

*Government Notice No. 128 of 2022***THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT****Regulations made by the Minister, after consultation with the Allied Health Professionals Council, under section 39 of the Allied Health Professionals Council Act**

1. These regulations may be cited as the Allied Health Professionals Council (Medical Imaging Technologist) Regulations 2022.
2. In these regulations –
“Act” means the Allied Health Professionals Council Act.
3. For the purpose of section 5(d) of the Act, the Code of Practice for a medical imaging technologist shall be the Code set out in the Schedule.
4. Every medical imaging technologist shall comply with the Code of Practice.
5. (1) Where a medical imaging technologist fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) A medical imaging technologist who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.
6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

SCHEDULE

[Regulation 3]

CODE OF PRACTICE**MEDICAL IMAGING TECHNOLOGIST**

This document sets out the Standard of Proficiency and the Code of Ethics for the Medical Imaging Technologist. These standards set out safe and effective practice in the field of diagnostic imaging and are used as a basis for registration. In addition, it is considered necessary to guarantee optimal protection to members of the public, medical staff and radiation workers. The medical imaging technologist must also comply with the code of ethics and the standard for continuing professional development in order to deliver an up-to-date diagnostic know-how in imaging modalities.

It is important that the medical imaging technologist reads and understand the standards of Proficiency and the code of ethics. If his practice is called into question, Allied Health Professionals Council (AHPC) will consider these standards in deciding what actions, if any, it has to take. To be able to register with AHPC, the medical Imaging technologist must meet all the standards of proficiency relevant to his scope of practice to stay registered with us.

Our scope of practice is the area or areas of Diagnostic Medical Imaging in which he has the knowledge, skills and experience to practice lawfully, safely and effectively in a way that meets the standard of AHPC and does not pose any danger to the public or to the registrant.

However, it is recognised that a medical imaging technologist scope of practice will change over time and the practice of experienced medical Imaging technologist often becomes more focused and specialised than that of newly registered colleagues.

Every time a medical imaging technologist renews his registration, he will be asked to sign a declaration that he continues to meet the standards of proficiency that apply to his scope of practice.

Although it is important that he meets the standards of AHPC, there is more than one way in which each standard can be met, as the way in which he meets these standards might change over time due to improvements in technology or changes in his practice. To ensure that the medical imaging technologist meets the standards that apply to him, he may seek advice and support from education providers, employers, colleagues, professional bodies, unions and others so that the well-being of service users is safeguarded at all times.

In this document, the generic standards are numbered for easy reference but are not hierarchical as they are all equally important for practice. In this document, we use phrases such as “know” and “be able to”. This is so the standards remain applicable to current registrants in maintaining their fitness to practice, as well as prospective registrants who have not yet started practicing and are applying for registration for the first time.

Please note that the standards of AHPC will be under continual review and changes will be made in the future to take into account changes in practice. AHPC will see to it that any changes for the standards will be published and other professional bodies are informed accordingly.

PART I – DEFINITION

Medical Imaging is a broad discipline that encompasses a variety of techniques that create imagings of the human body for diagnostic purposes. These imagings are then used by doctors and other health care professionals to diagnose or more closely examine medical issues, concerns or conditions. Medical Imaging modalities most commonly used are Conventional X-Ray, CT Scan, MRI and Angiography and Mammography.

PART II – GLOSSARY

1. Autonomy

The right of patients to make decisions regarding their own medical care.

2. Beneficence

Doing good to others. Do what is good for the patient under all circumstances.

3. Calibration

Calibration refers to the act of evaluating and adjusting the precision and accuracy of measurement equipment.

4. Care, treatment

A general term to describe the different work that our registrants carry out.

5. Colleague

Other health and care professionals, students and trainees, support workers, professional carers and others involved in providing care, treatment or other services to service users.

6. Communication

Communication is a process by which information is exchanged by language, signs and symbols, including receiving and producing messages and using communication devices and techniques.

7. Conduct

A health and care professional's behaviour.

8. Confidentiality

Refers to the obligation of professionals who have access to patients' records or communication to hold that information in confidence.

9. Conflict of interest

A conflict of interest occurs when one's personal or private interest interfere with another's best interests or one's own professional responsibilities.

10. Consent

Permission for a registrant to provide care, treatment or other services, given by a service user, or someone acting on their behalf after receiving all the information they reasonably need to make that decision.

11. Dysfunction

Dysfunction is the disturbance or abnormality of function. Dysfunction may be expressed at the level of the body (impairment), the person (activity limitation) or in the ability of a person to undertake their usual social roles (participation restriction).

12. Ethics

The values that guide a person's behaviour or judgement.

13. Evidence-based practice

Evaluation and use of laboratory tests with an overall aim of improving patient outcome.

14. Hazard

A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage.

15. Health

Health is defined as a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity.

16. Information governance

Information governance helps manage and control information by supporting the organization's activities and ensuring compliance with its duties. Healthcare organisations must earn the confidence of patients and society, through a firm commitment to ethical and responsible handling of personal information.

17. Multidisciplinary

Multidisciplinary is one or more discipline working collaboratively. It includes several professionals in the team where the various interventions are provided in isolation and the professions co-exist. This approach recognizes the importance of different disciplines and involves professionals operating within the boundaries of their profession towards discipline-specific goals while recognising the important contribution from other disciplines.

18. Non-discriminatory practice

Non-discriminatory practice is professional practice within which individuals, teams and organisations actively seek to ensure that no one (including patients/clients, carers, colleagues or students) is either directly or indirectly treated less favourably than others are,

or would be treated in the same or similar circumstances, on the ground of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class.

19. Non-maleficence

Doing no harm to others.

20. Personal integrity

Personal integrity is the quality of being honest with oneself and others and living a life that is aligned with strong moral principle.

21. Privacy

Privacy, as distinct from confidentiality, is viewed as the right of the individual, client or patient to be let alone and to make decisions about how personal information is shared.

22. Practitioner

A practitioner is a health and care professional who is currently practicing in their profession.

23. Precision

Precision refers to the closeness of 2 or more measurements to each other.

24. Record

Record is an account that contains information (in any media) intended to document actions, events or facts. Records may be defined as information created, received and maintained as evidence

and information by an organisation or person, in pursuance of legal obligations or in the transaction of business.

25. Scope of practice

Scope of practice refers to the areas in which a registrant has the knowledge, skills and experience necessary to practice safely and effectively.

26. Service user

A service user is anyone who uses or is affected by the services of registrants, for example, patients or clients.

PART III – CODE OF ETHICS

27. The code of ethics was developed by Allied Health Professionals Council to set the standards of conduct and behaviour expected of registered allied health professionals. The code was developed based on the ethical principles of –

- (a) beneficence;
- (b) non-maleficence;
- (c) respect of patient’s privacy and confidentiality;
- (d) respect of patient’s autonomy;
- (e) fair and just provision of health services; and
- (f) personal integrity.

28. As a registered professional, a medical imaging technologist has the duty to promote and protect the health and safety of his patients at all times. He is expected to be familiar with and adhere to the code at all times. Adherence to the code will not only protect his patient and the public but also protect him from allegations or complaints made against him.

29. The code of ethics, along with the standards of proficiency, defines professionalism in the practice of Medical Imaging Technology. Medical imaging technologists adhere not only to the guidelines, but also to the underlying spirit and precepts. The code will –

- (a) promote the medical imaging technologist recognition of the professional and personal conduct expectations for medical imaging practice;
- (b) represent the minimum standards of professional behaviour and ethical conducts expected of all medical imaging technologists; and
- (c) apply to the medical imaging technologist in all dimension of professional and personal conduct, including technical and nontechnical fields such as education, administration, quality assurance and research.

30. Ethical obligations

A medical imaging technologist must demonstrate an application of his ethical obligations through his professional and personal conduct.

31. Obligations to society

- (1) A medical imaging technologist shall –
 - (a) as practitioner of an autonomous profession have the responsibility to contribute from his sphere of professional competence to the general wellbeing of society;
 - (b) apply his expertise to improve patient healthcare outcomes by eliminating barriers to access to his

services and promote equitable distribution of healthcare resources;

- (c) perform research to improve and develop public health in general;
- (d) be responsible for establishing new standards and develop existing standards for improved medical imaging practice and patient safety; and
- (e) comply with relevant laws and regulations pertaining to the practice of medical imaging technology and actively seek to change these laws and regulations that do not meet the high standards of care and practice.

32. Obligations to the patient/client

- (1) A medical imaging technologist shall –
 - (a) put the interest of his patient above his personal interest;
 - (b) respect his patient's individual needs and overall welfare at all times, including the patient's right to freedom of choice in healthcare provider, free and enlightened consent and an expectation of confidentiality of all patient information and results of medical imaging analysis;
 - (c) be responsible for the logical process from welcoming the patient to the final report of the test result;
 - (d) be accountable for the quality and integrity of medical imaging services;
 - (e) exercise professional judgement, skill and care while meeting international standards;
 - (f) implement scientific advances that benefit the patient/client and improve the delivery of results;

- (g) work with all patients without regard to disease state, ethnicity, race, religion or sexual orientation; and
- (h) prevent and avoid conflicts of interest that undermine the best interests of patients.

33. Obligations to colleagues, the profession and other members of health team

- (1) A medical imaging technologist shall –
 - (a) uphold and maintain the dignity and respect of the profession and maintain a reputation of honesty, integrity, competence and reliability;
 - (b) contribute to the advancement of the profession by improving the body of knowledge, adopting scientific advances that benefit patient, maintain high standards of practice and education;
 - (c) continuously improve professional skills and knowledge;
 - (d) accept the responsibility to establish the qualifications for entry to the profession, implement these qualifications through licensing and uphold those qualifications in hiring practices;
 - (e) actively seek to establish cooperative and harmonious working relationships with other health professionals;
 - (f) provide expertise and advice, teach and counsel students, colleagues and other health professionals;
 - (g) facilitate awareness and understanding of the medical imaging profession; and
 - (h) be loyal to the policies, laws and legislations which apply to the workplace, as long as they do not conflict with the professional ethical guidelines.

PART IV – STANDARDS OF PROFICIENCY

- 34.** A medical imaging technologist must –
- (a) be able to practice safely and effectively within his scope of practice –
 - (i) know the limits of his practice and when to seek advice or refer to another professional; and
 - (ii) be able to manage his own workload and resources effectively and be able to practice accordingly;
 - (b) be able to practice within the legal and ethical boundaries of his profession –
 - (i) understand the need to act in the best interests of service users at all times;
 - (ii) understand what is required of him by Allied Health Professionals Council;
 - (iii) understand the need to respect and uphold the rights, dignity, values and autonomy of service users, including their role in the diagnostic and therapeutic process and in maintaining health and well-being;
 - (iv) recognise that the relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility;
 - (v) know about current legislation applicable to the work of his profession;
 - (vi) be able to practice in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes;

- (vii) understand the importance of and be able to obtain informed consent;
 - (viii) be able to exercise a professional duty of care; and
 - (ix) understand the legislative, policy, ethical and research frameworks that underpin, inform and influence the practice of radiography;
- (c) be able to maintain fitness to practice –
- (i) understand the need to maintain high standards of personal and professional conduct;
 - (ii) understand the importance of maintaining his own health; and
 - (iii) understand both the need to keep skills and knowledge up to date and the importance of life-long learning;
- (d) be able to practice as an autonomous professional, exercising his own professional judgement –
- (i) be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem;
 - (ii) be able to make reasoned decisions to initiate, continue, modify diagnostic imaging examinations and record the decisions and reasoning appropriately;
 - (iii) be able to initiate resolution of problems and be able to exercise personal initiative;
 - (iv) recognise that he is personally responsible for and must be able to justify his decisions;
 - (v) be able to make and receive appropriate referrals; and

- (vi) understand the importance of participation in training, supervision and mentoring;
- (e) be aware of the impact of culture, equality, and diversity on practice –
 - (i) understand the requirement to adapt practice to meet the needs of different groups and individual;
 - (ii) understand the emotions, behaviours and psychosocial needs of people undergoing diagnostic imaging, as well as that of their families and carers;
 - (iii) be able to provide appropriate information and support for service users throughout their diagnostic imaging examinations.
- (f) be able to practice in a non-discriminatory manner;
- (g) understand the importance of and be able to maintain confidentiality –
 - (i) be aware of the limits of the concept of confidentiality;
 - (ii) understand the principles of information governance and be aware of the safe and effective use of health and social care information;
 - (iii) be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public;
- (h) be able to communicate effectively –
 - (i) be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others;

- (ii) understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability;
 - (iii) be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs;
 - (iv) understand the need to provide service users or people acting on his behalf with the information necessary to enable them to make informed decisions;
 - (v) recognise the need to use interpersonal skills to encourage the active participation of service users;
 - (vi) be able to advise other healthcare professionals about the relevance and application of imaging modalities to the service user's needs; and
 - (vii) be able to formulate and provide information to service users about the treatment or imaging process and procedures, with regular reappraisal of his information needs, as appropriate;
- (i) be able to work appropriately with others –
- (i) be able to work, where appropriate, in partnership with service users, other professionals, support staff and others;
 - (ii) understand the need to build and sustain professional relationships as both an independent professional and collaboratively as a member of a team;

-
- (iii) understand the need to engage service users and carers in planning and evaluating their diagnostic imaging and interventional procedures;
 - (iv) be aware of the need to empower service users to participate in the decision-making processes related to their diagnostic imaging examination;
 - (v) be able to contribute effectively to work undertaken as part of a multi-disciplinary team; and
 - (vi) be able to understand, interpret and act upon information from other healthcare professionals, in order to maximise health gain whilst minimising radiation dose to the service user;
- (j) be able to maintain records appropriately –
- (i) be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines; and
 - (ii) recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines;
- (k) be able to reflect on and review practice –
- (i) understand the value of reflection on practice and the need to record the outcome of such reflection; and
 - (ii) recognise the value of multidisciplinary team reviews and other methods of review;
- (l) be able to assure the quality of their practice –
- (i) be able to engage in evidence-based practice, evaluate practice systematically, and participate in clinical and other audit procedures;

- (ii) be able to gather feedback and information that helps to evaluate the response of service users to their care;
 - (iii) understand the principles of quality control and quality assurance as they apply to the practice of diagnostic radiography;
 - (iv) be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;
 - (v) be able to maintain an effective audit trail and work towards continual improvement;
 - (vi) be aware of, and be able to participate in, quality assurance programmes, where appropriate; and
 - (vii) recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes;
- (m) understand the key concepts of the knowledge base relevant to their profession –
- (i) understand the philosophy underpinning the development of the profession of radiography;
 - (ii) understand the concept of leadership and its application to practice;
 - (iii) understand the role of the radiographer in the promotion of health and health education in relation to healthy living and health screening for disease detection;

-
- (iv) recognise the role of other professions and services in health and social care;
 - (v) understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to his profession;
 - (vi) understand the radiobiological principles on which the practice of radiography is based;
 - (vii) understand the risk-benefit philosophy and principles involved in the practice of diagnostic radiography;
 - (viii) be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process;
 - (ix) understand and be able to apply the physical principles of ionising radiation production, interaction with matter, beam modification and radiation protection for diagnostic imaging;
 - (x) know the physical and scientific principles on which Imaging formation using ionising and non-ionising radiation is based;
 - (xi) understand radiation dosimetry and the principles of dose calculation;
 - (xii) understand the theoretical basis underpinning patient assessment prior to and during diagnostic imaging examinations;
 - (xiii) understand the capability, applications and range of technological equipment used in diagnostic imaging;

- (xiv) be able to distinguish between normal and abnormal appearances evident on imagings;
- (xv) know the concepts and principles involved in the practice of diagnostic imaging and how these inform and direct clinical judgement and decision-making;
- (xvi) know the pharmacology of drugs used in diagnostic imaging;
- (xvii) understand the methods of administration of drugs;
- (xviii) be able to remove and re-apply dressings and supports appropriately and in a safe, effective and considerate manner;
- (xix) understand the quality assurance processes in place within diagnostic imaging;
- (xx) be aware of the current developments and trends in the science and practice of radiography; and
- (xxi) understand the structure and function of the human body in health, disease and trauma, as well as common pathologies and mechanisms of disease and trauma, including –
 - (i) the musculoskeletal system;
 - (ii) the soft tissue organs;
 - (iii) the regional and cross-sectional anatomy of the head, neck, thorax, pelvis and abdomen;
 - (iv) the cardiovascular, respiratory, genitor-urinary, gastro-intestinal and neuro-endocrine systems;
 - (v) understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures;

-
- (n) be able to draw on appropriate knowledge and skills to inform practice –
 - (i) be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and accurately;
 - (ii) be able to formulate specific and appropriate management plans, including the setting of timescales;
 - (iii) be able to assess, monitor and care for the service user before, during and after diagnostic imaging procedures;
 - (iv) be able to use independent methods to establish and confirm service user identity prior to undertaking diagnostic imaging procedures;
 - (v) be able to undertake or arrange investigations as appropriate;
 - (vi) be able to undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment;
 - (vii) be able to gather appropriate information;
 - (viii) be able to use physical, graphical, verbal and electronic methods to collect and analyse information from a range of sources, including service user's clinical history, diagnostic imagings and reports, pathological tests and results, dose recording and treatment verification systems;
 - (ix) be able to interrogate and process data and information gathered accurately in order to conduct

- the imaging procedure most appropriate to the service user's needs;
- (x) be able to appraise Imaging information for clinical manifestations and technical accuracy, and take further action as required;
 - (xi) be able to manage complex and unpredictable situations, including the ability to adapt planned diagnostic imaging examinations, interventions or treatments;
 - (xii) be able to demonstrate a logical and systematic approach to problem solving;
 - (xiii) be able to change his practice as needed to take account of new developments, technologies and changing contexts;
 - (xiv) be able to use research, reasoning and problem solving skills to determine appropriate actions;
 - (xv) be aware of a range of research methodologies;
 - (xvi) recognise the value of research to the critical evaluation of practice;
 - (xvii) be able to evaluate research and other evidence to inform their own practice;
 - (xviii) be able to operate diagnostic imaging equipment safely and accurately;
 - (xix) be able to demonstrate spatial awareness, visual precision and manual dexterity in the precise and safe manipulation of treatment units or imaging equipment and related accessory equipment;

-
- (xx) be able to check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation;
 - (xxi) be able to use information and communication technologies appropriate to their practice;
 - (xxii) be able to apply the risk-benefit philosophy to radiation exposure to protect both individual service users and the population gene pool;
 - (xxiii) be able to select and explain the rationale for examination and treatment techniques and immobilisation procedures appropriate to the service user's physical and disease management requirements;
 - (xxiv) be able to position and immobilise service users correctly for safe and accurate diagnostic imaging examinations or radiotherapy treatments;
 - (xxv) be able to plan appropriate diagnostic imaging examinations;
 - (xxvi) be able to calculate radiation doses and exposures and record and understand the significance of radiation dose;
 - (xxvii) be able to perform the full range of standard imaging techniques and contrast agent examinations, including those undertaken on service users suffering from acute trauma, and where the service user's medical, physical or mental health needs require examinations to be carried out in non-standard imaging environments;

- (xxviii) be able to manipulate exposure and Imaging recording parameters to optimal effect;
 - (xxix) be able to use to best effect the processing and related technology supporting imaging systems;
 - (xxx) be able to manage and assist with fluoroscopic diagnostic and interventional procedures, including those which are complex and involve the use of contrast agents;
 - (xxxi) be able to perform a standard head computed tomographic (CT) examination, perform CT examinations of the spine, chest and abdomen in acute trauma and to contribute effectively to other CT studies;
 - (xxxii) be able to perform standard magnetic resonance imaging procedures; and
 - (xxxiii) be able to distinguish disease and trauma processes as they manifest on diagnostic imaging.
- (o) understand the need to establish and maintain a safe practice environment –
- (i) understand the need to maintain the safety of both service users and those involved in his care;
 - (ii) be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these;
 - (iii) understand the need to ensure the physical and radiation safety of all individuals in the immediate work environment at all times;

-
- (iv) be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control;
 - (v) be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation;
 - (vi) be able to select appropriate personal protective equipment and use it correctly;
 - (vii) be able to use basic life support techniques and be able to deal safely with clinical emergencies;
 - (viii) know and be able to apply appropriate moving and handling techniques;
 - (ix) know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly; and
 - (x) be aware of immunisation requirements and the role of occupational health.
-