

Expanded Practice Protocol for Radiographers Clinically Reporting Radiographic Examinations of the Axial Skeleton

CONTROLLED DOCUMENT

CATEGORY:	Procedural Document
CLASSIFICATION:	Clinical
PURPOSE	This expanded practice protocol supports radiographers in the clinical reporting of radiographic examinations of the axial skeleton
Controlled Document Number:	332 (Formerly CP 115)
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Controlled Document Lead:	Head of Imaging Department
Approved By:	Executive Chief Nurse Executive Medical Director Associate Director for AHPs Group Manager Imaging Clinical Service Lead Radiology
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Distribution:	
<ul style="list-style-type: none"> • Essential Reading for: 	All radiographers who currently clinically report radiographic examinations of the axial skeleton and all radiographers who wish to expand their practice to include this skill.
<ul style="list-style-type: none"> • Information for: 	All radiographers

EVIDENCE FOR PRACTICE

The axial skeleton consists of the skull, facial bones, thoracic cage, spine and pelvis.

A clinical report provides an interpretation of the images suggests a diagnosis or assists in forming a diagnosis and, where appropriate, suggests follow-up action.

A report of the radiographic appearances is recorded on the Radiology Management System and is available on the Trust intranet, electronically stored and available to the referring practitioner and permitted persons.

The Emergency Department (ED) refers a large number of patients for x-ray examinations of the axial skeleton. There is an established radiographer reporting service, which has been in place since 1996. This reduces delay in the production of a report and so improves the quality of service for the patient and referring clinician. This will also reduce risk to the patient from delays in treatment.

There is a reduction in risk to the Trust from complaints and/or litigation that may arise from a patient suffering from an undiagnosed and untreated injury.

A minimum standard of 95% accuracy has been set, and annual audits have shown this standard to be met and exceeded.

INDICATIONS

1. The patient has been referred for x-ray by the ED. Examinations referred by ED are reviewed by medical practitioners at the time of attendance and then reported on by reporting radiographers. This ensures all images are reviewed twice, once by medical staff and then formally reported.
2. The Radiographic examination is of the Axial Skeleton. For example:
One or a combination of these radiographic areas:
 - Skull
 - Facial bones
 - Thoracic cage
 - Spine
 - Pelvis

CONTRAINDICATIONS

Radiographers must not make reports on examinations referred from sources other than the ED.

LIMITATIONS TO PRACTICE

Expanded Practice Protocol for radiographers clinically reporting radiographic examinations of the axial skeleton
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If a reporting radiographer decides that a second opinion is necessary, they will refer radiographs to another competent person at the earliest opportunity.

CRITERIA FOR COMPETENCE

1. The state registered radiographers will have successfully completed a suitably accredited course and achieved a Postgraduate Certificate of Radiographic Reporting (Appendicular and Axial) or equivalent. This will meet the requirements of the Occupational Standard for reporting the axial skeleton.
2. The radiographer is a member of the Society of Radiographers.
3. Supervised practice and assessment is undertaken as part of postgraduate certification and is made by a Trust nominated expert in radiographic reporting. An assessment document constitutes a Trust Certificate of Competence and only radiographers with a Certificate of Competence may report the specified radiographs. (Appendix 1)
4. The number of supervised practices and skills required to achieve competence will be determined by the radiographer and supervisor together and will depend on the individual radiographer's learning needs.
5. The radiographer must demonstrate continuous professional development. This may be achieved by attending multidisciplinary team meetings, reading relevant research papers, attending study days and conferences, and having discussions with colleagues about interesting or unusual cases, or a combination of a number of these methods.
6. Radiographers new to the Trust, who have been performing the skill elsewhere, must read and understand this protocol. They must also be assessed by a Trust nominated expert practitioner for competence in clinical reporting of radiographic examinations of the axial skeleton in order to continue with this expanded practice within the Trust.
7. In accordance with codes of professional practice, the radiographer has a responsibility to recognise, and to work within, the limits of their competence. In addition, the radiographer has a responsibility to practise within the boundaries of the current evidence based practice and in line with up to date Trust and national policies and procedural documents. Evidence of continuing professional development and maintenance of skill level will be required and confirmed at the annual appraisal by the radiographer's line manager.

A list of radiographers competent to perform this skill must be kept by the department manager

PROTOCOL AND SKILLS AUDIT

The Head of Imaging Department will lead the audit of the protocol (Appendix 2). The audit will be undertaken annually:

It must include:

- Adherence of staff to the protocol
- Audit of 100 examinations per year, with the Trust nominated Consultant Radiologist as the gold standard.

The audit will be logged by the radiographer with the Clinical Governance Support Unit.

CLINICAL INCIDENT REPORTING AND MANAGEMENT

Any untoward incidents and near misses should be dealt with by the appropriate management team. An incident form must be completed and in addition the Risk Management Team must be notified by telephone of any Serious Incidents Requiring Investigation (SIRI).

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CRITERIA FOR COMPETENCE

**END COMPETENCE: REPORTING OF RADIOGRAPHIC EXAMINATIONS OF
THE AXIAL SKELETON**

Date(s) of Course:

Name of Radiographer:

Name of Supervisor:

I declare that I have expanded my knowledge and skills and undertake to practice with accountability for my decisions and actions.

I have read and understood the protocol for radiographer reporting of radiographic examinations of the axial skeleton.

Signature of Radiographer:

Date:

I declare that I have supervised this radiographer and found her/him to be competent as judged by the above criteria.

Signature of Supervisor:

Date:

A copy of this record must be placed in the radiographer's personal file and a copy retained by the individual for their Professional Portfolio

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ANNUAL ASSESSMENT AND AUDIT

To demonstrate competence to perform radiographic reporting in a safe and skilled manner the radiographer must undertake an annual assessment and audit.

Name of Radiographer:

The Trust assessment consists of audit of 100 examination reports by a Trust nominated expert practitioner.

Date of audit.....

Signature of assessor.....