



## **DIAGNOSTIC RADIOGRAPHY**

### **The Assessment of Non-EU trained Radiographers for State Registration Purposes in the United Kingdom**

## Background Information

- 1 The Radiographers Board has always been concerned regarding the position of Radiographers with non-EU qualifications who wish to become state registered. It has therefore become necessary for the Radiographers Board to formalise an assessment programme for use throughout the United Kingdom.
  - 2 The purpose of the assessment programme is to ensure that a radiographer from overseas, who does not hold a UK qualification which is recognised by the Radiographers Board, is competent to perform the duties of either a *diagnostic* or *therapeutic* radiographer.
  - 3 It must be emphasised that the period does not include an education or training element and the person being assessed will be judged solely upon their present practical abilities and competence with respect to clinical skills, their approach to patient care and radiation protection.
  - 4 The candidate coming for assessment cannot be guaranteed that the result of the assessment will be positive.  
  
A positive assessment will enable the radiographer to apply for state registration and possible employment in the UK.  
  
Candidates must be told that jobs cannot be guaranteed after the assessment period and that every job vacancy is open to competition.
  - 5 Assessments will be undertaken by senior staff in the hospital departments.  
  
These assessments will cover the range of procedures which newly qualified state registered radiographers would be expected to perform.
  - 6 During the assessment period the radiographer, although undertaking assessment procedures which must be unassisted will nevertheless be supervised at all times.
  - 7 The practical assessments and their results must be recorded for presentation to the Radiographers Board.
  - 8 In addition the radiographer being assessed will keep a Personal Portfolio of all clinical procedures performed during the assessment period (*see page 3 of this form for details*).
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## A Portfolio of Clinical Experience and Assessment

The contents of the Portfolio will be as follows:

(i) **The identification of participants**

- *The Clinical placement hospital(s)*

- *The Mentor*

The mentor will be a radiographer, normally of a senior grade, identified by the Departmental Manager to oversee the placement of the non-EU trained radiographer.

The mentor will:

- oversee arrangements for the placement including rotas and assessments.
- conduct twice weekly interviews with the applicant to assess progress.

- *Clinical Assessors*

Clinical Assessors will be radiographers already undertaking, or trained to undertake, supervision of clinical practical assessments. A number of assessors may be used who will supervise one or more of the identified Clinical Assessment Examinations. They will utilise the assessment form and indicate whether the assessment was satisfactory or not.

- *The Manager*

The manager is the Departmental Manager who accepts the non-EU trained radiographer for the assessment. The manager has overall responsibility for the applicant, although they will delegate to the mentor day to day supervision.

The manager will produce a report to the Radiographers Board on the placement and indicate a Final Recommendation.

(ii) **The Plan**

This will cover the whole period of assessment.

(iii) **A summary of clinical assessments**

This summary will be accompanied by *nine* clinical assessment forms in the case of Diagnostic Assessment or *six* clinical assessment forms in the case of Therapeutic Assessment.

(iv) **Six reports**

These will be produced fortnightly, and the mentor and applicant will report on progress to date following interview.

(v) **A report from the manager**

This will cover the assessment period and include the final recommendation.

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**9** During the assessment period, specific assessments will be made in the following areas:

**A Diagnostic**

- |                            |                           |                             |
|----------------------------|---------------------------|-----------------------------|
| (i) Limbs                  | (ii) Chest                | (iii) Spine                 |
| (iv) Skull                 | (v) Abdomen               | (vi) Alimentary tract       |
| (vii) Genito-urinary tract | (viii) Theatre and mobile | (ix) Accident and emergency |

**B Therapy**

- |                                     |  |
|-------------------------------------|--|
| (i) Direct treatment field          | (ii) Parallel opposed treatment field    |
| (iii) Planned volume (chest/pelvis) | (iv) Planned volume (head and neck)      |
| (v) Breast                          | (vi) Simulator—localisation/verification |

**C** During each assessment the following points will be noted:

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| (i) Attitude towards patient          | (ii) Attitude towards staff         |
| (iii) Examination/treatment technique | (iv) Radiation protection technique |
| (v) Confidence of radiographer        | (vi) Assessment of resultant image  |

**D** The attendance of the radiographer during the period of assessment will be noted as will their professional conduct.

**E** Frequent assessment reviews will take place. It is particularly necessary to ascertain the candidate's knowledge of radiological/radiotherapeutic techniques and current statutory regulations. A final review with the candidate will be made.

**F** The final recommendations will either be:

- (i) The radiographer *is* or *is not* of a standard which is acceptable for state registration purposes  
*or*  
(ii) the radiographer requires training in identified areas in order to reach the required standard.

**10** Following the assessment period the Board will be notified of the outcome of the assessment of each candidate.

**11** Records should be forwarded to the Radiographers Board.

**Assessment Form — Please use separate form for each assessment**

Name:

Date:

Hospital and school of Radiography:

Specific area being assessed:

Preparation for examination	<i>Please tick yes or no in each case</i>	
	Yes	No
Reads and understands details on Request Form	<input type="checkbox"/>	<input type="checkbox"/>
Checks previous records	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of equipment	<input type="checkbox"/>	<input type="checkbox"/>
Identification of patient	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of patient	<input type="checkbox"/>	<input type="checkbox"/>
Selects correct factors and accessories	<input type="checkbox"/>	<input type="checkbox"/>

Conduct of examination/procedure	<i>Please tick yes or no in each case</i>	
	Yes	No
Correctly centres and collimates	<input type="checkbox"/>	<input type="checkbox"/>
Uses correct markers	<input type="checkbox"/>	<input type="checkbox"/>
Safely operates the equipment	<input type="checkbox"/>	<input type="checkbox"/>
Ensures radiation protection of staff and patients	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates acceptable standard of technique	<input type="checkbox"/>	<input type="checkbox"/>
Produces acceptable standard of films— <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>