Policy for Radiographer Reporting of Plain Images

<table>
<thead>
<tr>
<th>Report of</th>
<th>Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper prepared by</td>
<td>Clinical Governance Facilitator, Deputy Superintendent Radiographers in Emergency Radiology</td>
</tr>
<tr>
<td>Purpose of Paper</td>
<td>To seek support for the proposal of reporting radiographers in the Unscheduled Care setting and to ratify the associated policy.</td>
</tr>
<tr>
<td>Action/Decision required</td>
<td>To agree the proposal of reporting radiographers and to ratify the policy.</td>
</tr>
<tr>
<td>Link to Health Care Standards:</td>
<td>1, 6, 7, 24 and 25</td>
</tr>
<tr>
<td>Link to Health Board’s Strategic Direction and Corporate Objectives / Legislative and Regulatory Framework</td>
<td>This proposal and associated policy supports the provision of safe and timely care in the Unscheduled Care setting and modernisation of the role of the radiographer within the multidisciplinary team.</td>
</tr>
</tbody>
</table>
| Acronyms and abbreviations | • NMR – non medical referrer  
| | • IR(ME)R – Ionising Radiation (Medical Exposure) Regulations |
Policy for Radiographer Reporting of Plain Images

Executive Summary

This paper sets out the proposal to formally establish the practice of reporting radiographers, specifically within Unscheduled Care. A policy has been devised to ensure safe systems of working and is presented for ratification purposes. It is acknowledged that there are limitations to the proposal (i.e. limited to Unscheduled Care and within office hours within existing resource) but the benefits of the proposal outweigh the limitations.

The proposal has been considered by Acute Services Division’s whose support has been provided.

BACKGROUND

The Emergency Unit at UHW sees over 130,000 patients per year and approximately 40,000 of these will attend Emergency Radiology for plain x-rays. In order that a decision can be made regarding patient management, the x-rays are initially assessed by clinicians who have no formal training in this field. Subsequently – and usually many hours after the patient has been discharged or referred onwards for future clinical management – the x-ray images are scrutinised by a radiologist who creates a formal report of the images taken.

It is proposed to introduce a so-called ‘hot reporting’ scheme, to be provided by suitably trained reporting radiographers. The benefits to the patients and clinical services would be many including:

- The interpretation of the x-rays would be made by a trained reporting radiographer.
- The formal report would be promptly available on Web1000, while the patient was still present in the clinical area (note the limitation of the proposed service within office hours initially).
- Greater accuracy in relation to decisions about onward treatment and referral.
- It is anticipated that the patient journey time would reduce which would benefit patient experience as well as promoting compliance to related targets within the Unscheduled Care setting.
- The number of patient recalls caused by initial incorrect x-ray interpretation by clinical staff would reduce.
- Unscheduled Care staff time could be redirected to other aspects of patient management.
• This system of ‘hot reporting’ is currently used in many other organisations across the UK and is supported by bodies such as the Department of Health and the College of Radiographers following analysis of benefits.

CONCLUSION

Implementation of radiographer reporting of plain images in Unscheduled Care is a beneficial proposal in terms of modernising systems of work and improving patient experience. It is recommended that the policy and proposal be ratified, notwithstanding the acknowledged limitations, in order that the success of the proposal be evaluated in due course.

RECOMMENDATION

The Quality and Safety Committee is asked to:

• AGREE the proposal to formally introduce reporting radiographers within the Unscheduled Care setting at UHW
• RATIFY the associated policy document
IMPACT ASSESSMENT

<table>
<thead>
<tr>
<th>Health Improvement</th>
<th>Implementation of this policy will support timely and accurate reporting of radiological imaging which will have a positive impact on the patient journey through the Unscheduled Care setting.</th>
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</thead>
<tbody>
<tr>
<td>Workforce</td>
<td>This policy will modernise the role of the radiographer within the Unscheduled Care setting. It will formalise an existing unofficial, occasional process and thereby strengthen governance arrangements. However, the service is only available within office hours, Monday - Friday within existing resources.</td>
</tr>
<tr>
<td>Financial</td>
<td>It is anticipated that implementation of this policy presents minimal financial risk. However, this may need to be reconsidered if numbers of reporting radiographers increases as the number of radiographers needs to be maintained to ensure timely imaging.</td>
</tr>
<tr>
<td>Legal</td>
<td>The policy is designed to be compliant with IR(ME)R.</td>
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<tr>
<td>Equality</td>
<td>The policy can only be implemented within office hours within existing resources. As such, there is an inherent risk that patients presenting for radiological imaging outside of office hours will not benefit from the service initially.</td>
</tr>
<tr>
<td>Environmental</td>
<td>Not applicable.</td>
</tr>
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</table>
RISK ASSESSMENT

Clinical/Service

The impact of delayed radiology reporting within the former Cardiff and Vale NHS Trust has been well documented. It is anticipated that this policy promotes timely treatment and discharge from the Unscheduled Care setting. It is appropriate to support clinical staff within Unscheduled Care with the expertise of reporting radiographers to enhance timely reports of radiological images. This policy seeks to positively promote the patient experience within this clinical setting.

Financial

Financial risk would be an issue if the service were to be extended beyond office hours or the Emergency Unit / Unscheduled Care setting. There is the potential to reduce future claims associated with delayed or inaccurate interpretation of radiological images by clinical staff.

Reputational

Implementation of this policy would promote the reputation of the organisation as a logical progression towards modernised practice. The impact of delayed radiology reporting has previously been highlighted by the Welsh Risk Pool, most recently in February 2010.

CONSULTATION AND ENGAGEMENT

This document and policy will be consulted across the affected Divisions, namely Clinical Diagnostics and Therapeutics and Medicine Divisions.

SOURCES OF INFORMATION & EVIDENCE

Please refer to the references within the associated policy.
POLICY FOR RADIOGRAPHER REPORTING OF PLAIN IMAGING

<table>
<thead>
<tr>
<th>Policy</th>
<th>Procedure</th>
<th>Protocol</th>
<th>Guideline</th>
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Classification of document: Clinical
Area for Circulation: Secondary Care
Reference number: TBC
Version Number: 1
Original/previous Ref No: Not Applicable
Author: Helen Burns, Deputy Superintendent Radiographer
Mr Andy Thomas, Clinical Director

Responsible Officer: Clinical Diagnostics and Therapeutics Division and Medicine Division
Details of lead/responsible Group/Committee: Quality and Safety Committee
Consulted Via: Clinical Diagnostics and Therapeutics Division and Medicine Division
Ratified by: Quality and Safety Committee
Chairman of Validating body: TBC
Date issued: 3 years

<table>
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<tr>
<th>Version Number</th>
<th>Date of Review</th>
<th>Reviewer Name</th>
<th>Completed Action</th>
<th>Approved By</th>
<th>Date Approved</th>
<th>New Review Date</th>
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Disclaimer
When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.

OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON
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1. INTRODUCTION

There are currently more than 130 Non-Medical Referrers (NMRs) authorised to refer patients to Emergency Radiology within the UHB. More specifically, NMRs are typically Emergency Nurse Practitioners, extended scope Physiotherapists and Registered Nurses who have undertaken relevant training in order to fulfil the necessary requirements to request certain radiological imaging.

A logical extension to this practice is to utilise trained Reporting Radiographers to interpret the radiographic findings of patients referred to Emergency Radiology by medical and Non-Medical Referrers working in the Unscheduled Care setting. Pressures on the radiology department mean that formal radiology reports are not currently available for some time after the patient has been x-rayed. The reporting service is also variable in that Monday – Friday reports are generally available within 24 hours but images taken over a weekend will not be reported until the following Monday. Reporting Radiographers working in Emergency Radiology would be able to provide formal radiology reports whilst the patient is still in the department, under the care of the clinician (so called ‘hot reporting’). The report would therefore be more timely and would reduce the necessity to recall patients who have had incorrect image interpretations made by clinical staff. The Audit Commission’s Acute Hospital Portfolio: Radiology (2002) stated that ‘those departments with hot reporting had a faster turnaround for all sources of referral except for urgent inpatients’.

Radiographer reporting of plain images already exists in many other Trusts in the UK, leading to more effective and more efficient management of patients attending Accident and Emergency. A 2007 survey found that radiographer reporting of trauma radiographs was undertaken in 56.9% of the 306 responding UK hospital sites, with 19% offering ‘hot reporting’.

Examples of sites where a ‘hot reporting’ service has been implemented and found to improve the service are Queen’s Medical Centre, University Hospital Nottingham; Pinderfields Hospital, Mid-Yorkshire Hospitals NHS Trust and the Royal Liverpool and Broadgreen NHS Trust (Radiology: Supporting the Delivery of Emergency Care, 2004).

Such a service must be delivered within a safe and effective clinical governance framework and comply with relevant legislation and professional guidelines including the Health Records Act 1990, Data Protection Act 1998; Statements for Professional Conduct (College of Radiographers) 2002; Royal College of Radiologists Guidelines including Interprofessional roles and responsibilities in a radiology service 1998; Royal College of Radiologists: Standards for the Reporting and Interpretation of Imaging Investigations (2006); Royal College of Radiologists: Standards for the communication of critical, urgent and unexpected significant radiological findings (2008); Health Professions Council: standards of proficiency; Health Professions Council: standards of
conduct, performance and ethics; and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The Royal College of Radiologists published a document in April 2010 ‘Medical image interpretation by radiographers: Guidance for radiologists and healthcare providers. The document describes the practice of medical image interpretation by radiographers in the UK as being a response to shortage of radiologists in the 1990s. The College identifies that cost-effectiveness and safety remains unproven outside of breast screening; medical image interpretation is part of the science and art of diagnosis as opposed to provision of a purely descriptive report and this task must be undertaken as safely as possible.

A response to this document was published by the Society and College of Radiographers in May 2010 continuing to support the concept of reporting radiographers in the UK.

2. POLICY STATEMENT

The policy recognises the role development of radiographers who undertake the interpretation and reporting of plain imaging (hereinafter referred to as Reporting Radiographers) and will make the best use of the clinical expertise of the Reporting Radiographer. Presently this comprises plain imaging in Emergency Radiology but may be extended in future to include other imaging modalities (refer to section 5 – Scope). Such role extension will be properly managed and audited in line with sound clinical governance principles.

3. AIM

The aim of the policy is to provide a clear direction to staff in the University Health Board (UHB) regarding associated procedures, training and resources that must be in place to robustly support a service of Reporting Radiographers for plain images.

4. OBJECTIVES

The policy provides a framework for the UHB to develop a service of Reporting Radiographers which is safe, effective and compliant with current legislation in order to protect the patients, staff and wider organisation whilst promoting efficient patient flow and the experience of patients undergoing Emergency Radiology.

5. SCOPE

The policy will apply to adult and paediatric patients undergoing imaging in Emergency Radiology UHW and the X-ray department at Barry Minor Injuries Unit, as referred by the UHW Emergency Minors Department, the Emergency Paediatric Unit and Barry Minor Injuries Unit and will be
undertaken by suitably trained radiographers as defined in section 6. Paediatric patients with suspected non-accidental injury will be excluded. Patients referred for chest/abdomen x-rays to ascertain any pathology other than traumatic injury or the location of foreign bodies will be excluded.

The service will be operational in office hours only unless additional resource is identified.

The policy may be extended in future to include other imaging modalities.

6. ROLES AND RESPONSIBILITIES

6.1 Professional heads and service managers who employ Reporting Radiographers are responsible for the implementation of this policy and are accountable for any non-compliance in terms of service delivery.

6.2 All reporting radiographers must be in possession of the following:
   Diploma of the College of Radiographers or BSc in Diagnostic Radiography; current state registration with the Health Professions Council; a Post Graduate Certificate of Diploma in Medical Image Interpretation (or equivalent qualification approved by the College of Radiographer); a certificate of competence issued by the Department of Radiology on behalf of the UHB.

6.3 The radiologists charged with assessing competency will be in possession of the Fellowship of the Royal College of Radiologists (FRCR).

6.4 Validation (signing off) of the report will become the responsibility of the Reporting Radiographer.

6.5 Where service provision and patient care/safety may be compromised should a radiological opinion not be given, the Reporting Radiographer will seek such an opinion. Any radiological contribution will be acknowledged in the report. Additional verbal communication in relation to the report will also be recorded on the patient’s casualty card. Reporting Radiographers will comply with local regulations and with those imposed by their own statutory body and will heed the advice given by that body (Health Professions Council, 2008 and 2009; IRMER, 2000; Royal College of Radiologists, 2006 and 2008).

6.6 Reporting Radiographers will hold professional indemnity insurance. Employees are ordinarily indemnified by the UHB, provided the employee has acted in accordance with relevant policies and procedures.
6.7 Inclusions: x-rays of patients referred to Emergency Radiology from the Emergency Unit UHW, referrals to the X-ray department at Barry Minor Injuries Unit from the UHW Emergency Minors Department, the Emergency Paediatric Unit and Barry Minor Injuries Unit. This will include referrals from Emergency Paediatrics. The imaging requests will include those for plain imaging of the axial and appendicular skeleton; plain images taken to confirm/localise the presence of a radio-opaque foreign body; plain images of the chest/abdomen to evaluate skeletal trauma.

6.8 Exclusions: images of children taken in cases of possible non-accidental injury.

6.9 Referrals for imaging will be from medical referrers and NMRs (including Emergency Nurse Practitioners, Registered Nurses and extended scope Physiotherapists) from the Unscheduled Care setting as described in section 5.

7. REPORTING PROCEDURES

7.1 A report is defined for the purposes of this document as the interpretation and recording of observations made from plain imaging. Only a radiologist or their delegated representative, under an agreed scheme of work, should make the medical interpretation. Where appearances may not be attributed to trauma, the Reporting Radiographer will give a descriptive report only and will refer to a radiologist if necessary. This is in accordance with section 6.5.1 ‘Inter-professional Roles and Responsibilities in a Radiology Service (Royal College of Radiologists’ Guidelines, 1998):

“A descriptive report may be provided by those members of the team who are competent to do so, in accordance with a protocol agreed by the medical members of the team. The author of the descriptive report bears responsibility for its content”.

7.2 The Reporting Radiographer will examine radiographs of the specified patient group as soon as they are available and whilst the patient is still in the Unscheduled Care setting. The Reporting Radiographer will use the established radiology voice dictation system to create a report on RADIS, hence the report will be available to the referrer within minutes.

7.3 The report will be issued under the name of the individual radiographer and will be identified within the report as being a “Radiographer Report”.

7.4 The Reporting Radiographer will adhere to current UHW Emergency Radiology phrasing. Where no acute, relevant abnormality is identified or where there is a known pre-existing condition (as long as there has been no change from previous images) the report will be:

7.4.1 In the case of X-rays of the hip – ‘no fracture demonstrated but undisplaced hip fractures can be occult’.
7.4.2 In the case of X-rays of the scaphoid – ‘no significant abnormality detected but a scaphoid fracture is not necessarily excluded by a normal initial radiograph’.

7.4.3 For all other examinations – ‘No significant abnormality. Please note this is a casualty report and is tailored strictly to the clinical information of the current acute presentation’.

7.5 All reports by Reporting Radiographers will be undertaken in accordance with existing radiology departmental practice.

7.6 Additional communication of the report may be made verbally but will be recorded on the patient’s casualty card.

7.7 Validation of the report will be the responsibility of the Reporting Radiographer. Where service provision and patient care/safety may be compromised should a radiological opinion not be given, the Reporting Radiographer will seek such an opinion. Any radiological contribution will be acknowledged in the report.

7.8 A record of the individuals permitted to operate as Reporting Radiographers will be maintained by the Radiology Directorate. This will include information regarding their competence (Appendix 1) and professional development in relation to reporting such as audit compliance.

8. RESOURCES

This service will require 1 WTE reporting radiographer time, the funding of which has been agreed in principle by the Clinical Director, Unscheduled Care.

There are currently 2 trained reporting radiographers. An additional two are due to complete training in June 2010. Further training will be required if the scope of the service were to extend.

9. TRAINING

9.1 All Reporting Radiographers will be in possession of the Diploma of the College of Radiographers; a BSc in Diagnostic Radiography; a Post-Graduate Certificate or Diploma in Image Interpretation or its equivalent. All Reporting Radiographers will maintain registration with the Health Professions Council.

9.2 All Reporting Radiographers will maintain a relevant and up-to-date CPD portfolio, including regular (minimum of quarterly) sessions observing a Consultant Radiologist’s reporting session.
9.3 All Reporting Radiographers will attend a range of multi-disciplinary and professional meetings to promote CPD, including directorate Clinical Governance/Quality and Safety meetings and radiology training sessions.

9.4 Training will be documented and will form part of the Knowledge and Skills Framework profile for this role and will be reflected in the individual’s personal development plan.

9.5 The Reporting Radiographer's reports will be subject to audit and review which will assist with determining ongoing training needs. Snapshot audits will be undertaken by a specialist registrar in radiology on a 6 monthly basis and will constitute 50 consecutive reports completed by the individual radiographer.

9.6 The audits will be supervised by a Consultant musculo-skeletal Radiologist.

10. IMPLEMENTATION

It is anticipated that the policy will be implemented immediately following ratification.

11. EQUALITY

An equality impact assessment has been undertaken to assess the relevance of this policy to equality and potential impact on different groups, specifically in relation to the General Duty of Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 2005 and including other equality legislation. The assessment identified that the policy presented a low risk to the organisation.

12. AUDIT

12.1 The Reporting Radiographer's reports will be subject to audit and review which will assist with determining ongoing training needs. Snapshot audits will be undertaken by a specialist registrar in radiology on a 6 monthly basis and will constitute 50 consecutive reports completed by the individual radiographer.

12.2 The audits will be supervised by a Consultant musculo-skeletal Radiologist.

13. REVIEW

The policy will be reviewed every 3 years as a minimum or more frequently should a need be identified.

14. REFERENCES


The College of Radiographers *Statements for professional conduct*, London, UK: The College of Radiographers; 2002


Health Professions Council: *standards of conduct, performance and ethics*; London, UK: Health Professions Council; 2003 (Revised 2008)

Health Professions Council: *standards of proficiency*; London, UK: Health Professions Council; 2003 (Revised 2009)


Royal College of Radiologists: *Inter-professional roles and responsibilities in a radiology service*; Royal College of Radiologists, 1998

Royal College of Radiologists *Skill mix in clinical radiology*, Royal College of Radiologists, 1999

Royal College of Radiologists: *Standards for the Reporting and Interpretation of Imaging Investigations* Royal College of Radiologists (2006)

Royal College of Radiologists: *Standards for the communication of critical, urgent and unexpected significant radiological findings*. Royal College of Radiologists (2008)

Royal College of Radiologists: *Medical image interpretation by radiographers: Guidance for radiologists and healthcare providers*. Royal College of Radiologists (2010)
Appendix 1

RADIOLOGY DIRECTORATE

RADIOGRAPHER REPORTING

CERTIFICATE OF COMPETENCE

This is to certify that:

__________________________________________ has been assessed as competent to provide plain imaging reports in accordance with the local policy criteria and the attached Scheme of Work/Matrix (Appendix 2).

1. Designated Consultant – Emergency Radiology (signature & date)

___________________________________________________

2. Clinical Director – Radiology (signature & date)

___________________________________________________

3. Directorate Manager - Radiology (signature & date)

___________________________________________________

I __________________________________ agree to adhere to the Policy for Radiographer Reporting of Plain Imaging.

Signature:____________________________________________

Name:______________________________________________

Date:________________________________________________

This Certificate of Competence will be reviewed on:

Date:______________________________________________

Signed:_____________________________________________
Appendix 2

RADIOGRAPHER REPORTING

Scheme of Work

Inclusions:
The following categories of plain imaging have been agreed as appropriate for Radiographer Reporting:

1. All plain radiographic examinations of the appendicular skeleton referred from the Unscheduled Care setting, specifically from within Emergency Unit UHW, referrals to the X-ray department at Barry Minor Injuries Unit from the UHW Emergency Minors Department, the Emergency Paediatric Unit and Barry Minor Injuries Unit. This will include referrals from Emergency Paediatrics.
2. All plain radiographic examinations of the axial skeleton referred from the Unscheduled Care settings described above, including paediatric patients.
3. Images taken to determine the presence/location of a foreign body.

Exclusions:
Cases of suspected non-accidental injury to paediatric patients.

In accordance with the existing standard Emergency Radiology phrasing where no acute, relevant abnormality is identified or where there is no known pre-existing condition (as long as there has been no change from previous images) the report will be ‘No significant abnormality. Please note this is a casualty report and is tailored strictly to the clinical information of the current acute presentation’. 