



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Public Consultation Report

on the Radiographers Registration Board Standards of
Proficiency for Radiographers and Criteria for
Education and Training Programmes (Radiographers)

May 2024

Bord Clárchúcháin na Radagrafaithe
Radiographers Registration Board



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Introduction

About the Radiographers Registration Board

The Radiographers Registration Board has statutory responsibility for the registration of members of the professions; approval and monitoring of education and training programmes; establishing the code of professional conduct and ethics and standards of performance to which radiographers and radiation therapists must adhere to and recognition of qualifications gained outside the State.

About CORU

CORU is responsible for regulating health and social care professions. It comprises the Health and Social Care Professionals Council and the registration boards established under the Health and Social Care Professionals Act 2005 (as amended).

CORU's role is to protect the public by promoting high standards of professional conduct, professional education, training and competence amongst the designated professions.

The designated professions under the Act are clinical biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational therapists, optometrists, orthoptists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.



The Public Consultation Process

Background

The *Health and Social Care Professionals Act 2005 (as amended)* provides for the establishment of Registration Boards to establish and maintain registers for the health and social care professionals named in the Act that are subject to statutory regulation. The fundamental objective of each Registration Board is to protect the public by fostering high standards of professional conduct and education, training and competence among its registrants.

To this end, Part 5 of the *Health and Social Care Professionals Act 2005 (as amended)* makes provision for the approval of education and training programmes (Section 48) and the monitoring of the continuing suitability of education and training programmes (Section 49). The Act also makes provision for each Registration Board to *issue guidelines concerning the requirements for its approval of education and training programmes* [Section 48(2)]. There are two types of requirements set by a Registration Board:

- **Standards of Proficiency:** the threshold level of knowledge, skills and professional behaviours required to enable a person to practise safely and, in so doing, keep the public safe; and
- **Criteria for Education and Training Programmes:** the requirements around how a professional education and training programme is designed and managed to ensure that it can consistently produce graduates who meet the standards of proficiency.

Collectively, these two documents are known as a Registration Board's pre-registration education and training requirements.

Both documents are comprised of requirements that have been set by the Health and Social Care Professionals Council – known as *Framework Documents* – which detail the standards and criteria that are common across all the professions CORU regulates. Each Registration Board adopts the Framework set by the Council and is able to tailor it to meet the specific requirements of each profession, ensuring that the standards and criteria set reflect the identity and practice of the profession.

The Radiographers Registration Board made the decision in 2023 to undertake a review of its pre-registration education and training requirements. The Board undertook a detailed scoping and review exercise, examining comparator entry level standards of proficiency used internationally with the aim of identifying:

- any emerging trends in entry level standards across both professions since previous revision of the Board's requirements;
- any gaps or omissions in the Board's current standards; and
- any areas of ambiguity or lack of clarity in how the Board's requirements are articulated.



The Board reviewed international comparator threshold standards for entry to practice, selecting the following comparators because of their accessibility in the English language and identifying the most recently updated standards since the Board's last review of its pre-registration education and training requirements:

- **Health and Care Professions Council (UK):** Standards of Proficiency for Radiographers
- **Medical Radiation Practice Board (Australia):** Professional Capabilities for Medical Radiation Practitioners
- **European Federation of Radiographer Societies (ERFS):** European Qualifications Framework (EQF) Level 6 Benchmarking Document
- **American Society of Radiologic Technologists (ASRT):** Practice Standards for Medical Imaging and Radiation Therapy
- **Irish Institute of Radiographers and Radiation Therapists:** Scope of Practice for Graduate Diagnostic Radiographer and Scope of Practice for Graduate Radiation Therapist
- **International Institute of Radiographers and Radiological Technologists (ISRRT):** Guidelines for the Education of Entry Level Professional Practice in Medical Radiation Sciences

In revising its pre-registration education and training requirements, the Board considered the required threshold areas of knowledge and skill required for entry into both professions of Radiography and Radiation Therapy, considering both its currently published requirements, trends in international requirements and the specific practice of the professions in Ireland. To these considerations, it also discussed how to refine and clarify the articulation of its requirements to ensure understandability among the key users of the documents.

The Board prepared draft *Standards of Proficiency and Criteria for Education and Training Programmes* for both professions and issued these for a public consultation. The consultation period launched on Monday, 16 October 2023 and closed on Friday, 10 November 2023. Two separate public consultation processes were undertaken simultaneously: one process concerned the *Standards and Criteria* for Radiographers, and a separate process concerned the *Standards and Criteria* for Radiation Therapists.

The consultation process sought to ensure that the draft requirements set by the Board are at the threshold level required for safe practice and entry to the professional register to ensure public protection and that they are proportionate and in line with the Board's obligations under Statutory Instrument 413 of 2022 which requires an assessment of proportionality to be conducted before the adoption of new or amending of existing regulations on professions, as required under Directive 2018/958 of the European Parliament and Council.

Following the close of the consultation process, the Board reviewed all of the submissions received before finalising, issuing and publishing its revised *Standards of Proficiency and Criteria for Education and Training Programmes*.



This report presents the feedback and the Registration Board's response to the feedback received in respect of the *Standards* and *Criteria* for **Radiographers**.

Publicising the Consultation Process

A number of channels were used to publicise the consultation process and invite the submission of observations:

- An advertisement was placed in The Irish Times and Seachtain newspapers on 19 and 25 October 2023. (See Appendix 1)
- Information on the consultation was hosted on the CORU website. (See Appendix 2)
- An online feedback form was developed and a link to this form was included in the public consultation notice on the CORU website. (See Appendix 3)
- CORU social media platforms were utilised throughout the consultation period, including X (formerly Twitter) and LinkedIn. (See Appendix 4)
- An email highlighting the consultation process was issued to an extensive range of stakeholders including education providers of approved programmes and the professional body.

People were invited to participate in the consultation process in a number of ways:

- They could visit www.coru.ie and choose to complete an online feedback form, to print a copy of the form and post it, or email it to CORU
- They could email submissions to consultation@coru.ie.
- They could submit written submissions to: Public Consultation, Strategy and Policy Unit, CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y



Overview of Responses to Consultation

There were 42 responses to the public consultation:

Source	Number of Respondents
Online feedback form	40
Email submission	2
TOTAL	42

Respondents were asked to identify if they were offering feedback on their own behalf or on behalf of an organisation:

Individual	37
Organisation	5

Feedback was received from the following individuals and organisations:

The following organisations indicated in their consultation feedback that they wished to be identified in the consultation report:

- SIPTU
- University College Cork (UCC)
- University College Dublin (UCD), Department of Radiography and Diagnostic Imaging (x2 – one online questionnaire response and one email response)
- Health Information and Quality Authority (HIQA)



Acknowledgements

CORU would like to extend its appreciation and thanks to all those that participated in the consultation process.



Issues emerging from the Consultation Process

The consultation questionnaire was divided into 5 sections:

- **Part One** – Feedback on profession-specific *Standards of Proficiency* (Standard 5.9 onwards) under Domain 5: Professional Knowledge and Skills. Respondents were asked to consider each of the standards and identify whether they considered it to be set at *threshold*, *partly threshold level* or *not threshold* for entry into practice. Respondents who indicated the standard was either partly or not threshold were asked to provide a rationale for better understanding of their response.
- **Part Two** – Feedback on the common *Standards of Proficiency* that are shared across all CORU-regulated professions – Domains 1-4 and Standards 5.1-5.8 in Domain 5. Noting that these standards have been agreed by the Health and Social Care Professionals Council and adopted by the Radiographers Registration Board, respondents were asked to consider whether there were any omissions or factual errors among these common standards.
- **Part Three** – Feedback on profession-specific *Criteria for Education and Training Programmes* (Criteria 1.1 and 2.2). Respondents were asked to consider both criteria and identify whether they considered them to be set at *threshold*, *partly threshold level* or *not threshold* for entry into practice. Respondents who indicated the standard was either partly or not threshold were asked to provide a rationale for better understanding of their response.
- **Part Four** – Feedback on profession-specific *Criteria for Education and Training Programmes* (Criteria 1.1 and 2.2). Respondents were asked to consider if there were any omissions in these standards and, if so, propose wording to rectify the omission.
- **Part Five** – Respondents were provided with an opportunity to provide any additional feedback or comment to be considered by the Radiographers Registration Board.

Email responses received were in the form of free text and did not follow the same structure as the questionnaire. When analysing these submissions, feedback against relevant standards or criteria was extrapolated and included with the questionnaire feedback for those same standards and criteria, thereby ensuring all feedback received – regardless of the means of submission – was reviewed and considered by the Board.

A copy of the questionnaire is provided in Appendix Four.

What follows below is the response to each of the standards and criteria received. A summary of the Board's response to both the quantitative and qualitative feedback is provided that indicates what – if any – changes were made to the *Standards* and *Criteria* in light of stakeholder feedback.



Profession-Specific Standards of Proficiency for Radiographers

Standard 5.9: Apply knowledge of human anatomy in practice, including surface, cross-sectional and topographic anatomy; human physiology; and pathology of the human body.

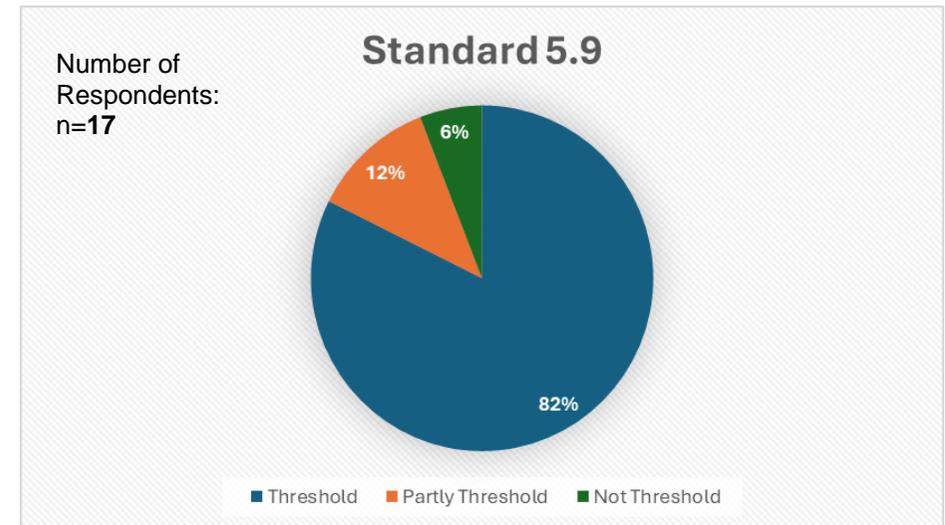
Registration Board Response

While acknowledging the respondents who considered this standard as threshold, the Board also noted the suggestion from one respondent that the construction of the standard could lead to a misunderstanding of the relationship between physiology, pathology and anatomy.

The Board decided to separate this standard into two distinct standards: one that addresses *human anatomy in practice* and one that addresses *human physiology and pathology*:

Standard 5.9: Apply knowledge of human anatomy in practice, including surface, cross-sectional and topographic anatomy.

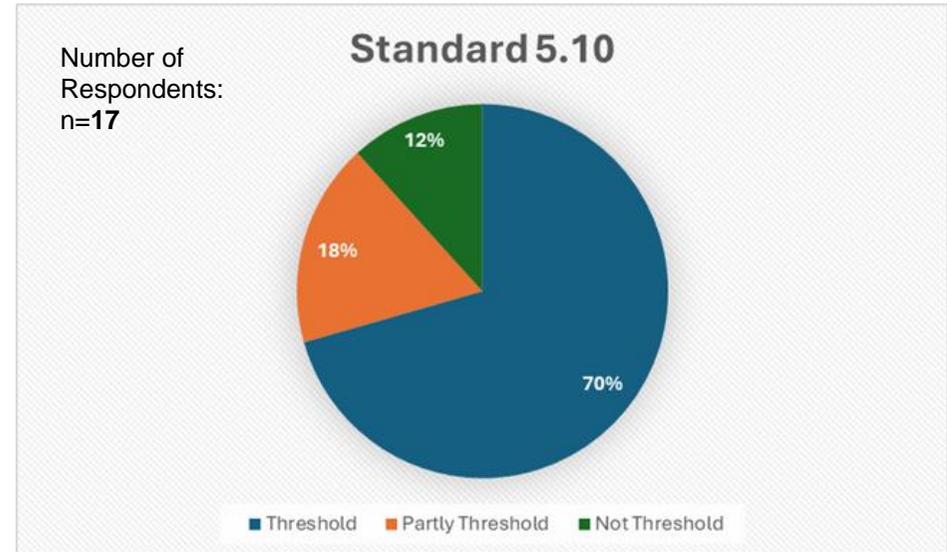
Standard 5.10: Apply knowledge of human physiology and pathology of the human body as it applies to radiography practice.





Standard 5.10: Know the application of modalities used in diagnostic imaging, including:

- Angiography;
- Computed Tomography;
- Magnetic Resonance;
- Ultrasound;
- Paediatric (including Neonatal) Radiography;
- Interventional Radiology;
- Mammography;
- Dental Imaging;
- DEXA;
- Nuclear Medicine; and
- Hybrid Imaging:
 - Single Photon Emission Computed Tomography – Computed Tomography (SPECT/CT),
 - Positron Emission Tomography - Computed Tomography (PET/CT),
 - Positron Emission Tomography – Magnetic Resonance (PET/MR).





Registration Board Response

While the Board acknowledged that the majority of respondents commented the standard was set at threshold level, it also noted the range of qualitative feedback received.

The Board noted that entry level standards articulate active verbs that are used to reflect the differing requirements of knowledge and skill expected of graduating students. These verbs highlight the distinction in how the standard can be assessed. For example, **know the application of** is distinct to **apply knowledge of**. The first is a knowledge-based standard, whereas the second is assessing knowledge and its application in practice.

The standard as drafted by the Board was specifically crafted as a knowledge-based standard, as opposed to requiring graduates have experience in practice of each of the modalities identified. The requirements around practice-based experience of modalities are included in subsequent standards.

Furthermore, the Board noted that the use of 'including' is common in the drafting of professional standards and is used to identify key elements that must be addressed while also offering education providers flexibility in designing their programmes, recognising there may be other elements that could be included.

The Board also reviewed the list of modalities and agreed that knowledge of each was required at threshold level for entry into practice.

The Board made two minor changes to the articulation of the standard by including 'clinical' before 'application of modalities' to more specifically identify the application of each of the modalities listed and spelling out the full title of Dual-Energy X-Ray Absorptiometry and including the acronym DXA.

The Board agreed the following wording of the standard:

Standard 5.11: Know the clinical application of modalities used in diagnostic imaging, including:

- Angiography;
- Computed Tomography;



- Magnetic Resonance;
- Ultrasound;
- Paediatric (including Neonatal) Radiography;
- Interventional Radiology;
- Mammography;
- Dental Imaging;
- Dual-Energy X-Ray Absorptiometry (DXA);
- Nuclear Medicine; and
- Hybrid Imaging:
 - Single Photon Emission Computed Tomography – Computed Tomography (SPECT/CT),
 - Positron Emission Tomography - Computed Tomography (PET/CT),
 - Position Emission Tomography – Magnetic Resonance (PET/MR).



Standard 5.11: Apply knowledge of the principles of radiation physics and radiation biology and use diagnostic equipment in practice.

Registration Board Response

Noting the number of respondents who indicated the standard was drafted at threshold, the Board also noted the qualitative feedback received.

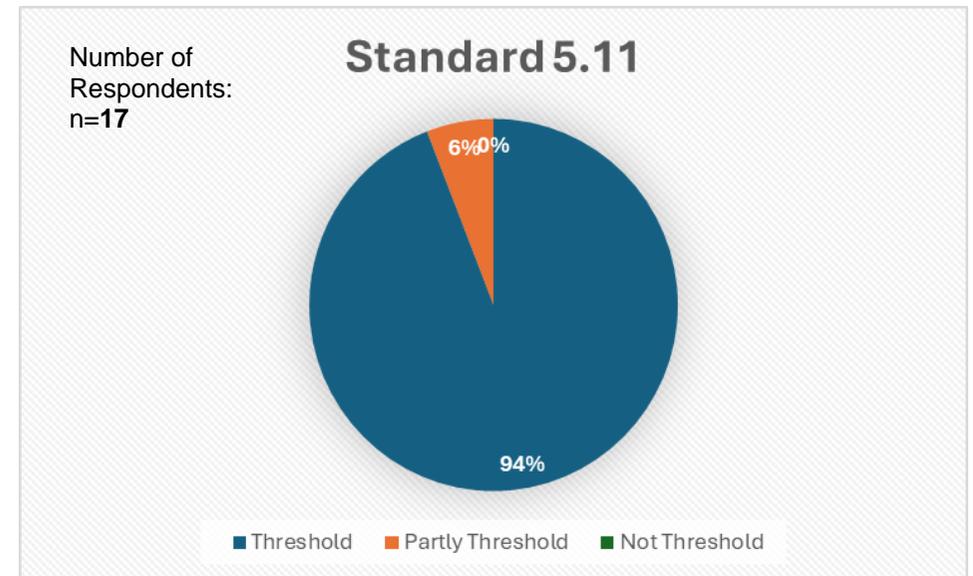
It agreed that radiation physics and radiation biology, as separate concepts, should be separated into distinct standards.

The Board also reviewed the third part of the originally drafted standard, noting the feedback that has been received. It concluded that the wording proposed – ‘use diagnostic equipment in practice’ was not required as the use of diagnostic equipment is sufficiently covered in subsequent standards around safe practice, quality control processes and was an inherent requirement in standards related to the graduate’s ability to perform or assist with a range of radiographic imaging techniques.

Therefore, the Board agreed to divide this standard into two distinct standards:

Standard 5.12: Apply knowledge of the principles of radiation physics.

Standard 5.13: Apply knowledge of the principles of radiation biology.





Standard 5.12: Identify the signs and symptoms of a broad range of pathologies and trauma which are used as clinical indicators for referrals for imaging.

Registration Board Response

The Board acknowledged that the majority of respondents to the consultation considered the draft standard to be set at threshold level for entry into practice.

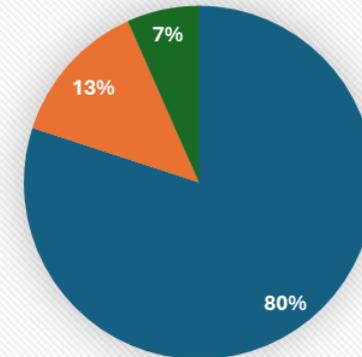
The Board considered the qualitative feedback submitted. It noted that the intention of the original wording was not to confer diagnostic responsibility onto a Radiographer.

The Board revised the standard and agreed the following wording, amending the verb from 'identify' to 'know':

Standard 5.14: Know the signs and symptoms of a broad range of pathologies and trauma which are used as clinical indicators for referrals for imaging.

Number of Respondents:
n=15

Standard 5.12



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.13: Independently perform all general radiographic imaging techniques in paediatric (including neonatal), fluoroscopy, emergency, ward and theatre settings.

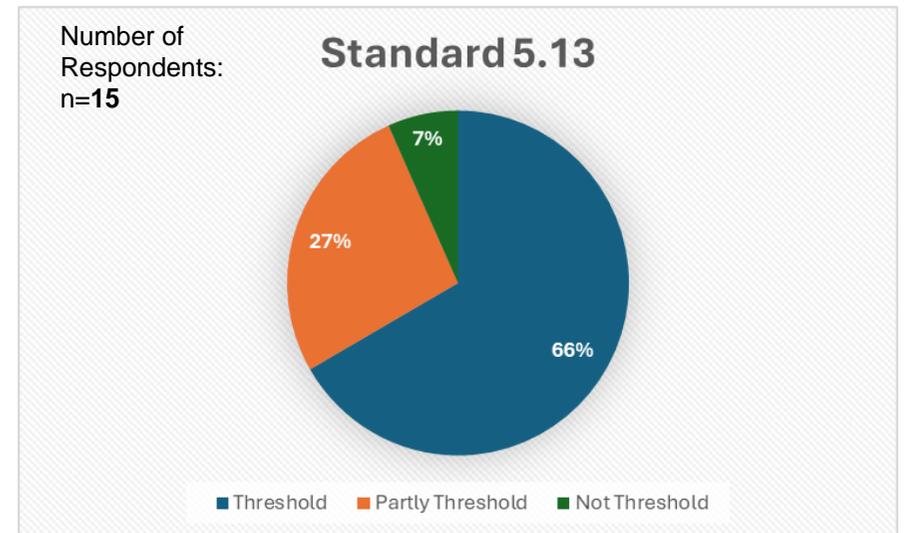
Registration Board Response

The Board noted the respondents identifying the standard as partly threshold. They considered this in light of the qualitative feedback received that suggested the wording of the standard could be read to mean it was focused on application of paediatric radiography only.

The Board noted the intention of this standard was to identify the settings in which radiographic imaging techniques are performed rather than identifying specific service user groups.

Therefore, the Board agreed to reorder the settings the standard identifies to address the issues noted by respondents:

Standard 5.15: Independently perform all general radiographic imaging techniques in fluoroscopy, emergency, ward, theatre and paediatric (including neonatal) settings.





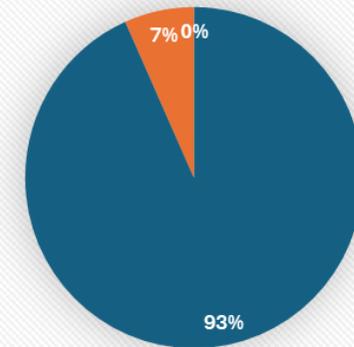
Standard 5.14: Assess and ensure the quality of acquired images for the purpose of diagnosis.

Registration Board Response

Noting the respondents who considered the standard as set at threshold and having reviewed the qualitative feedback received, the Board was satisfied that the original wording articulated clearly the intended outcome of the standard. As such, the Board made no changes to the wording of this standard.

Number of Respondents:
n=15

Standard 5.14



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.15: Assess the service user, their condition, and clinical indications to effectively justify and optimise diagnostic imaging procedures and image quality.

Registration Board Response

While acknowledging the responses indicating the standard was set at threshold, the Board considered the feedback received in relation to the articulation of the standard.

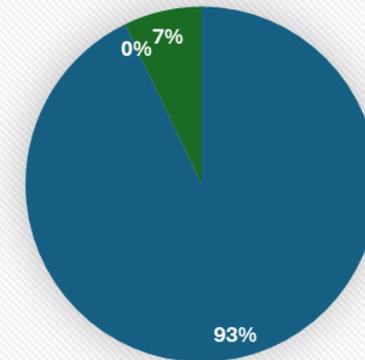
In order to more clearly distinguish between the activities of *justifying* from *optimising* in performing a diagnostic imaging procedure, the Board decided to separate out both functions, drafting two distinct standards:

Standard 5.17: Assess the service user, their condition, and clinical indications to effectively justify diagnostic imaging procedures.

Standard 5.18: Assess the service user, their condition, and clinical indications to effectively optimise diagnostic imaging procedures and image quality.

Number of Respondents:
n=14

Standard 5.15



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.16: Be able to adapt techniques to generate and manipulate diagnostic images, appropriate to the pathology or trauma, in various patient presentations and conditions.

Registration Board Response

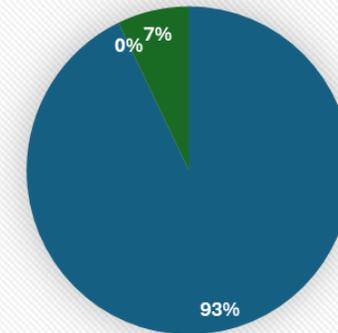
Noting the response that considered the standard to be set at threshold level, the Board reviewed the qualitative feedback provided. In light of this, the Board made the decision to amend the verb 'generate' to 'acquire' in order to more accurately reflect the skill required by a graduate.

The Board agreed the standard as:

Standard 5.19: Be able to adapt techniques to acquire and manipulate diagnostic images, appropriate to the pathology or trauma, in various patient presentations and conditions.

Number of Respondents:
n=14

Standard 5.16



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.17: Assist with Angiography, Computed Tomography, Magnetic Resonance, Ultrasound, Paediatric (including Neonatal) Radiography, Interventional Radiology, Mammography, DEXA and Nuclear Medicine procedures.

Registration Board Response

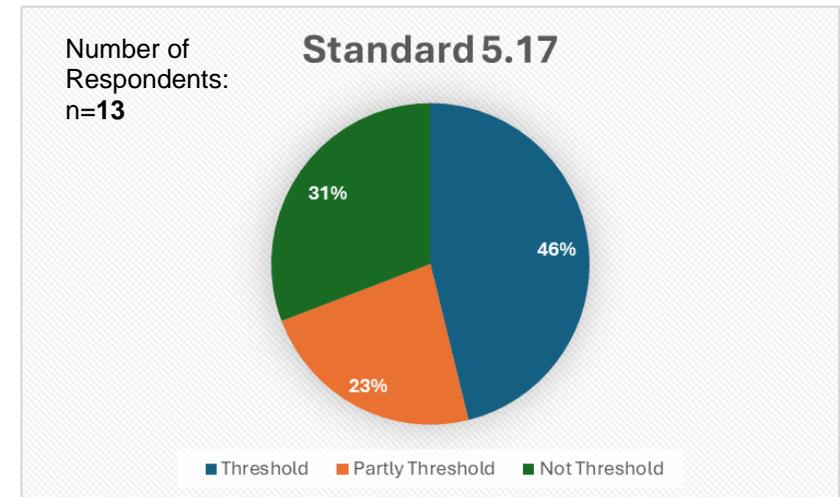
The Board reviewed the feedback received as part of this standard, comparing the requirement against its previously articulated standards around having knowledge of the clinical application of a range of modalities (Standard 5.11) and the requirement to be able to independently perform all general radiographic techniques in a range of settings (Standard 5.13).

The Board noted that Standard 5.11 is concerned with ensuring graduates have the appropriate knowledge base of these modalities, Standard 5.13 identifies the imaging techniques a graduate must be able to perform independently upon completion of an education and training programme and this standard – Standard 5.20 – identifies the areas of practice where a graduate should have experiential practice but would not be required to perform independently upon graduation.

The Board noted the feedback around the duplication between the lists for Standard 5.13 and this standard and updated the list of modalities for this standard accordingly.

In addition, the Board noted the qualitative feedback – in response to a specific question in the consultation – that supported the inclusion of mammography in this list of procedures a graduate should be able to assist with upon completion of their education and training.

As with the amendment made to Standard 5.11 above, the Board spelt out the full title of Dual-Energy X-Ray Absorptiometry.





The Board amended this standard and agreed the following wording:

Standard 5.20: Assist with Angiography, Computed Tomography, Magnetic Resonance, Ultrasound, Interventional Radiology, Mammography, Dual-Energy X-Ray Absorptiometry and Nuclear Medicine procedures.

Standard 5.18: Know the principles of IV cannulation and administration.

Registration Board Response

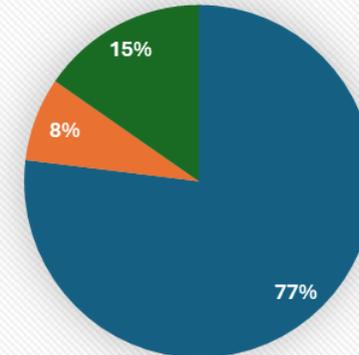
The Board noted the majority of responses to this standard concluded it was set at threshold level. Having reviewed the small number of qualitative submissions against this standard, the Board agreed that the intended outcome – as a knowledge-based requirement – was clearly articulated and did not require amendment.

In line with the principle adopted in response to consultation feedback, the only change to this standard agreed by the Board was the spelling out in full of the acronym 'IV':

Standard 5.21: Know the principles of Intravenous (IV) cannulation and administration.

Number of Respondents:
n=13

Standard 5.18



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.19: Be able to assist in the development of IV administration protocols, operate in accordance with local protocols and be able to recognise an adverse event and take appropriate action.

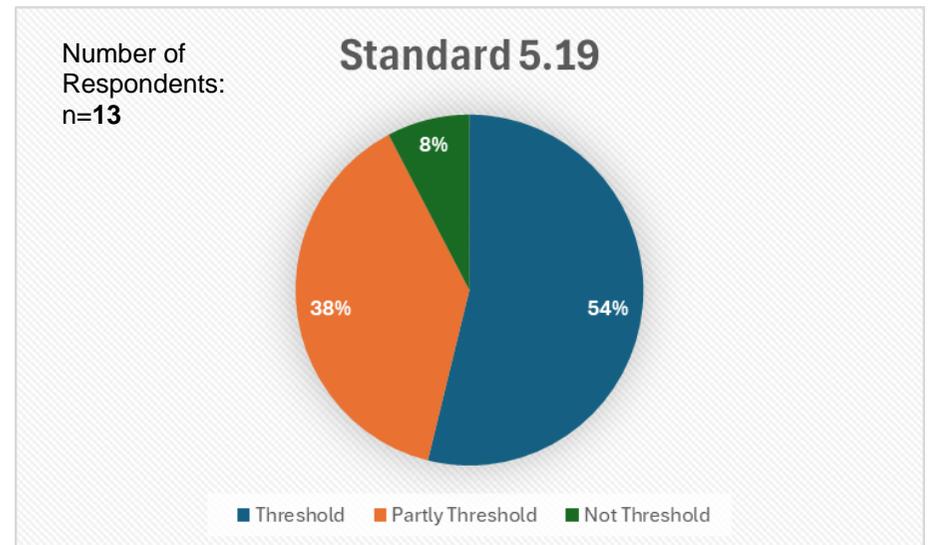
Registration Board Response

The Board reviewed the feedback received and noted the range of comments provided suggesting that the proposed wording linked the broader concept of IV administration protocols with other local level protocols and the recognition of – and taking action when identifying – an adverse event.

In light of this feedback, the Board made the decision to remove specific reference to IV administration protocols and retain the broader reference to local protocols. The Board concluded this articulation would capture requirements around IV administration protocols while also giving scope for working in accordance with other local level protocols. In making this amendment, the Board retained the requirement around recognising an adverse event.

The Board agreed the following articulation:

Standard 5.22: Operate in accordance with local protocols and be able to recognise an adverse event and take appropriate action.



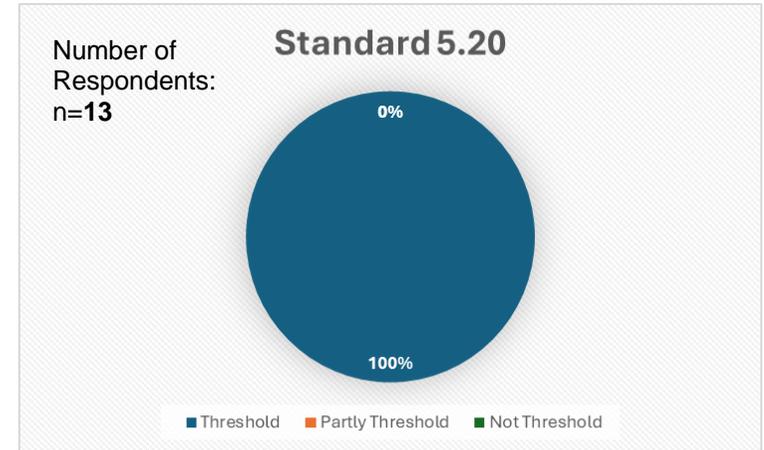


Standard 5.20: Apply radiation protection principles in relation to service users, staff and the public involved in the practice of radiography.

Registration Board Response

The Board acknowledged that all respondents considered the standard to be set at threshold level. One qualitative response was received that suggested removing the final section of the proposed wording: 'involved in the practice of radiography'. The Board agreed with this suggestion and removed this phrase from the standard:

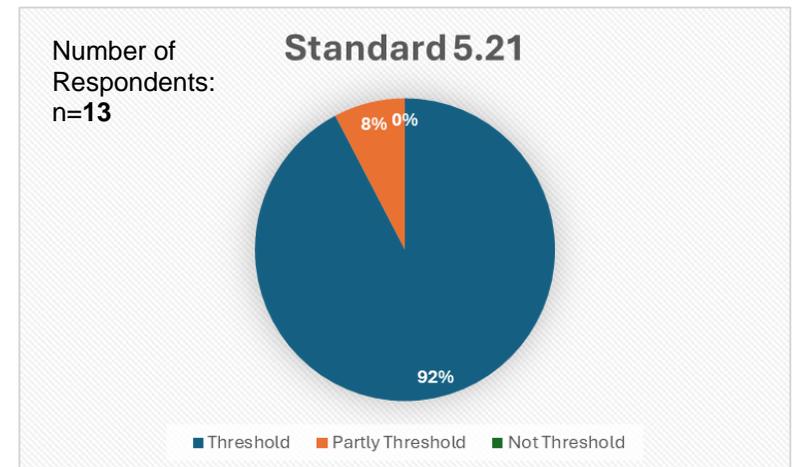
Standard 5.23: Apply radiation protection principles in relation to service users, staff and the public.



Standard 5.21: Apply As Low as Reasonably Achievable (ALARA) principle in practice.

Registration Board Response

The Board noted the majority of respondents indicated the standard was set at threshold. While one qualitative response was received that suggested a number of alternative descriptors to be included in the standard, the Board agreed that reference to the ALARA principle was well known and understood within the profession. As such, the Board made no changes to the original wording of this standard.





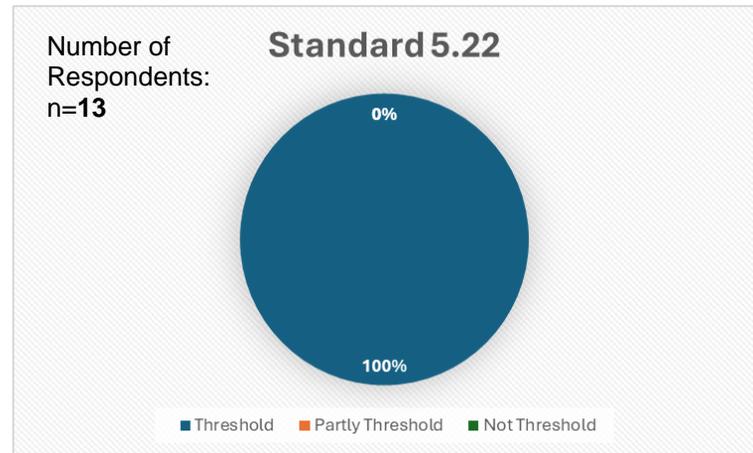
Standard 5.22: Implement 3-point identification checks for service users referred for radiography.

Registration Board Response

While the Board acknowledged the unanimous response from stakeholders indicating the standard was set at threshold level, it also noted some of qualitative feedback received that suggested amending 'radiography', highlighting that this could have a potentially narrow interpretation. The Board agreed to amend this wording to: diagnostic imaging.

The Board agreed the following revised wording:

Standard 5.25: Implement 3-point identification checks for service users referred for diagnostic imaging.



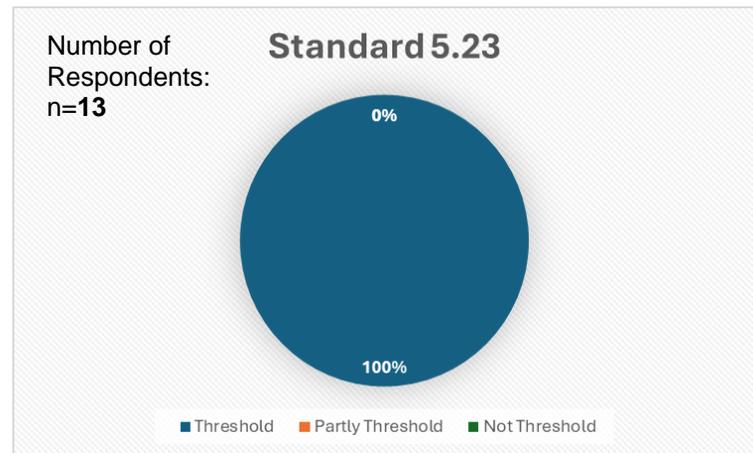
Standard 5.23: Check the pregnancy status of service users referred for radiography.

Registration Board Response

The Board noted that all respondents considered this standard was set at threshold level for entry into practice. Noting the qualitative feedback received in respect of the use of 'radiography', the Board agreed to amend this to 'diagnostic imaging procedures involving exposure to ionising radiation'.

The Board agreed the following revised wording:

Standard 5.26: Check the pregnancy status of service users referred for diagnostic procedures involving exposure to ionising radiation.

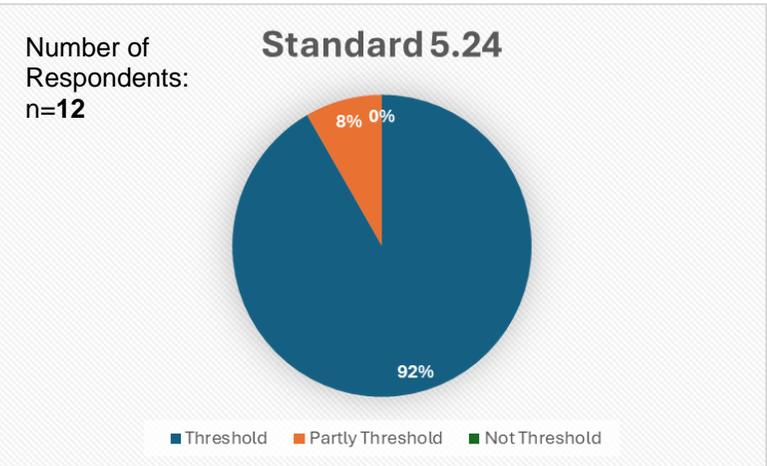




Standard 5.24: Know the functionality of and use Radiology Information Systems and Picture Archiving Communication Systems.

Registration Board Response

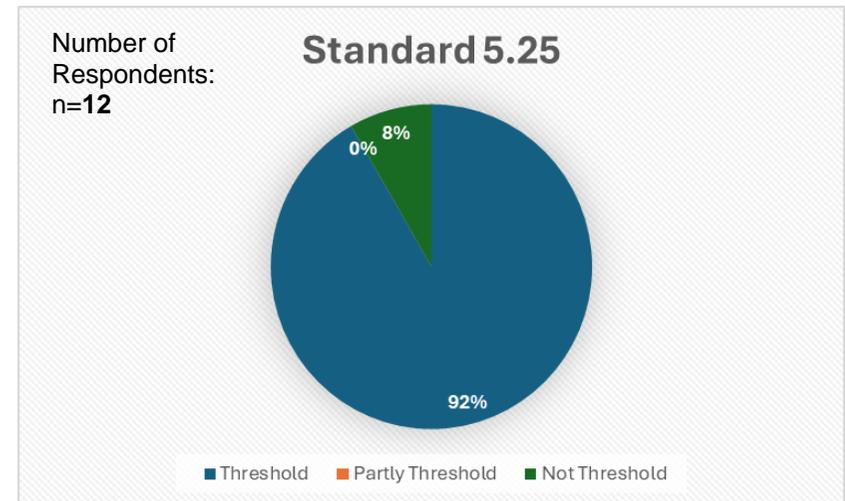
The Board acknowledged the majority of respondents who considered the standard was set at threshold level. No qualitative feedback was received that suggested amendments to the standard. Therefore, the Board made no changes to the original wording of this standard.



Standard 5.25: Apply quality control processes to radiography equipment to ensure its safe and accurate operation.

Registration Board Response

The Board noted the majority of respondents who considered this standard to be set at threshold level. In reviewing the feedback received, it noted that some respondents commented that reference to 'radiography equipment' did not encompass the range of imaging equipment a graduate would be required to have experience using. As such, the Board made the decision to use 'imaging equipment' to reflect the different types of equipment graduates work with – e.g. Ultrasound, MRI.





The Board approved the following revised wording:

Standard 5.28: Apply quality control processes to imaging equipment to ensure its safe and accurate operation.

Standard 5.26: Communicate in English to the standard equivalent to Level 7.0 of the International English Language Testing System, with no element scored below Level 7.0

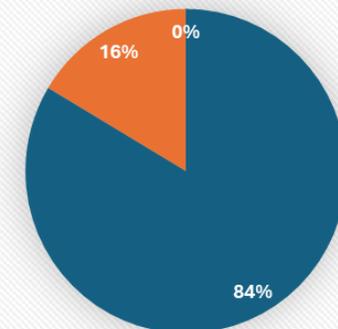
Registration Board Response

The Board noted a number of comments received in relation to the setting of a threshold level of competency in communication in English. Under Statutory Instrument 8 of 2017, each Registration Board established under the *Health and Social Care Professionals Act 2005 (as amended)* is required to carry out language controls to ensure that each applicant has sufficient knowledge of the language required to practice the profession in Ireland.

The Board noted that it has set the threshold level of competency at Level 7.0 on the IELTS given the individual, population and environmental health risks associated with exposure to ionising radiation.

Number of Respondents:
n=12

Standard 5.26



■ Threshold ■ Partly Threshold ■ Not Threshold



Possible Omissions from Profession-Specific Standards of Proficiency

Respondents to the public consultation were asked to consider if there were any possible omissions in the *Standards of Proficiency for Radiographers* that the Registration Board should consider. 40% (n=4) of respondents commented that there were no omissions, while 60% (n=6) identified some areas of omission for consideration. The following table identifies the areas noted through the consultation process and the Board's response to these.

Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
Training Radiography Students	<i>2.8b Understand their professional responsibility to train radiography students, and in this undertaking provide accurate training information and appropriate supervision and assessment of the trainees.</i>	<p>The Board noted that the Standards of Proficiency articulate the threshold level knowledge and skills for safe practice. These are pre-registration education and training requirements. They are not post registration requirements.</p> <p>A student on an education and training programme should not be responsible for supervising, training or assessing fellow students.</p> <p>The Board has set a <i>Code of Professional Conduct and Ethics</i> which details responsibilities of registrants should they undertake supervisory or training roles. These are detailed in Sections 16.1 and 16.2 of the <i>Code</i>.</p> <p>The Board made the decision that no additional standard was required.</p>
Incident Reporting	<i>Apply knowledge of the principles of reporting incident locally and to external regulatory bodies as appropriate.</i>	The Board noted that Standard 3.12 addresses the principles of reporting an incident and complying with all current legislation and guidelines.



Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
	<p><i>5.24b Understand the importance of incident reporting and open disclosure processes.</i></p> <p><i>Apply knowledge of the principles of reporting incident locally and to external regulatory bodies as appropriate.</i></p> <p><i>Separately they need to know what to do in the case of accidental exposure.</i></p>	<p>Standard 3.12: Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines.</p> <p>The Board made the decision that no additional standard was required.</p>
<p>Artificial Intelligence/ Awareness and Application of Current Developments</p>	<p><i>5.4b Demonstrate an understanding of the role of Artificial intelligence used in Radiology Medical Imaging software for clinical procedures and departmental workflow management.</i></p> <p><i>Include guidance on the use of AI in Radiography. Some excellent references on the challenges already being encountered by radiographers are here: Artificial intelligence education for radiographers, an evaluation of a UK postgraduate educational intervention using participatory action research: a pilot study R van de Venter, E Skelton, J Matthew, N Woznitza, G Tarroni, SP Hirani, ...Insights into Imaging 14 (1), 1-13 1 2023 Black box no more: a Scoping review of AI Governance Frameworks to guide procurement</i></p>	<p>The Board noted that Standard 4.3 provides sufficient scope through which learning from developments in radiography practice – including the use of Artificial Intelligence – can be integrated into practice through professional development.</p> <p>Standard 4.3: Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice.</p> <p>The Board made the decision that no additional standard was required.</p>



Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
	<p><i>and adoption of AI in medical imaging and radiotherapy in the UK N Stogiannos, R Malik, A Kumar, A Barnes, M Pogose, H Harvey, ...The British Journal of Radiology, 20221157. Responsible AI practice and AI education are central to AI implementation: a rapid review for all medical imaging professionals in Europe GWalsh, N Stogiannos, R Van de Venter, C Rainey, W Tam, S McFadden, ... BJR open 5 (1),20230033. Artificial intelligence to support person-centred care in breast imaging-A scoping review M Champendal, L Marmy, C Malamateniou, CS Dos Reis Journal of medical imaging radiation sciences 2023.</i></p> <p><i>The overarching aim of professional development is to keep professionals up to date. therefore it seems logical to include a requirement to be aware of the current evidence base here in the “all professions” development domain</i></p>	
<p>Role of Radiographers as Referrers</p>	<p><i>Be aware of, understand and comply with all legislation relating to the roles and responsibility of radiation therapists as referrers and practitioners with respect to medical exposures to ionising radiation.</i></p>	<p>The Board considered this area extensively, noting in particular the role of the Health Information and Quality Authority as the independent competent authority for medical exposures to ionising radiation.</p>



Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
	<p><i>The laws regarding the the basic safety standards are set out in the COUNCILDIRECTIVE 2013/59/EURATOM of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation,. These were transposed into Irish law as S.I. No. 256/2018 - European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations2018. The standards of proficiency should at least reach the level of the minimum require bylaw. They do not currently do so.</i></p> <p><i>Programmes should ensure graduates are prepared to take “clinical responsibility” means responsibility of a practitioner for individual medical exposures, in particular, justification; optimisation; clinical evaluation of the outcome; cooperation with other specialists and staff, as appropriate, regarding practical aspects of medical radiological procedures; obtaining information, if appropriate, on previous examinations; providing existing medical radiological information or records to other practitioners or the referrer, as required; and giving information on the risk of ionising radiation to patients and other individuals involved, as appropriate. It is the law under S.I. No. 256/2018 -</i></p>	<p>The Board concluded that the threshold requirement for graduates to have knowledge of and work within Statutory Instrument 256 of 2018 was addressed in Standards 1.1 and 1.2:</p> <p>Standard 1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession.</p> <p>Standard 1.2: Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional.</p> <p>The Board made the decision that no additional standard was required.</p>



Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
	<p><i>European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018</i></p> <p><i>Radiographers as referrers. “referrer” means a person, being a member of one of the classes of persons referred to in Regulation 4(1), who is entitled to refer an individual for medical radiological procedures to a practitioner.</i></p> <p><i>Programmes should ensure graduates are ready to act as referrers “referrer” means a person, being a member of one of the classes of persons referred to in Regulation 4(1), who is entitled to refer an individual for medical radiological procedures to a practitioner</i></p>	
<p>Use of Diagnostic Reference Levels</p>	<p><i>Understand and apply the principles to establish, review and use diagnostic reference levels for procedures involving ionising radiation.</i></p> <p><i>Multiple sections required by law are omitted. Demonstrate knowledge of Diagnostic Reference levels and Dose constraints.</i></p>	<p>The Board noted that Standard 5.24 addresses the requirement for graduates to use diagnostic reference levels for procedures involving ionising radiation.</p> <p>Standard 5.24: Apply As Low as Reasonably Achievable (ALARA) principle in practice.</p> <p>The Board made the decision that no additional standard was required.</p>



Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
Communication of Risks/Benefits	<p><i>Be able to communicate the risks and benefits of medical radiological procedures to service users or their legal representatives.</i></p>	<p>The Board noted that Standard 2.1 addresses the issue of communicating the risks and benefits to a procedure to service users:</p> <p>Standard 2.1: Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user.</p> <p>The Board made the decision that no additional standard was required.</p>
Research in Education Programmes	<p><i>I have just had students come through who skipped thesis work and did extra modules instead. We need research skills for development.</i></p> <p><i>Is it realistic to expect a graduate to lead clinical, academic or practice-based research? 'Participate in' is suggested as more appropriate.</i></p>	<p>The Board noted that Standard 5.7 requires that graduates are involved in research activity:</p> <p>Standard 5.7: Demonstrate ability to participate in or lead clinical, academic or practice-based research.</p> <p>It is important to note the use of or in the articulation of this standard. This standard can be achieved through participation in research.</p> <p>The Board made the decision that no additional standard was required.</p>
Reference to Ultrasound	<p><i>There is no mention of ultrasound. Radiographers use this daily in every imaging department including obstetrics. Advance practice will happen</i></p>	<p>The Board noted that Standards 5.11 and 5.20 refer to ultrasound:</p>



Possible Omission Area	Proposed Wording/Feedback	Registration Board Response
	<p><i>the coming years and ultrasound is going to be part of the first wave including writing a final report.</i></p>	<p>Standard 5.11: Know the clinical application of modalities used in diagnostic imaging, including:</p> <ul style="list-style-type: none"> • Angiography; • Computed Tomography; • Magnetic Resonance; • Ultrasound; • Paediatric (<i>including Neonatal</i>) Radiography; • Interventional Radiology; • Mammography; • Dental Imaging; • Dual-Energy X-Ray Absorptiometry (DXA); • Nuclear Medicine; and • Hybrid Imaging: <ul style="list-style-type: none"> ○ Single Photon Emission Computed Tomography – Computed Tomography (SPECT/CT), ○ Positron Emission Tomography - Computed Tomography (PET/CT), ○ Position Emission Tomography – Magnetic Resonance (PET/MR). <p>Standard 5.20: Assist with Angiography, Computed Tomography, Magnetic Resonance, Ultrasound, Interventional Radiology, Mammography, Dual-Energy X-Ray Absorptiometry and Nuclear Medicine procedures.</p>



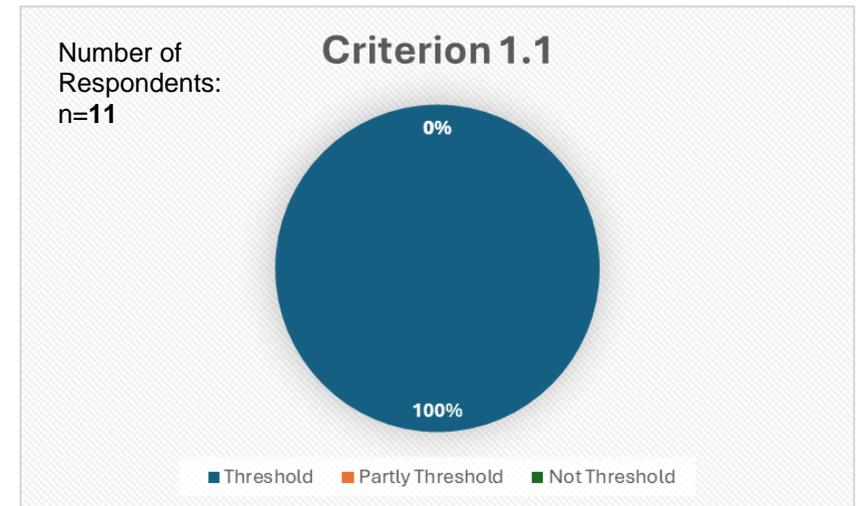
Profession-Specific Standards of Proficiency for Radiographers

Criterion 1.1: The minimum level of qualification for entry to the register is Level 8 on the National Framework of Qualifications (NFQ).

Registration Board Response

The Board noted the unanimous feedback from respondents that the threshold qualification level for entry to the register should be retained at Level 8 on the National Framework of Qualifications.

The Board made no changes to the wording of this criterion.





Criterion 2.2: The programme must ensure that each student completes 1200 hours in practice placements, 280 hours of which must be in one block and full-time.

Registration Board Response

The Board acknowledged the majority of respondents considered that the criterion – as written – was set at threshold level. In considering this feedback, the Board took particular cognisance the qualitative feedback submitted from a range of stakeholders that made a strong case that the standards of proficiency was demonstrated within 1000 hours of practice education and that this was sufficient for threshold entry into practice.

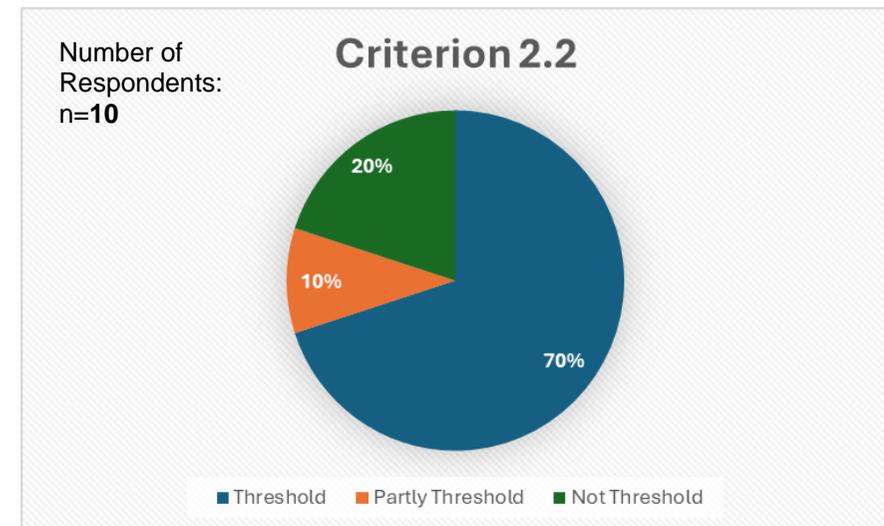
The Board made the decision to reduce the threshold number of practice placement hours to 1000 hours on the basis that graduates are able to demonstrate achievement of the *Standards of Proficiency* in 1000 hours of placement experience.

The Board further discussed the role of block placements and concluded its importance in a student's progressive development and achievement of the *Standards of Proficiency*.

Having made the decision to reduce the threshold number of practice education hours overall, the Board made a corresponding reduction in the total number hours for block placement to 210 hours.

The Board agreed the following amended criterion:

Criterion 2.2: The programme must ensure that each student completes 1000 hours in practice placements, 210 hours of which must be in one block and full-time.





Possible Omissions from Profession-Specific Criteria for Education and Training Programmes

Respondents to the public consultation were asked to consider if there were any possible omissions in the *Criteria for Education and Training Programmes (Radiographers)* that the Registration Board should consider. 70% (n=7) of respondents commented that there were no omissions, while 30% (n=3) identified some areas of omission for consideration. The following table identifies the areas identified through the consultation process and the Board's response to these.

Possible Omission Area	Comment	Registration Board Response
<i>Drafting profession-specific Criteria</i>	<i>While noting CORU position regarding the removal of generic standards there is a general feeling among SIPTU radiographer members that the documents should be tailored more specifically to radiation therapy given unique nature of the role. It is for example noted that the word radiographer' hardly appears in the Criteria for Education and Training Programmes for radiation therapists.</i>	<p>The Board noted that the <i>Criteria for Education and Training Programmes</i> is comprised of <i>Council Framework Criteria</i> which has been adopted by the Registration Board.</p> <p>There are two criteria which are profession specific, which the Board is in a position to set to reflect profession requirements. These are the only changes that a Board can make to the <i>Framework Criteria</i>.</p>

The Board noted that, in addition to the above area, the following issues were identified by respondents:

- Role of simulation in assessment design
- The composition of a Practice Education Team and the definition of Practice Educator
- How an education provider is expected to demonstrate sufficient resources to support student learning in all settings.
- The requirement to have a profession-specific student Code of Conduct.
- Clarification of what an external reference framework is.

These issues are all in relation to specific criteria in the *Framework Criteria for Education and Training Programmes*, common to all professions regulated by CORU, which are set by the Health and Social Care Professionals Council and adopted by the Radiographers Registration Board. These issues are outside the scope of this consultation process.



Conclusion

The Radiographers Registration Board approved and adopted its revised *Standards of Proficiency for Radiographers* and *Criteria for Education and Training Programmes (Radiographers)* at its meeting on 11 April 2024.

At this meeting the Board agreed to provide education providers with 12 months – from the Board’s date of adoption – to align their programmes to the revised *Standards of Proficiency* and *Criteria for Education and Training Programmes*. Therefore, from 11 April 2025 onwards, the Board will use its revised pre-registration education and training requirements in the approval and monitoring of education and training programmes. In addition, international applicants will be assessed against these revised requirements from 11 April 2025 onwards.

Copies of the revised documents are available on the CORU website here: <https://coru.ie/health-and-social-care-professionals/education/criteria-and-standards-of-proficiency/>



Appendix 1: Copy of Advertisement

Irish Times – 19 October 2023



Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh
Regulating Health + Social Care Professionals

Comhairliúchán Polblí

Tá CORU freagrach as gairmithe sláinte agus cúraim shóisialaigh a rialáil leis an bpobal a chosaint.

Tá tuairimí an phobail, na ngairmeacha agus páirtithe leasmhara eile anois á lorg ag **Bord Clárúcháin na Radagrafaiithe** maidir leis na comhairliúcháin atá á reáchtáil ar:

- Na Dréachtchaighdeán Inniúlachta do Radagrafaiithe
- Na Dréachtchritéir le haghaidh Cláir Oideachais agus Oiliúna do Radagrafaiithe
- Na Dréachtchaighdeán Inniúlachta do Radatheiripeoirí
- Na Dréachtchritéir le haghaidh Cláir Oideachais agus Oiliúna do Radatheiripeoirí

Tá tuilleadh faisnéise faoi na comhairliúcháin sin agus mionsonraí faoin gcaoi ar féidir aighneacht a dhéanamh ar fáil ar www.coru.ie

Is é 5 i.n., **Dé hAoine, an 10 Samhain 2023** an spriocdháta le haghaidh aiseolais agus aighneachtaí.

Ní bhreithneofar aighneachtaí a gheofar i ndiaidh an ama agus spriocdháta sin.

Public Consultation

CORU is responsible for protecting the public by regulating health and social care professionals.

The **Radiographers Registration Board** currently seeks the views of the public, the professions, and other interested parties on the latest consultations concerning the:

- **Draft Standards of Proficiency for Radiographers**
- **Draft Criteria for Education and Training Programmes for Radiographers**
- **Draft Standards of Proficiency for Radiation Therapists**
- **Draft Criteria for Education and Training Programmes for Radiation Therapists**

Further information on these consultations and details on how to make a submission, are available on www.coru.ie

The closing date for receipt of feedback and submissions is **5pm on Friday 10 November 2023**.

Submissions received after this time and date will not be considered.

CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y. T: 01 2933160 E: info@coru.ie W: www.coru.ie



Seachtain – 25 October 2023



Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh
Regulating Health + Social Care Professionals

Comhairliúchán Polblí

Tá CORU freagrach as gairmithe sláinte agus cúraim shóisialaigh a rialáil leis an bpobal a chosaint.

Tá tuairimí an phobail, na ngairmeacha agus páirtithe leasmhara eile anois á lorg ag **Bord Clárúcháin na Radagrafaihte** maidir leis na comhairliúcháin atá á reáchtáil ar:

- Na Dréachtchaighdeáin Inniúlachta do Radagrafaihte
- Na Dréachtchritéir le haghaidh Cláir Oideachais agus Oiliúna do Radagrafaihte
- Na Dréachtchaighdeáin Inniúlachta do Radatheiripeoirí
- Na Dréachtchritéir le haghaidh Cláir Oideachais agus Oiliúna do Radatheiripeoirí

Tá tuilleadh faisnéise faoi na comhairliúcháin sin agus mionsonraí faoin gcaoi ar féidir aighneacht a dhéanamh ar fáil ar www.coru.ie

Is é **5 i.n., Dé hAoine, an 10 Samhain 2023** an spriocdháta le haghaidh aiseolais agus aighneachtaí.

Ní bhreithneofar aighneachtaí a gheofar i ndiaidh an ama agus spriocdháta sin.

CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y. T: 01 2933160 E: info@coru.ie W: www.coru.ie



Appendix 2: Notice of Public Consultation on CORU's website

Public Consultation: Radiographers – Standards of Proficiency and Criteria for Education and Training Programmes

The Radiographers Registration Board has recently undertaken a review of its *Standards of Proficiency for Radiographers* and its *Criteria for Education and Training Programmes (Radiographers)*.

As part of this review process, the Board is seeking feedback on its revised draft *Standards* and *Criteria* from stakeholders, including members of the professions, education providers, employers, professional bodies, as well as members of the public.

How to submit your views:

You are invited to submit your feedback – your personal views or on behalf of your organisation – on the draft *Standards of Proficiency* and draft *Criteria for Education and Training Programmes* by either:

- Completing the online consultation feedback form which can be found by clicking on the corresponding link below

Online Consultations Feedback Form – For Radiographers (Consultation ended)

- Submitting written feedback via email to strategyandpolicy@coru.ie
- Writing to: Public Consultation, CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y

Closing Date

The consultation process will close at 5pm, Friday, 10 November 2023. Any submissions received after this date will not be considered.

Consultation Resources

You can access the Board's draft *Standards of Proficiency for Radiographers* and draft *Criteria for Education and Training Programmes (Radiographers)* in the Related Files section below.

If you have any questions or if you require further information, please contact CORU by email strategyandpolicy@coru.ie



Appendix 3: Copy of Social Media Posts

CORU - Regulating Health + Social Care Professionals
9,643 followers
3w •

The Radiographers Registration Board currently seeks the views of the public, the professions and other interested parties on the following draft documents:

- Draft Standards of Proficiency for Radiographers
- Draft Criteria for Education and Training Programmes for Radiographers
- Draft Standards of Proficiency for Radiation Therapists
- Draft Criteria for Education and Training Programmes for Radiation Therapists

Information on the consultations, including the draft documents and details on how to make a submission, are available on the following pages:
Radiographers: <https://coru.ie/!PW1V2B>
Radiation Therapists: <https://coru.ie/!DCJ07F>
Closing date for submissions is 5pm on Friday 10 November 2023. ✓

#Radiographers #RadiationTherapists #Regulation

CORU
Public Consultation
Now Open!

Radiographers
Registration Board

- Draft Standards of Proficiency for Radiographers
- Draft Criteria for Education and Training Programmes for Radiographers
- Draft Standards of Proficiency for Radiation Therapists
- Draft Criteria for Education and Training Programmes for Radiation Therapists

Public Consultation: Radiographers – Standards of Proficiency and Criteria for Education and Training Programmes
coru.ie • 1 min read



CORU - Regulating Health + Social Care Professionals

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Last chance to participate: The Radiographers Registration Board is seeking your views on the following draft documents:

- Draft Standards of Proficiency for Radiographers
- Draft Criteria for Education and Training Programmes for Radiographers
- Draft Standards of Proficiency for Radiation Therapists
- Draft Criteria for Education and Training Programmes for Radiation Therapists

Please visit the following pages for more information on the consultations, including the draft documents and details on how to make a submission:

Radiographers: <https://coru.ie/!PW1V2B>

Radiation Therapists: <https://coru.ie/!DCJ07F>

Remember, the closing date for submissions is 5pm on Friday 10 November 2023. Don't miss out on this opportunity to have your say!

[#Radiographers](#) [#RadiationTherapists](#) [#Regulation](#)

**HAVE
YOUR
SAY!**

CORU Public Consultation Now Open!

Radiographers Registration Board

- Draft Standards of Proficiency for Radiographers
- Draft Criteria for Education and Training Programmes for Radiographers
- Draft Standards of Proficiency for Radiation Therapists
- Draft Criteria for Education and Training Programmes for Radiation Therapists



Public Consultation: Radiographers – Standards of Proficiency and Criteria for Education and Training Programmes

coru.ie • 1 min read



Appendix 4: Copy of Online Feedback Form

Radiographers Registration Board (RRB)

Radiographers Registration Board Stakeholder Consultation: Standards of Proficiency for Radiographers and Criteria for Education and Training Programmes (Radiographers)

Data Protection and Freedom of Information

Completion of this questionnaire is voluntary. By completing it, you are allowing your responses to be analysed by CORU for the purpose of seeking feedback on the *Criteria for Education and Training Programmes* and the *Standards of Proficiency* as set by the Radiographers Registration Board for Radiographers. A report on the survey will be compiled and shared with the Radiographers Registration Board.

The information you provide to this survey will be stored in a secure and confidential manner by CORU, it will only be used for the purposes outlined above and it will be maintained as per the CORU's record retention policy. CORU uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Please be advised that submissions made to CORU are subject to the provisions of the Freedom of Information Act 2014.

Do you agree to the terms above? <i>By selecting 'Yes' you are confirming that you consent to providing your answers to the questions in this questionnaire.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you contributing to this survey in:	Personal Capacity <input type="checkbox"/> On behalf of an Organisation <input type="checkbox"/>
If on behalf of an organisation, please specify:	
Please indicate if you would like your name and/or organisation to be kept confidential and excluded from the consultation report	Include in Consultation Report <input type="checkbox"/> Exclude from Consultation Report <input type="checkbox"/>

About CORU

CORU is Ireland's first multi-profession health and social care regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.

CORU was set up under the Health and Social Care Professionals Act 2005. We are an umbrella body made up of the Health and Social Care Professionals Council and Registration Boards, one for each profession named in our Act. The designated professions under the Act are clinical



biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational therapists, optometrists, orthoptists, physical therapists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.

About the Consultation

This consultation is seeking your feedback on two documents drafted by the Radiographers Registration Board:

- *The draft Standards of Proficiency for Radiographers*
- *The draft Radiographers Registration Board Criteria for Education and Training Programmes: Radiographers*

Both documents are accessible on the [CORU website](#).

It is important that you read these documents before providing your consultation feedback.

Proportionality of Proposed Regulations

[Directive 2018/958 of the European Parliament and Council](#) – on a *proportionality test before adoption of new regulation of professions* – establishes rules for proportionality assessments to be conducted by EU countries before the adoption of new professional regulations or the amendment of existing regulations. The aim of the Directive is to:

- prevent undue restrictions on access to or the pursuit of professional activities; and
- ensure transparency and the proper functioning of the EU internal market.

The Directive was transposed into Irish law in August 2022 through Statutory Instrument [413/2022](#).

The setting of *Criteria* and *Standards of Proficiency* for Radiographers requires that an assessment of proportionality be undertaken before the adoption of the *Criteria* and *Standards of Proficiency* by the Board.

This public consultation, and the report that is issued from it, will form a key component of the proportionality assessment CORU is undertaking in relation to the setting of *Criteria* and *Standards of Proficiency* for Radiographers.

All proportionality assessments, following completion and submission to the European Commission, are accessible on the *Regulated Professions Database*, available [here](#).

Consultation Section [1]: *Standards of Proficiency for Radiographers-Domain 5*

Domain 5 of the Standards of Proficiency detail the professional knowledge and skills required for the safe practice of the profession. These are the **minimum or threshold standards** that graduates are expected to meet in order to safely practice the profession.



Only profession-specific standards are included for survey feedback. These have been identified and specific questions on each of these will be presented in this section.

Please be reminded that in this instance the term threshold refers to the minimum requirements.

- 'Consider threshold' means that the minimum requirement detailed is appropriate.
- 'Partly or not threshold' could refer to either being more or less than the minimum requirement.

Please indicate in the comment box if you consider it more or less than the minimum requirements and provide a brief rationale.

Standard		Feedback
5.9	Standard 5.9 Apply knowledge of human anatomy in practice, including surface, cross-sectional and topographic anatomy; human physiology; pathology of the human body.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider Standard 5.9 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.10	<i>Know the application of modalities used in diagnostic imaging, including:</i> <ul style="list-style-type: none"> • <i>Angiography;</i> • <i>Computed Tomography;</i> • <i>Magnetic Resonance;</i> • <i>Ultrasound;</i> • <i>Paediatric (including Neonatal) Radiography;</i> • <i>Interventional Radiology;</i> • <i>Mammography;</i> • <i>Dental Imaging;</i> • <i>DEXA;</i> • <i>Nuclear Medicine; and</i> • <i>Hybrid Imaging;</i> 	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>



	<p><i>Single Photon Emission Computed Tomography – Computed Tomography (SPECT/CT), Positron Emission Tomography - Computed Tomography (PET/CT), Position Emission Tomography – Magnetic Resonance (PET/MR).</i></p>	
<p><i>If you do not consider standard 5.10 to be at threshold level or if you consider it to be partially threshold, please explain why</i></p>		

Standard		Feedback
5.11	<p><i>Apply knowledge of the principles of radiation physics and radiation biology and use diagnostic equipment in practice.</i></p>	<p>Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/></p>
<p><i>If you do not consider standard 5.11 to be at threshold level or if you consider it to be partially threshold, please explain why</i></p>		

Standard		Feedback
5.12	<p><i>Identify the signs and symptoms of a broad range of pathologies and trauma which are used as clinical indicators for referrals for imaging.</i></p>	<p>Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/></p>



If you do not consider standard 5.12 to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.13	<i>Independently perform all general radiographic imaging techniques in paediatric (including neonatal), fluoroscopy, emergency, ward and theatre settings.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>

If you do not consider standard 5.13 to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.14	<i>Assess and ensure the quality of acquired images for the purpose of diagnosis.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>

If you do not consider standard 5.14 to be at threshold level or if you consider it to be partially threshold, please explain why



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Standard		Feedback
5.15	<i>Assess the service user, their condition, and clinical indications to effectively justify and optimise diagnostic imaging procedures and image quality.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.15 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.16	<i>Be able to adapt techniques to generate and manipulate diagnostic images, appropriate to the pathology or trauma, in various patient presentations and conditions.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.16 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.17	Assist with Angiography, Computed Tomography, Magnetic Resonance, Ultrasound, Paediatric (including Neonatal)	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>



	Radiography, Interventional Radiology, Mammography, DEXA and Nuclear Medicine procedures.	
<p><i>If you do not consider standard 5.17 to be at threshold level or if you consider it to be partially threshold, please explain why</i></p>		

Standard		Feedback
5.18	<i>Know the principles of IV cannulation and administration.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<p><i>If you do not consider standard 5.18 to be at threshold level or if you consider it to be partially threshold, please explain why</i></p>		

Standard		Feedback
5.19	<i>Be able to assist in the development of IV administration protocols, operate in accordance with local protocols and be able to recognise an adverse event and take appropriate action.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<p><i>If you do not consider standard 5.19 to be at threshold level or if you consider it to be partially threshold, please explain why</i></p>		



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Standard		Feedback
5.20	<i>Apply radiation protection principles in relation to service users, staff and the public involved in the practice of radiography.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.20 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.21	<i>Apply As Low as Reasonably Achievable (ALARA) principle in practice.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.21 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard	Feedback
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5.22	Implement 3-point identification checks for service users referred for radiography.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.22 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.23	Check the pregnancy status of service users referred for radiography.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.23 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.24	Know the functionality of and use Radiology Information Systems and Picture Archiving Communication Systems.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 24 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.25	Apply quality control processes to radiography equipment to ensure its safe and accurate operation.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.25 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.26	Communicate in English to the standard equivalent to Level 7.0 of the International English Language Testing System, with no element scored below Level 7.0.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider standard 5.26 to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Consultation Section [2]: Common Standards of Proficiency



The common standards have been agreed by the Health and Social Care Professionals Council and have been adopted by the Radiographers Registration Board. As such, **they are not the subject of this consultation.**

These common standards are common across all professions CORU regulates and can be found in Domains 1-4 of the *Standards of Proficiency for Radiographers* document.

In relation to the common standards, these have been included for completeness so please keep in mind that we do not plan to make any significant changes to these standards **unless there is a factual error, or a standard has been omitted.**

In this context, you should read through the whole document to ensure that there are no omissions.

If you feel there are omissions, you should note these in the table below along with your proposed wording to rectify an omission. It is important that if you feel that a standard has been omitted, that you explain your rationale so we can better understand your comment and consider whether it is something that should be included in the final document.

Do you consider there to be any omissions from or factual errors in Domains 1-4?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please complete the following as appropriate:

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	



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Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	



Consultation Section [3]: Criteria for Education and Training Programmes (Radiographers)

The Criteria for Education and Training programmes identify the requirements an education provider must meet around how a programme is designed and managed to ensure that all graduates meet the Standards of Proficiency.

The following criteria are specifically related to Radiographers and have been included in addition to the common criteria that all CORU registered professionals are expected to meet. When looking at each criterion, you should consider whether they result in a graduate being a safe practitioner for the purpose of public protection when entering the register.

Please be reminded that in this instance the term **threshold refers to the minimum requirements**.

- 'Consider threshold' means that the minimum requirement detailed is appropriate.
- 'Partly or not threshold' could refer to either being more or less than the minimum requirement. Please indicate in the comment box if you consider it more or less than the minimum requirements and provide a brief rationale.

Criterion		Feedback
1.1	<i>The Radiographers Registration Board requires that the minimum qualification level for entry to the register is: Level 8 on the National Framework of Qualifications (NFQ)</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Criterion		Feedback
2.2	The programme must ensure that each student completes 1200 hours in practice placements, 280 hours of which must be in one block and full-time.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>



If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why

Consultation Section [4]: *Criteria for Education and Training Programmes: Radiographers*
 Having read through the draft profession-specific *Criteria for Education and Training Programmes (Radiographers)*, you are now invited to consider if there are any omissions.

If you feel there are omissions, you should note these below along with your proposed wording to rectify an omission. It is important that if you feel that a criterion has been omitted that you explain your rationale so we can better understand your comment and consider whether it is something we should include it in the final document.

Please answer the following questions in relation to the Profession Specific Criteria for Education and Training Programmes(Criterion 1.1 and Criterion 2.2)..

Do you consider there to be any omissions from the profession-specific criteria?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If yes, please complete the following as appropriate:

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Suggested Omission	
Proposed Wording to rectify omission	



Rationale for Comment	
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Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Consultation Section [5]: *Additional Feedback*

CORU welcomes your contribution to this consultation process. As already stated, we are not in a position to remove any of the common standards or criteria. We are also limited in changing any of the language as it has been developed to ensure consistency across all the professions that we currently regulate or will regulate in the future.

However, if you do have any further general comments related to these documents, please include it below and describe the relevant issue for our consideration.

Issue	
General Comment	
Rationale for Comment	

Issue	
General Comment	



Rationale for Comment	
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Issue	
General Comment	
Rationale for Comment	

Issue	
General Comment	
Rationale for Comment	

Consultation Section [6]: Submission

Thank you for completing this survey. If you have any questions about this consultation, please email strategyandpolicy@coru.ie