Imaging Unit](#)) |

| **Follow Up Clinics** | Routine two view mammograms authorised by departmental protocols ([IRMER Radiation Procedures & Protocols for use in the NHS Breast Screening Programme and in the Mermaid Centre Breast Imaging Unit p6 and appendix 2](#))  
| | Neo-adjuvant imaging, 2 views on the affected side.  
| | Following further training, competent Assistant practitioner can perform Supplementary Views if justified by an IRMER practitioner |

| **Other Duties** | Working as part of the team in stereo guided core biopsies VABs  
| | Isotope injection  
| | Ultrasound Chaperoning and assisting with FNAs core biopsies VABs Isotope injection  
| | Imaging of specimens on completion of training |
6.4 Procedures Outside of the Scope of Practice
- Any examination type in which the Assistant Practitioner has not been recorded as being adequately trained, or using equipment on which they have not been recorded as being adequately trained.
- Any examination where the Assistant Practitioner feels they have insufficient skills and/or ability to perform the examination.
- Trainee Assistant Practitioners until they have achieved clinical competency must not complete the examination (release images to PACS or advise patients to leave the department or Breast screening van) until the supervising radiographer has checked the images.
- Implants
- Patients under regular screening as part of the High risk clinic
- Patients who think they are or may be pregnant where the referrer has indicated the examination is to be performed.
- Examinations for litigation/medico-legal purposes.
- Fee Paying and private patients
- All procedures on patients under age eighteen
- adults who are not deemed to be competent to provide consent

7. Dissemination and Implementation

7.1 This document will be available on the document library and a copy will be available on Q Pulse

7.2 On approval, the document will be communicated via the Clinical Imaging Clinical Governance meeting, Clinical Operations meetings and local Mermaid Meetings. The face to face communication will complement the e-mail distribution, reading and acknowledgement of the document on Q pulse
8..Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Assistant practitioners remain within their scope of practice and the quality of the images released remains at a high standard.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Radiography Service Lead</td>
</tr>
</tbody>
</table>
| Tool                    | 1. Ongoing monitoring by supervising Radiographers, any breach must be discussed with the team leader and Radiography service lead.  
2. Review of imaging through NHSBSP TR audits (TR rate of less than 3%) and PGMI assessment, undertaken by the Assistant Practitioner and a Radiographer (Band 6 or above). |
| Frequency               | 1. Daily basis  
2. Monthly initially and then annually if results show no issues. |
| Reporting arrangements  | Reviews and issues will be brought to Mermaid Operations meeting. |
| Acting on recommendations and Lead(s) | Radiography Service Lead is responsible for managing this scope of practice and provide action plans as appropriate. |
| Change in practice and lessons to be Shared | Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders |

9. Updating and Review

9.1 The Document is to be reviewed 3 yearly unless practice dictates otherwise.

10. Equality and Diversity “This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement”.

10.1. Equality Impact Assessment

All public bodies have a statutory obligation to undertake Equality Impact Assessments on all policy documents. This must be undertaken by the author using the agreed Equality Impact Assessment Template. The completed assessment is to be added to the end of the policy document as an appendix prior to it being ratified.

10.2 The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Scope of Practice for Assistant Practitioners in Breast Imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>August 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>August 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>August 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Diana Williams and Lynda Fisher (Radiography Team Leads) Mermaid Centre</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 253776</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Protocol to outline the scope of practice for assistant practitioners operating within the Breast Imaging service.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Assistant Practitioner, Imaging, Breast, Radiography, Mammography Authorisation, Scope.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT PCH CFT KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Nursing, Midwifery, and AHP's</td>
</tr>
<tr>
<td>Date revised:</td>
<td>23/05/2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Scope of Practice for Assistant Practitioners in Breast Imaging V1</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>CICG</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Karen Jarvill Associate Director CSCS</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>If none enter ‘Not Required’</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed} Name:</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ✓ Intranet Only</td>
</tr>
</tbody>
</table>
All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>(Provide brief description): Scope of Practice for Assistant Practitioners in Breast Imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Imaging</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: N. Burden</td>
<td>Telephone: 01872 25 2285</td>
</tr>
</tbody>
</table>

1. **Policy Aim**
   - Who is the strategy / policy / proposal / service function aimed at?
   - To clarify the scope of practice for assistant practitioners in breast imaging

2. **Policy Objectives**
   - A documented scope of practice.

3. **Policy – intended outcomes**
   - Provide clear boundaries for the Assistant Practitioners operating in Breast Imaging.
   - Define the responsibilities of supervising staff

4. **How will you measure the outcome?**
   - Daily monitoring by supervising radiographers and 6 monthly all lead by the Radiography Services Lead.

5. **Who is intended to benefit from the policy?**
   - Patient pathways will be expedited without compromising care.

6. **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**
   - No

   **If yes, have these groups been consulted?**

   **C. Please list any groups who have been consulted about this procedure.**
### 7. The Impact

Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>![X]</td>
<td></td>
<td><strong>Age is limited to reflect the level of training and responsibility appropriate to an Assistant Practitioner.</strong></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, trans-gender / gender reassignment)</td>
<td>![X]</td>
<td></td>
<td><strong>Assistant Practitioners are trained to deliver holistic care. There is always a supervising radiographer to refer to should there be uncertainty.</strong></td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td>![X]</td>
<td></td>
<td><strong>Assistant Practitioners are trained to deliver holistic care. There is always a supervising radiographer to refer to should there be uncertainty</strong></td>
</tr>
<tr>
<td><strong>Disability</strong> - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>![X]</td>
<td></td>
<td><strong>Where mobility or cognitive ability requires modifications in technique a Radiographer will lead the procedure.</strong></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>![X]</td>
<td></td>
<td><strong>Assistant Practitioners are trained to deliver holistic care. There is always a supervising radiographer to refer to should there be uncertainty.</strong></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>![X]</td>
<td></td>
<td><strong>Assistant Practitioners are trained to deliver holistic care. There is always a supervising radiographer to refer to should there be uncertainty.</strong></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>![X]</td>
<td></td>
<td><strong>Assistant Practitioners are fully trained in radiation protection and able to ascertain pregnancy or protect ladies of child bearing age from radiation.</strong></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>![X]</td>
<td></td>
<td><strong>Assistant Practitioners are trained to deliver holistic care. There is always a supervising radiographer to refer to should there be uncertainty.</strong></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
   ![Yes](#) ![No](#)

9. If you are not recommending a Full Impact assessment please explain why.

??

Signature of policy developer / lead manager / director  
Date of completion and submission

Names and signatures of members carrying out the Screening Assessment

1.  
2.  

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD  
A summary of the results will be published on the Trust’s web site.