

THE COLLEGE OF  
RADIOGRAPHERS



# Imaging Service Standards for Accreditation

January 2009

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# 1. Introduction

The following standards are primarily designed to be applied within a service accreditation scheme. They articulate the expectations of a good imaging and interventional radiology service, therefore services not participating in accreditation may also find them helpful.

The standards are the product of a rigorous two-year development process during which they have been through five iterations. The current standards reflect the professional judgements of the expert panels of radiographers, radiologists and patients who have overseen their creation and revision. They also include valuable comments and suggestions from relevant UK government agencies, regulators and other professional colleagues.

Five imaging and interventional radiology services (reflecting a range of providers from both public and private sectors) have tested the standards by piloting early iterations. The penultimate iteration of the standards was assessed for applicability from a country-specific perspective by a number of other services, including two services from the devolved countries (Wales and Scotland).

The standards have been externally evaluated by an independent accreditation body as well as being subjected to a full public consultation exercise prior to their finalisation. The standards are to be reviewed on an agreed regular basis.

The standards:

- Are patient-focused
- Cover the functions and systems of a whole diagnostic imaging and interventional radiology service. Nuclear medicine and asymptomatic breast screening services are currently excluded from consideration
- Address the dimensions of quality and support quality improvement.

## 2. The domains

For convenience, the standards are grouped into four domains as follows:

- Clinical
- Facilities, resources and workforce
- Patient experience
- Safety.

Each domain has a description which explains its purpose. Each domain contains a number of standards. However, the domains cannot be considered in isolation and for the purpose of accreditation all domains and standards should be treated as an interlinked package.

## 3. The standards

There are 31 standards and each standard sits within a framework. The framework has three distinct sections.

**Section one** comprises the standard statement, rationale and criteria.

- Each **standard statement** addresses one aspect necessary for the provision of the service.
- A brief **rationale** details why that standard statement is considered to be important.
- A list of **criteria** indicates the structures and processes necessary to deliver the standard statement.

This section of the framework is designed to be context independent, fixed between editions and will be available publicly.

**Section two** gives examples of the evidence required to support an application for accreditation.

Services participating in accreditation will be expected to provide three types of evidence.

- Approved documents that identify relevant service policy, protocols and/or strategies and set out how the service plans to deliver each standard statement and criteria therein.
- Evidence that demonstrates that the service is implementing these policies, protocols and/or strategies. An exemplar/indicative but not exhaustive list of acceptable evidence of implementation is provided for each criterion.
- Evidence that demonstrates that the service is monitoring its performance regularly (frequency of monitoring and any targets are set by the service) in the implementation of its policies, protocols and strategies. An exemplar/indicative but not exhaustive list of acceptable evidence of monitoring in the form of outcome measures is provided for each standard.

This section is designed to be responsive to context, evolving and proportionate. This section of the standards framework will continue to be updated as accreditation progresses.

**Section three** provides commentary and references.

A commentary for each standard statement points services to the relevant evidence base, including current professional guidance and legislation. This section is designed to be responsive to context and will continue to be updated as accreditation progresses and to reflect evolving best practice.

Sections two and three of the standards framework are commercially sensitive and are embedded within the online self-assessment tool.

## 4. Assessment of the standards

An online questionnaire and data-capture **self-assessment** tool will be made available to support services and the accreditation body to evaluate compliance with the standards. A service completes this by providing its own assessment of whether it has met, partially met or failed to meet each of the standards. The service will detail the evidence for this claim under each of the criterion. A list of ways in which compliance with every criterion might be demonstrated (**'indicative evidence of implementation'**) is suggested within the online system, but the list is neither exhaustive nor prescriptive: services should cite whatever they consider the most convincing evidence they have available for their achievement of each standard, whether or not it appears in the indicative evidence list.

A list of ways for the service to demonstrate regular monitoring of performance is suggested within the online system ('**indicative evidence of monitoring**'), but the list is neither exhaustive nor prescriptive: services should monitor whatever they consider the most helpful outcome measures to support continuing development of their local service, whether or not it appears in the indicative evidence list. It is anticipated that most services would choose to monitor regularly at least one outcome measure for each standard. However, this is not obligatory as some outcome measures may provide monitoring evidence across a range of standards.

Services should expect to justify the balance and range of outcome measures being monitored as part of the peer review process.

## 5. Scope of the standards

The standards can be applied to any organisation performing radiological imaging regardless of the number of staff or the scope of imaging activities, from large NHS or private providers, to small private services and services provided at community based facilities.

The scope of the service to be assessed must be defined by the service before assessment begins. This will include organisational details and a comprehensive description of all modalities used, patient groups treated and the physical location of each service area to be accredited.

The standards are designed to be applied to all current imaging modalities and to interventional radiology services to include general x-ray; ultrasound; computed tomography (CT); interventional radiology; magnetic resonance imaging (MRI); dual energy x-ray absorption (DEXA) and symptomatic breast mammography. The scope of the standards does not currently include nuclear medicine or asymptomatic breast screening services.

The service need not assess itself against any standards and criteria that are clearly not applicable to its defined service. For example, a service that performs only MRI procedures will not need to address '*S1: The service implements and monitors systems to manage the risks associated with ionising radiation*'. Similarly, a service that does not treat children will not need to provide evidence relevant to children in meeting a criterion such as S1(iii) '*Systems in place to ensure radiation doses are as low as reasonably practicable, for children and adults, consistent with the acquisition of diagnostic images*'.

Conversely, the service must ensure that it interprets the standards broadly to reflect the full range of modalities used and the requirements of its patient groups. For example, services which image children must consider their special requirements in relation to each modality used when considering the extent to which they achieve the standards.

The standards are intended to have wide applicability across the UK, and do not set out to reflect or check compliance with any specific national legislation and regulations. Successful accreditation does not obviate the need for the service to ensure compliance with all relevant legislation. It is the responsibility of the service to comply with all legislation and regulations relevant to them.

**No service can be accredited if it fails to meet all applicable statutory requirements.**

## 6. Terms and definitions

**Adverse healthcare events** – any event occurring within the confines of the service not arising from clinical activity which causes harm, for example repetitive stress injury resulting from use of keyboard, patient/carer fainting in waiting room, back injury resulting from equipment handling.

**All equipment** – all equipment used within a service to include ancillary equipment, consumables, IT hardware and software, as well as all types of imaging equipment.

**Carers** – person accompanying a patient on a visit to the service such as parents, relatives, guardians or prison officers.

**Clinical incident** – any event arising from clinical activity causing unexpected harm to a patient.

**Clinical risk** – risk of a clinical incident.

**Competent** – the individual can do the task/activity. Competency describes what the individual needs to do, and to know to carry out the activity, regardless of who performs it.

**Conflict of interest** – conflict arising from overlaps between an individual's service role and roles outwith the service.

**Data** – all records, correspondence.

**Imaging for non-diagnostic purposes** – the imaging of patients for purposes not related to reaching a medical diagnosis; for example, ultrasound scanning for 'pictures' of fetuses that are not necessary for the care of the fetus and/or its mother.

**Manage** – to include controlling, monitoring and taking action, as necessary.

**Optimal diagnostic quality images** – images which provide necessary and sufficient diagnostic information to provide an accurate diagnosis.

**Others** – people who may come into contact with the service that are not members of staff or patients, such as physicists, engineers, etc.

**Outcome measures** – performance measures that seek to quantify the level of change a service has or needs to achieve to reach desired outcomes; for example, changes to the service user's experience, clinical outcomes, improved safety levels and service resource usage. They are often expressed as 'percentage of' and 'rates of change' and where possible avoid measuring process or activity.

**Patient** – to include carers and others acting on their behalf.

**Particular needs** – to include people with physical, cognitive, sensory or communication issues which affects their ability to carry out activities within average social limits. Such issues, conditions or illnesses may be permanent or transitory in nature.

**Professional user of the service** – a clinical or professional user of the service, such as GPs, multidisciplinary team co-ordinators, and other healthcare professionals.

**Qualified** – possessing knowledge gained from successful completion of a recognised course and/or examination.

**Service** – the unit of accreditation – an organisation or department that conducts imaging examinations/procedures; for example, an imaging service within a trust or health board or an independent provider organisation.

**Staff** – to include students, trainees and temporary/agency staff.

**Systems** – agreed ways of working to achieve desired outcomes. This would normally be achieved through an interconnected network of structures and agreed processes that are documented within up-to-date written policies and/or protocols/procedure manuals etc. These structures and processes should reflect relevant legislation, latest professional guidance and current best practice and would normally be supported by staff who have received relevant training in that area.

**Treatment** – clinical and interventional procedures that take place within the service.

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**Approved by the Board of Trustees of the College of Radiographers: 9 December 2008**



## 7. Clinical domain

The purpose of the Clinical domain is to promote the service's role in rapid and accurate diagnosis and treatment. This is achieved through administrative and clinical practices appropriate to the patient population including children; effective management of risk and emergencies; and the review of existing and new clinical practice to develop and improve the service.

- C1** The service implements and monitors systems to ensure delivery of the service from referral to discharge from the service.
- C2** The service implements and monitors systems to ensure the acquisition of optimal diagnostic quality images.
- C3** The service implements and monitors systems to ensure the clinical and technical quality of reports.
- C4** The service implements and monitors systems to ensure the clinical and technical quality of interventional procedures.
- C5** The service implements and monitors systems to manage drugs and contrast media.
- C6** The service implements and monitors systems to manage risk and errors arising from clinical activities.
- C7** The service implements and monitors systems to manage clinical records.
- C8** The service implements and monitors systems to ensure that those who have professional contact with the service are able to give feedback on their experience.
- C9** The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.



<b>C1</b>	<b>The service implements and monitors systems to ensure delivery of the service from referral to discharge from the service.</b>
<p><b>Rationale:</b> The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for leadership and integrated governance for imaging pathways
ii.	Systems in place to manage imaging pathways from referral to discharge from the service, within specified timescales
iii.	Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication both within and outwith the service
iv.	Systems in place to ensure clinically relevant information is received from referrers and patients
v.	Systems in place to ensure vetting, justification and prioritisation of referrals
vi.	Systems in place to ensure the specific clinical needs of children are met
vii.	Systems in place to manage unexpected diagnoses and indications of potential medical emergencies



<b>C2</b>	<b>The service implements and monitors systems to ensure the acquisition of optimal diagnostic quality images.</b>
<p><b>Rationale:</b> The service should ensure that all images are acquired in accordance with agreed protocols for children and adults by competent staff working within their defined scope of practice. Images should be of optimal diagnostic quality according to current best practice, and provide essential image characteristics.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for each area of image acquisition and image quality
ii.	Systems in place to develop, agree, maintain and apply image acquisition protocols for all examinations
iii.	Systems in place to ensure that image acquisition protocols are accessible and communicated to all imaging staff
iv.	Systems in place to assure diagnostic image quality
v.	Systems in place to ensure analysis and feedback on imaging practice is available and communicated to all relevant staff and colleagues to inform development of practice



<b>C3</b>	<b>The service implements and monitors systems to ensure the clinical and technical quality of reports.</b>
<p><b>Rationale:</b> The service should ensure that all images are reported in accordance with agreed local practice by competent staff working within their defined scope of practice to deliver accurate and effective radiological and clinical interpretation of images. Protocols should be agreed for reporting under contract external to the service.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for staff who report images
ii.	Systems in place to develop and agree the structure and content of reports to meet local needs
iii.	Systems in place to ensure that agreed reporting formats are accessible and communicated to all reporting staff
iv.	Systems in place to assure the quality, accuracy and verification of reports and amendments within specified timescales
v.	Systems in place to ensure communication of reports to referrers and multidisciplinary meetings within specified timescales
vi.	Systems in place to ensure reporting staff are able to access a second opinion
vii.	Systems in place to ensure analysis and feedback on reporting practice is available and communicated to all relevant staff and colleagues to inform development of practice



<b>C4</b>	<b>The service implements and monitors systems to ensure the clinical and technical quality of interventional procedures.</b>
<b>Rationale:</b> The service should ensure that all interventional procedures are conducted in accordance with agreed protocols for children and adults by competent staff working within their defined scope of practice.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for staff who conduct interventional procedures
ii.	Systems in place to define, assess and manage risks related to interventional procedures
iii.	Systems in place to develop, agree, maintain and apply protocols for all interventional procedures
iv.	Systems in place to ensure that protocols for interventional procedures are accessible and communicated to interventional staff
v.	Systems in place to assure the quality and outcomes of interventional procedures
vi.	Systems in place to ensure appropriate clinical and emergency support is available
vii.	Systems in place to ensure staff are able to access a second opinion for complex procedures
viii.	Systems in place to ensure analysis and feedback of interventional practice is communicated to all relevant staff and colleagues to inform development of practice



<b>C5</b>	<b>The service implements and monitors systems to manage drugs and contrast media.</b>
<p><b>Rationale</b> The service has a duty to ensure that drugs, including controlled drugs and contrast media are prescribed, prepared and administered safely to reflect statutory requirements. Systems should reflect differences between adults and children. All drugs and contrast media should be stored appropriately and adverse reactions should be dealt with efficiently and effectively.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for each area of drugs and contrast media management
ii.	Systems in place to manage the prescription of drugs and contrast media
iii.	Systems in place to ensure the identification and management of patients at risk of adverse reactions to specific drugs and contrast media
iv.	Systems in place to manage the preparation and administration of drugs and contrast media
v.	Systems in place to ensure the management and care of patients receiving drugs and contrast media, including response to adverse reaction
vi.	Systems in place to ensure that drugs and contrast media are securely and safely stored
vii.	Systems in place to ensure collaboration with relevant teams/departments/organisations regarding the administration of drugs and contrast media to patients and patient aftercare



<b>C6</b>	<b>The service implements and monitors systems to manage risk and errors arising from clinical activities.</b>
<b>Rationale:</b> The service should minimise clinical risk and manage incidents and errors by implementing an effective risk management and reporting system.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for risk management
ii.	Systems in place to define, assess and manage clinical risk
iii.	Systems in place to ensure appropriate response to clinical incidents
iv.	Systems in place to set and agree constraints for medico-legal and research examinations/procedures
v.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>C7</b>	<b>The service implements and monitors systems to manage clinical records.</b>
<b>Rationale:</b> The service has a duty to manage, store and transfer all patient data in a secure manner to reflect statutory requirements and maintain patient confidentiality.	
<b>Criteria</b>	
i.	Defined roles, responsibilities and accountabilities for each area of clinical records management
ii.	Systems in place to maintain patient confidentiality
iii.	Systems in place to ensure the secure and confidential storage, retrieval, transmission and transportation of patient records
iv.	Systems in place to manage sharing of patient data between organisations
v.	Systems in place to ensure control and audit of access to patient data



<b>C8</b>	<b>The service implements and monitors systems to ensure that those who have professional contact with the service are able to give feedback on their experience.</b>
<b>Rationale:</b> The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for obtaining and managing feedback
ii.	Systems in place to develop, agree and maintain materials to support user feedback
iii.	Systems in place to ensure users are able to give feedback, in confidence if appropriate
iv.	Systems in place to ensure results of user feedback are collated, analysed, and findings disseminated, communicated to relevant parties and acted upon



<b>C9</b>	<b>The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.</b>
<p><b>Rationale:</b> The service should carry out clinical audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for clinical governance, including reviewing current practice and the development of new clinical practices
ii.	Systems in place to ensure regular audit of current clinical practice, review and dissemination of findings and appropriate action
iii.	Systems in place for reviewing emerging clinical practices and implementing new practice as appropriate
iv.	Systems in place to ensure governance arrangements to support introduction of new clinical practices
v.	Systems in place to support engagement in research and development activities



## 8. Facilities, resource and workforce domain

The purpose of the Facilities, resource and workforce domain is to ensure that resources are used effectively to provide a safe, efficient, comfortable and accessible service. This is achieved through appropriate and adequate facilities (rooms and equipment); motivated and competent staffing; and the integration of sound business planning principles within the service.

- FRW1** The service implements and monitors systems to ensure facilities and environment support delivery of the service.
- FRW2** The service implements and monitors systems to procure and manage equipment to deliver the service.
- FRW3** The service implements and monitors systems to authorise, manage and support staff to deliver the service.
- FRW4** The service implements and monitors systems to ensure staff are competent to deliver the service.
- FRW5** The service implements and monitors systems to engage in integrated service and workforce review, planning and development.
- FRW6** The service implements and monitors systems to manage its budget and service contracts.
- FRW7** The service implements and monitors systems to manage complaints.
- FRW8** The service implements and monitors systems to manage internal and external major incident situations.



FR W1	<b>The service implements and monitors systems to ensure facilities and environment support delivery of the service.</b>
<b>Rationale:</b> The service should provide an environment and facilities which are safe, clean, comfortable and fit for purpose for staff, patients and others.	
<b>Criteria</b>	
<i>A current report demonstrating compliance with statutory requirements from the recognised regulator will be deemed sufficient evidence for relevant criteria.</i>	
i.	Defined roles and responsibilities for each area of facilities and environment management
ii.	Systems in place to ensure all areas used by the service meet the specific needs of the patient population (including children and those with particular needs) and staff
iii.	Systems in place to ensure the management of space to facilitate efficient working
iv.	Systems in place to ensure all areas used by the service are well maintained
v.	Systems in place to ensure access to particular areas is restricted
vi.	Systems in place to ensure the management and control of environmental conditions



<b>FR W2</b>	<b>The service implements and monitors systems to procure and manage equipment to deliver the service.</b>
<p><b>Rationale:</b> The service has a duty to assure the appropriate procurement, installation, operation, maintenance, quality assurance and replacement of all equipment, including software and ancillary equipment such as resuscitation equipment, protective clothing and consumables.</p>	
<p><b>Criteria</b></p> <p><i>A current report demonstrating compliance with statutory requirements from the recognised regulator will be deemed sufficient evidence for relevant criteria.</i></p>	
i.	Defined roles and responsibilities for each area of the procurement and management of all equipment
ii.	Systems in place for the procurement of all equipment and consumables
iii.	Systems in place to assure installation, calibration, operation and performance of equipment
iv.	Systems in place to ensure equipment is appropriate for patients, staff, children and those with particular needs
v.	Systems in place to ensure maintenance of all equipment and corresponding records
vi.	Systems in place to ensure equipment failures and faults are monitored and managed and that safety warnings, alerts and recalls are circulated and acted upon within specified timescales
vii.	Systems in place to ensure that equipment replacement is planned



<b>FR W3</b>	<b>The service implements and monitors systems to authorise, manage and support staff to deliver the service.</b>
<b>Rationale:</b> The service should ensure that the management of staff is effective, fair, consistent and supportive. Management of staff should comply with current legislation and current best practice.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for each area of management and professional leadership
ii.	Systems in place to ensure clear definition and management of tasks for staff to deliver the service
iii.	Systems in place to ensure the appropriate skill mix and staff complement
iv.	Systems in place to ensure agreed contracts of employment, job descriptions and/or job plans, and that appraisals or personal development reviews are conducted for all staff
v.	Systems in place to ensure that employment policies and procedures and any changes to the service are communicated and consistently applied
vi.	Systems in place to manage any and all out-of-hours service provision
vii.	Systems in place to support staff in managing stress and achieving a work/life balance
viii.	Systems in place to manage conflicts of interest
ix.	Systems in place to ensure staff are able to comment/feedback in confidence on the service and are able contribute to service management



<b>FR W4</b>	<b>The service implements and monitors systems to ensure staff are competent to deliver the service.</b>
<b>Rationale:</b> The service has a duty to ensure that all staff are competent, skilled and supported to maintain, improve and widen the scope of their competencies.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for the management of staff competence
ii.	Systems in place to support the recruitment of staff
iii.	Systems in place to ensure all staff are competent to undertake the role(s) to which they have been appointed, including relevant employment checks
iv.	Systems in place to check qualification and current registration of relevant staff
v.	Systems in place to ensure that all staff are properly inducted into new roles, including any additional education and training
vi.	Systems in place to ensure that any staff in a training position are adequately supervised
vii.	Systems in place to ensure the service maintains competencies to address the requirements of patients, children, and those with particular needs
viii.	Systems in place to ensure all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies



<b>FR W5</b>	<b>The service implements and monitors systems to engage in integrated service and workforce review, planning and development.</b>
<p><b>Rationale:</b> The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for each area of service review, planning and improvement, and workforce planning and development
ii.	Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others
iii.	Systems in place to ensure strategic service planning and workforce planning are integrated
iv.	Systems in place to assess, agree and implement workforce development initiatives
v.	Systems in place to support engagement with content and delivery of relevant education and training
vi.	Systems in place to support and monitor staff retention and ensure succession planning arrangements



<b>FR W6</b>	<b>The service implements and monitors systems to manage its budget and service contracts.</b>
<b>Rationale:</b> The service should manage its budgets and service contracts effectively and efficiently to ensure high-quality care for patients.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for budget and contract management
ii.	Systems in place to ensure arrangements to negotiate, agree, regularly report and monitor budgets
iii.	Systems in place to ensure that all staff are aware of budget management processes and the implications for their area of responsibility
iv.	Systems in place to ensure engagement with wider financial planning processes
v.	Systems in place to procure, manage and monitor delivery of contracted services
vi.	Systems in place to ensure arrangements for dealing with income generated by commercial and or research activities, and or charitable donations

FR W7	<b>The service implements and monitors systems to manage complaints.</b>
<b>Rationale:</b> The service has a duty to manage complaints effectively from patients, staff and others, within specified timescales, and use information from complaints to inform development of care and service delivery.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for managing complaints
ii.	Systems in place to manage verbal complaints
iii.	Systems in place to investigate and respond to complaints within specified timescales
iv.	Systems in place to train staff in dealing with those wanting to make complaints
v.	Systems in place to ensure complaints are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>FR W8</b>	<b>The service implements and monitors systems to manage internal and external major incident situations.</b>
<b>Rationale:</b> The service has a duty to ensure it is able to respond appropriately to any major incident by engaging in emergency planning to ensure service continuity and care for those involved.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for internal and external emergencies
ii.	Systems in place to ensure appropriate response to internal and/or external major incidents
iii.	Systems in place that ensure continuing delivery of services following an internal incident
iv.	Systems in place that ensure continuing delivery of services following an external incident
v.	Systems in place to ensure external and internal incident plans are communicated, practised and reviewed
vi.	Systems in place to ensure the response to major incidents is analysed and the findings disseminated



## 9. Patient experience domain

The purpose of the Patient experience domain is to ensure that service delivery is patient-focused and respectful of the individual patient and their specific requirements. This is achieved through provision of appropriate information and support for patients and carers with due regard to differences in culture, religion, age and other factors. Effective feedback systems for patients and carers are necessary.

- PE1** The service implements and monitors systems to ensure patients are able to access patient-friendly information about what happens before, during and after specific examinations/procedures.
- PE2** The service implements and monitors systems to ensure the privacy, dignity and security of patients are respected throughout contact with the service.
- PE3** The service implements and monitors systems to ensure informed patient consent.
- PE4** The service implements and monitors systems to ensure service delivery is patient-focused.
- PE5** The service implements and monitors systems to ensure that patients are able to feedback on their experience of the service.



<b>PE1</b>	<b>The service implements and monitors systems to ensure patients are able to access patient-friendly information about what happens before, during and after specific examinations/procedures.</b>
<b>Rationale:</b> The service should provide clear, relevant and up-to-date information in a range of formats regarding the service and explaining the purpose and nature of planned examinations/procedures. The information should be sufficient to enable patients and their carers to make informed decisions about their care, reduce their anxiety and give them confidence in their examination/procedure.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for each area of development and maintenance of patient information
ii.	Systems in place to ensure patients receive general and examination/procedure-specific information within specified timescales to allow preparation for an appointment or examination/procedure
iii.	Systems in place to ensure patients and carers are able to access information in relevant formats
iv.	Systems in place to ensure patients know who is present at and performing their examination/procedure
v.	Systems in place to ensure patients know how, when and by whom results/reports will be communicated to them
vi.	Systems in place to ensure patient information materials are developed and reviewed with lay and/or patient representatives, and kept updated within specified timescales



<b>PE2</b>	<b>The service implements and monitors systems to ensure the privacy, dignity and security of patients are respected throughout contact with the service.</b>
<b>Rationale:</b> The service should actively promote patients' privacy, dignity and security. Due regard should be paid to differences in culture, religion, age and other factors with reference to equality and diversity legislation.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for professional and/or managerial leadership
ii.	Systems in place to encourage and support staff to be welcoming and to act with discretion and respect towards patients and carers
iii.	Systems in place to ensure patients' privacy, dignity and security are maintained
iv.	Systems in place to ensure patients are able to secure personal effects while undergoing examinations/procedures



<b>PE3</b>	<b>The service implements and monitors systems to ensure informed patient consent.</b>
<b>Rationale:</b> The service should ensure that patients are involved in decisions about their examinations or procedures. Valid, informed consent to examinations/procedures is central to patient involvement in their own care.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for obtaining informed consent
ii.	Systems in place to ensure patients are able to discuss their examination/procedure options with an appropriate staff member
iii.	Systems in place to enable patients to give or withhold informed consent for all examinations/procedures
iv.	Systems in place to arrange taking of consent from children and patients with particular needs for all examinations/procedures
v.	Systems in place to enable patients to give or withhold informed consent for access to and distribution of images and reports
vi.	Systems in place to enable patients to give or withhold informed consent for their data to be used for teaching and/or research purposes



<b>PE4</b>	<b>The service implements and monitors systems to ensure service delivery is patient-focused.</b>
<b>Rationale:</b> The service should focus delivery on patients and their specific requirements. Due regard should be paid to differences in culture, religion, age and other factors.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for professional and/or managerial leadership to ensure patient-focused care
ii.	Systems in place to ensure that the service is accessible to all patients and carers
iii.	Systems in place to ensure appointments are available to meet patient needs and circumstances and co-ordinated with other appointments where possible
iv.	Systems in place to ensure positive identification of patients, including appropriate form of address
v.	Systems in place to ensure specific requirements of patients and carers are identified and responded to
vi.	Systems in place to ensure relevant information is communicated to individual patients during their contact with the service, including arrangements for transfer/continuity of care
vii.	Systems in place to provide support for patients who become distressed during their contact with the service



<b>PE5</b>	<b>The service implements and monitors systems to ensure that patients are able to feedback on their experience of the service.</b>
<b>Rationale:</b> The service should encourage patients and carers to give feedback, and use the feedback to improve and develop the service.	
<b>Criteria</b>	
i.	Defined roles and responsibilities for obtaining and managing feedback from patients, carers and relatives
ii.	Systems in place to develop, agree and maintain materials to support patient feedback
iii.	Systems in place to ensure patients and carers are able to give feedback in a variety of formats and in confidence
iv.	Systems in place to ensure results of patient feedback are collated, analysed, and findings disseminated, communicated to relevant parties and acted upon



## 10. Safety domain

The purpose of the Safety domain is to ensure that services provide the highest level of safety for patients, staff and others who come into contact with the service. This is achieved through assessment and management of the risks associated with delivery of the service.

- S1** The service implements and monitors systems to manage risks associated with ionising radiation.
- S2** The service implements and monitors systems to manage risks associated with ultrasound.
- S3** The service implements and monitors systems to manage risks associated with magnetic resonance imaging.
- S4** The service implements and monitors systems to manage risks associated with the use of ablative technologies and therapeutic devices.
- S5** The service implements and monitors systems to manage the risk of infection.
- S6** The service implements and monitors systems to manage risks associated with hazardous substances and materials.
- S7** The service implements and monitors systems to manage safe moving and handling.
- S8** The service implements and monitors systems to manage the risk of violence and aggression.
- S9** The service implements and monitors systems to ensure the general health and safety of patients, staff and others.



<b>S1</b>	<b>The service implements and monitors systems to manage risks associated with ionising radiation.</b>
<p><b>Rationale:</b> The service has a duty to ensure that organisational arrangements and general radiation protection measures for staff, patients and others are in place to restrict exposure to ionising radiation and reflect statutory requirements. Any ionising radiation doses received by patients, staff and others should be as low as reasonably practicable.</p>	
<p><b>Criteria</b></p> <p><i>A current report demonstrating compliance with statutory requirements from the recognised regulator will be deemed sufficient evidence for relevant criteria.</i></p>	
i.	Defined roles, responsibilities and accountabilities for each area of ionising radiation protection
ii.	Systems in place to define, assess and manage risks of medical exposure to ionising radiation
iii.	Systems in place to ensure radiation doses are as low as reasonably practicable, for children and adults, consistent with the acquisition of diagnostic images
iv.	Systems in place to define, assess and manage risks of occupational exposure to ionising radiation
v.	Systems in place to identify and monitor as appropriate, other persons exposed to ionising radiation
vi.	Systems in place to classify and monitor environments where ionising radiation is used
vii.	Systems in place to assure optimal performance of equipment
viii.	Systems in place to ensure appropriate signage and hazard warning notices
ix.	Systems in place to ensure incidents, errors and near misses are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S2</b>	<b>The service implements and monitors systems to manage risks associated with ultrasound.</b>
<b>Rationale:</b> The service should ensure that the potential risks associated with the use of ultrasound are minimised to patients, staff and others.	
<b>Criteria</b>	
i.	Defined roles, responsibilities and accountabilities for ultrasound usage
ii.	Systems in place to define, assess and manage potential risks related to ultrasound
iii.	Systems in place to minimise acoustic output and exposure times
iv.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S3</b>	<b>The service implements and monitors systems to manage risks associated with magnetic resonance imaging.</b>
<b>Rationale:</b> The service should ensure that risks associated with the use of magnetic resonance imaging (MRI) are minimised for patients, staff and others.	
<b>Criteria</b>	
i.	Defined roles, responsibilities and accountabilities for MRI usage
ii.	Systems in place to define, assess and manage risks related to the use of MRI
iii.	Systems in place to minimise exposure to different types of electromagnetic fields, radiofrequencies and any noise
iv.	Systems in place to ensure pre-entry safety checks for all patients, staff and others
v.	Systems in place to ensure MRI safety education for all staff accessing the MRI area
vi.	Systems in place to ensure all ancillary equipment used in the MRI examination room are assessed and approved for use in the MRI environment
vii.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S4</b>	<b>The service implements and monitors systems to manage risks associated with the use of ablative technologies and therapeutic devices.</b>
<b>Rationale:</b> The service has a duty to ensure that the risks associated with the use of ablative and therapeutic devices such as radiofrequency probes, lasers, intussusception reduction and lithotripsy devices, are minimised.	
<b>Criteria</b>	
i.	Defined roles, responsibilities and accountabilities for the safe use of all ablative and therapeutic devices
ii.	Systems in place to define, assess and manage risks related to the use of all ablative and therapeutic devices
iii.	Systems in place to ensure staff training to use specific ablative and therapeutic devices
iv.	Systems in place to ensure controlled access to rooms where necessary
v.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S5</b>	<b>The service implements and monitors systems to manage the risk of infection.</b>
<b>Rationale:</b> The service has a duty to minimise infection by providing appropriate training and equipment and upholding rigorous standards of hygiene.	
<b>Criteria</b>	
i.	Defined roles, responsibilities and accountabilities regarding infection control
ii.	Systems in place to define, assess and manage the risk of infection
iii.	Systems in place to manage patients with contagious and communicable diseases, and/or suppressed immune systems
iv.	Systems in place to ensure the care of any individual exposed to contagious and communicable diseases
v.	Systems in place to ensure decontamination of equipment and environment following an incident
vi.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S6</b>	<b>The service implements and monitors systems to manage risks associated with hazardous substances and materials.</b>
<b>Rationale:</b> The service has a duty to minimise the potential of harm from hazardous substances and materials by providing appropriate training and equipment.	
<b>Criteria</b>	
<i>A current report demonstrating compliance with statutory requirements from the recognised regulator will be deemed sufficient evidence for relevant criteria.</i>	
i.	Defined roles, responsibilities and accountabilities for the control of hazardous substances and materials
ii.	Systems in place to define, assess and manage risks associated with hazardous substances and materials
iii.	Systems in place to ensure the management and disposal of waste
iv.	Systems in place to ensure appropriate protective equipment is available and maintained
v.	Systems in place to ensure decontamination and care of people following an incident
vi.	Systems in place to ensure decontamination of equipment and environment following an incident
vii.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S7</b>	<b>The service implements and monitors systems to manage safe moving and handling.</b>
<p><b>Rationale:</b> The service has a duty to minimise the potential for harm from moving and handling patients and equipment by providing appropriate training and lifting aids.</p>	
<b>Criteria</b>	
i.	Defined roles and responsibilities for moving and handling
ii.	Systems in place to define, assess and manage risks associated with moving and handling
iii.	Systems in place to ensure moving and handling aids are available and maintained
iv.	Systems in place to assure the safe transport of patients
v.	Systems in place to ensure incidents are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S8</b>	<b>The service implements and monitors systems to manage the risk of violence and aggression.</b>
<b>Rationale:</b> The service should minimise the potential for violent or aggressive behaviour and support staff, patients and others involved in such incidents.	
<b>Criteria</b>	
i.	Defined roles and responsibilities regarding the management of violence and aggression
ii.	Systems in place to define, assess and manage the risks of violence and aggression
iii.	Systems in place to ensure support for patients, staff and others who have been involved in an incident
iv.	Systems in place to ensure incidents are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon



<b>S9</b>	<b>The service implements and monitors systems to ensure the general health and safety of patients, staff and others.</b>
<p><b>Rationale:</b> The service has a duty to promote a good health and safety culture, manage adverse healthcare events and minimise risk and failure, including risk of fire.</p>	
<p><b>Criteria</b></p> <p><i>A current report demonstrating compliance with statutory requirements from the recognised regulator will be deemed sufficient evidence for relevant criteria.</i></p>	
i.	Defined roles, responsibilities and accountabilities for each area of general health and safety
ii.	Systems in place to define, assess and manage general health and safety risks
iii.	Systems in place to manage adverse healthcare events
iv.	Systems in place to maintain staff awareness and training on health and safety
v.	Systems in place to ensure health and safety equipment is available and maintained
vi.	Systems in place to ensure appropriate signage and hazard warnings
vii.	Systems in place to ensure incidents and errors are reported, investigated, recorded and analysed with findings disseminated, communicated to all relevant parties and acted upon

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