

## **DEPARTMENT OF RADIOLOGY**

# **Policy & Protocol for CT Head Scans Reporting Radiographer's Scope of Practice**

**META Data**

<b>Title</b>	Policy & Protocol for CT Head Scans Reporting Radiographer's Scope of Practice
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<b>Created by</b>	Marie Peplow / Laurence Skermer / Maria Reynolds
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<b>Scope</b>	

# **Policy and Protocol for CT Head Scans Reporting Radiographer's Scope of Practice**

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# Policy for Radiographer Reporting of Ct Head scans

## **1 Introduction**

The scope of the policy will be to enable Radiographers to independently report Ct Head scans after a period of supervision.

## **2 Aims & objectives**

The aim of the policy and associated training is to ensure that Radiographer Reports are of the required standard and that the practitioner is confident & competent to carry out the procedure

## **3 Outline of Training**

The training will be via a recognised external course with an internal component, recognised and accredited by the College of Radiographers. The training course will lead to the award of a PostGraduate Certificate in CT Head Scans Reporting.

Following this a period of 3 months supervision is to be undertaken. During this time the radiographer will issue a provisional report and then verify it with a Consultant Radiologist.

## **4 Training record**

Accurate, signed documentation of all parts of the training programme will be completed for each participating radiographer. On completion of all parts of the training programme the record will be approved by the supervising Radiologist and a copy kept in the radiology department on the individuals personnel file. (Details in appendix 2).

## **5 Prior Accreditation**

Documentary proof of theoretical and practical training must be submitted. Radiographers accredited in CT Head scan reporting in previous employment are required to produce evidence of appropriate training and be assessed by the Department for competence. Accreditation within the directorate will be given by the clinical director following practical assessment by the supervising Consultant Radiologist.

## **6 Competency**

The level of competency will be continuously reassessed through a formal audit process as detailed in appendix 3.

## **7 Policy update**

This policy will be updated yearly by the CT Lead in line with new Trust policies and procedures and the needs of the service.

## Protocol for Radiographer Reporting of CT Head Scans

- This policy applies to nominated Radiographers who have completed the approved Directorate training programme as detailed in part 3 of the Policy for Radiographer Reporting of Ct Head Scans. Only radiographers who wish to expand their skills to include CT head scan reporting and have been selected following a equitable criteria will be expected to undertake this role.
- This policy applies to CT head scans for routine outpatients, accident and emergency and inpatient scans. It excludes out of hours scanning and paediatrics (those under 18 years of age).
- The reporting Radiographer will be responsible for ensuring that the images being reported on correspond to the demographic details on the request form. Wherever possible all previous relevant radiology images and reports should be available at the time of report as per directorate policy.
- In cases where the reporting Radiographer has difficulty in formulating a report these images should be shown to the supervising Radiologist so support can be given and they can be reported in line with quality standards outlined in the protocol.
- The reporting Radiographer will be able to administer contrast agent injections and repeat the scans where they deem necessary.
- The reporting process should be in line with the national occupational standards which can be found in appendix 6



**APPENDIX 1**

Sample of Indemnity agreement

Radiographers name.....

Date.....

Dear.....

With your successful completion of your training in CT Head scan reporting, I confirm that you will now be required to undertake reporting appropriate referrals as part of your duties and responsibilities.

On behalf of the Heart of England NHS Foundation Trust, I wish to confirm that all duties carried out as part of your work during the course of your employment is the responsibility of the Trust. The Trust is the proper defendant to any claims for medical negligence and is responsible for any act or omission on the part of its employees during the course of their employment.

Any complaint received by an individual should be notified to the Trust immediately.

This agreement does not override the Trust's disciplinary procedure, which can be applied to you in reference to unacceptable conduct or capability displayed by you at any time within the working environment.

Yours Sincerely,

Dr. L. Morus

Clinical Director Radiology



**APPENDIX 2**

**Assessment criteria/record**

**Evidence of competency in CT Head Reporting**

Name of Radiographer.....

Date of PgCert in CT Head Reporting .....  
(To include certificate evidence)

Consultant Radiologist Assessor.....

Date .....

**Part two**

This confirms that ..... has completed the full training programme and is now authorised to undertake CT Head reporting of in accordance with directorate policy.

Clinical Director..... date .....

Directorate Manager .....date.....

I declare that I have studied the protocol for the performance of CT Head scans reporting and understand the system of work I will practice in my extended role

Signature of Radiographer.....

Date.....



### ***Appendix 3***

#### Competency Audit

The audit will involve reviewing 20 examinations chosen at random from a sample reported within the previous year by the reporting radiographer. The reports will be reviewed by a Consultant Radiologist to check accuracy of content.

The audit will be documented in line with departmental audit standards and made available for discussion at the directorate audit meetings.

Reporting radiographers will be expected to attend error meetings on a regular basis.

95% accuracy will be the expected standard. In the event that this standard is not attained, the individual will be re-audited.

#### Suggested Format

Patient Identification.....

Radiographers Report

Signed.....

Radiologist's verification

Signed.....

## Appendix 4 National Occupational Standards

*CHS109 Produce a clinical interpretation of acquired images  
Final version approved March 2007*

### **CHS109 Produce a clinical interpretation of acquired images**

#### **About this workforce competence**

This workforce competence is concerned with the review of acquired image data and its analysis. This may include interpretation of one or more images for a single patient leading to the preparation of an interpretative report. It may include reference to other results, previous history and reason for referral. Images will have been obtained for diagnostic, anatomical or functional testing purposes or for evaluation of a specific clinical problem. This competence relates to a range of imaging investigations. Individuals will work within the limits of their authority and competence within the relevant imaging modality.

Users of this competence will need to ensure that practice reflects up to date information and policies.

#### **Links**

*This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)*

Dimension HWB6 Assessment and treatment planning  
Level: 3

#### **Searchable key words**

diagnostic imaging, interpretation, clinical report

#### **Origins**

This workforce competence has been developed by Skills for Health

## CHS109 Produce a clinical interpretation of acquired images

### Glossary

*This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way*

<b>Appropriate records</b>	patient records, patient history, previous images and reports relating to the patient, clinical request
<b>Diagnostic quality</b>	the suitability and acceptability of image acquisition to enable diagnostic review
<b>Findings</b>	documented results of analysis that may include <ul style="list-style-type: none"> <li>a) correlation of findings with previous images and patient history</li> <li>b) identification of normal, normal variant or abnormal findings</li> <li>c) size position and nature of any abnormality including differential diagnoses</li> <li>d) classification of abnormalities</li> <li>e) recommendations for further action/imaging</li> </ul>
<b>Identification</b>	the checks required to ensure that the images obtained are correctly labelled and assigned to the correct patient
<b>Image quality</b>	resolution relevant to modality and area under investigation, including correct positioning, plane and technical considerations
<b>Unsatisfactory image</b>	image degradation, incorrect or incomplete annotation, incorrect anatomical area, artefacts due to incorrect selection of parameters, incorrect positioning of patient or patient movement
<b>A working knowledge of</b>	the application of factual knowledge in a manner that takes account of widely understood principles and implications within the field of practice
<b>An in-depth understanding of</b>	a broad and detailed understanding of the theoretical underpinning of an area of practice including conflicting theories and constructs
<b>A critical understanding of</b>	the ability to evaluate and devise approaches to situations that depend on the critical application of theories and conceptual constructs within the area of practice.

## CHS109 Produce a clinical interpretation of acquired images

### Scope

*This section provides guidance on possible areas to be covered in this workforce competence.*

**Patients** adults or children within scope of individual limits of authority and expertise

## CHS109 Produce a clinical interpretation of acquired images

### Performance criteria

*You need to:*

1. Confirm **identification and annotation** of **images** against associated documentation and take action to rectify any discrepancies
2. Confirm the clinical question(s) to be addressed
3. Examine the images for **technical and diagnostic quality** and take relevant action concerning **unsatisfactory image** acquisition
4. Request further imaging where images are insufficient or unsatisfactory
5. Compare images with any available previous images and reports for the correct patient
6. Compare images with normal appearances and variants
7. Analyse and interpret findings and record specific details of any potential or actual variations or abnormalities identified
8. Make and record judgements relevant to the clinical question
9. Seek advice from appropriate colleagues where images present unexpected or unusual findings outside of your area of personal competence
10. Inform the referring clinician of results and action required, in accordance with local protocols, ensuring issues requiring urgent action are clearly defined to effect urgent management
11. Record, collate and prepare **appropriate records** and images for transfer or storage in line with local protocols
12. Prepare a report for the referring clinician in accordance with local reporting protocols
13. Identify and describe results of the assessment, **findings** and differential diagnosis
14. Discuss and review cases of interest at appropriate multi disciplinary meetings

## **CHS109 Produce a clinical interpretation of acquired images Knowledge and Understanding**

*You need to apply*

### **Legislation, policy and good practice**

K1 A critical understanding of procedures and protocols for the correct labelling and identification of patient images and supporting documentation

K2 A critical understanding of your responsibilities under current national legislation and regulation, European, International and local guidelines, Professional Standards and

### **Codes of Practice Procedures and techniques**

K3 A working knowledge of how and from whom to obtain additional information to assist with decisions regarding analysis and interpretation of images

### **Clinical Knowledge**

K4 A critical understanding of clinical features and conditions leading to investigations

K5 A critical understanding anatomy, pathology and physiology of the system under investigation

K6 A critical understanding of clinical conditions which may require urgent action and how to instigate such action

K7 A critical understanding of normal values and ranges

K8 A critical understanding of normal and abnormal results and their significance to the clinical question or patient condition

K9 A critical understanding of requirements of interpretative reports

K10 A critical understanding of your limits of competence, authority and responsibility in the interpretation, recording and issue of interpretative reports

K11 A critical understanding of the physical principles of relevant imaging modality and associated artefacts

### **Records and documentation**

K12 A working knowledge of the range and type of documentation associated with clinical imaging and patient audit

K13 A critical understanding of the importance of confirming the identification of images

K14 A working knowledge of correct use of documentation relating to audit

### **Communication and interpersonal skills**

K15 A working knowledge of how to explain results in terms that can be easily understood by non-specialists

K16 An in-depth understanding of methods, styles and formats for communicating clinical results to referring clinicians and colleagues.

K17 An in-depth understanding of requirements of interpretative reports

K18 A critical knowledge of your limits of competence, authority and responsibility in the interpretation, recording and issue of interpretative reports

K19 An in-depth knowledge of relevant medical terminology