

#### **FR 4 – The service implements and monitors systems to ensure staff are competent to deliver the service.**

- a. To deliver an effective and safe service, all staff must be qualified, skilled and competent to undertake their roles. Staff should be encouraged and supported to maintain, develop and widen the scope of their professional competencies in keeping with current best practice and professional guidance. If a skill mix is utilised, a complement of staff appropriate to the service together with adequate supervision must be available.
- b. A clear recruitment process should be in place for all staff, including agency and locum staff, students and volunteers. Appointment systems should ensure that all relevant employment checks are carried out, including checks on qualifications and current professional registration, eligibility for employment, and appropriate references. Disclosure and Barring Service checks and Independent Safeguarding Authority checks are required for staff whose work may bring them into contact with children or vulnerable adults; for new NHS staff, Criminal Records Bureau checks are mandatory. For staff recruited internationally, additional checks as required by UK Regulatory Registration Bodies, such as use of English language test, must be carried out.
- c. Robust systems should be in place to check that appointed staff remain qualified, registered and competent for their current roles. Where teleradiology is in use, the service must ensure that those outside the service reporting images are appropriately qualified and registered, and have the competencies, including language competence, to carry out their work at the level required by the service and its users.
- d. Processes should be in place for a comprehensive induction programme for all staff recruited to the service, to include locum and agency staff as appropriate, to assess and confirm their competency for the role. The programme should include the provision of any additional education and training that may be required for new staff. Existing staff taking on new roles should have an induction programme which includes any additional training required.
- e. Staff working with radioactive materials should be given appropriate training in radiation safety (see also standard statement FR4 and SA1) and be provided with appropriate protective equipment. Where appropriate, staff should be provided with dose monitoring devices which are regularly checked. Assessment doses for each employee should be issued annually and monitored throughout the year to identify any staff member who is exceeding the specified dose. Any member of staff who receives or is likely to receive an effective dose in excess of the specified limit must be designated as a classified employee.
- f. Processes should be in place to ensure that all staff in training positions are managed and supervised. Tasks carried out by trainees should be checked by a qualified and competent member of staff.
- g. Robust systems should be in place to ensure that the service maintains the competencies required to deliver its services effectively. These might include skills and competencies for particular specialist roles such as the:
  - operation of equipment;
  - acquisition of diagnostic quality images in all modalities used within the service;

- appropriate control of ionising radiation dose to patients and staff to ensure optimisation;
  - reporting of images;
  - performance of interventional procedures;
  - prescription, preparation and administration of drugs and contrast media;
  - discharge of responsibilities relating to ionising radiation regulations;
  - assessment and management of clinical risk; and
  - operation and management of systems such as picture archiving and communication systems (PACS) and radiology information systems (RIS).
- h. In addition, the service must ensure that all staff are aware of, and specific individuals competent in:
- fire safety;
  - safe manual handling;
  - management of violent or aggressive behaviour;
  - management of incidents, such as clinical, major internal or external incidents;
  - management of complaints and patient feedback;
  - management of general health and safety issues;
  - management of hazardous substances and materials and waste;
  - infection control;
  - management of clinical records;
  - communication with patients, including children and those with particular needs;
  - child protection.
- i. Records should be kept for each member of staff showing training completed with the date and nature of the training. Evidence of compliance should be offered for all mandatory training for all staff.
- j. Staff should be supported to maintain and develop their competencies. Support mechanisms might include time and funding for continuing professional development (CPD) and continuous medical education (CME), personal development plans (PDP), refresher training activities and training related to new techniques. Staff should maintain records and evidence of their activities in personal portfolios. These activities should be relevant to current or future practice, contribute to the quality of their practice and service delivery and develop skills to benefit service users

and patients. The service should seek to establish links with higher educational establishments to enable staff to develop their skills and competencies in a formal and measured way and provide clinical environments to support training.

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