



Role and Responsibility of Approved Radiographers and X-ray Operators Policy

1. Purpose

This document clarifies the roles and responsibilities of approved radiographers/ medical imaging technologists (MITs) and x-ray operators (XROs) in the provision of the WA Country Health Service (WACHS) X-ray Operator Service.

The Radiological Council of Western Australia (the Council) is the statutory body appointed under the state's [Radiation Safety Act 1975](#) (WA) (the Act). The Council has established requirements relating to training, ongoing approval and patient and operator safety. These requirements are administered under the radiation safety legislation by the way of registration of x-ray equipment and premises and the licensing of persons using the equipment. Registration and licensing conditions are issued outlining specific requirements for the registration and licensing category.

For medical radiography and radiology registrations (including XRO registrations), the registration conditions must be displayed within the workplace so that all persons involved in radiographic examinations remain familiar with the requirements.

The Council's XRO logbook, which must be maintained by all XROs, summarises the requirements that must be adhered to under the WA radiation safety legislation.

However, the Council's broad requirements do not always cover the day to day matters that must be followed to ensure that a high standard of service delivery is maintained across WACHS imaging sites.

The purpose of this document is to provide the guidelines MITs need to follow in their support role to the XROs in their region. The document also provides guidelines for XROs and is intended to assist with the implementation of new technologies and the way in which the service is to interface with telehealth systems as they evolve.

2. Policy

2.1 Approved Radiographers

Approved Radiographers are required to orientate all new XROs to site. Both the Approved Radiographer and XRO should keep a copy of the orientation records and introductory training sessions. The Approved Radiographer will ensure that the XRO demonstrates a clear understanding of the local equipment, the role they will perform and the procedures to follow.

XROs will be provided ongoing support from the Approved Radiographer within their designated region. This includes being available to provide assistance over the telephone (and/or other technologies where provided) at acute times when XROs are having difficulty with any part of an examination.

Approved Radiographers must assess XRO images at least fortnightly, document findings and provide feedback to XROs as necessary. This role may be delegated to experienced MITs where appropriate, but the Approved Radiographer must review all reports and findings.

XRO site visits within their region should occur at least once per year. Wherever possible, it is recommended that sites be inspected and XROs provided face to face support as frequently as possible. Approved Radiographers must also carry out a three (3) yearly XRO assessment as required by regulation 38(2)(d) of the [Radiation Safety \(General\) Regulations 1983](#) (WA) under the Act. The assessment must be completed using the Council's assessment form which must be dated and signed by the XRO and the Approved Radiographer. The assessment form must be returned to the Council to enable the XRO database to be maintained.

Approved Radiographers will monitor the numbers of XROs under their supervision at each health service and communicate this information with Health Service Managers with the aim of helping to effectively manage the XRO workforce, the Approved Radiographer workload within their region and the numbers of staff attending the approved XRO course. They will also monitor examination numbers performed by XROs under their supervision and resources permitting.

2.2 X-ray Operators (XROs)

An XRO is limited to performing x-rays only when an MIT is not available to the health service unit. They will only undertake examinations of the chest and extremities (fingers to shoulder and toes to knee). Additional views may be permitted in the case of a **medical emergency** when, in the opinion of the referring medical practitioner, such views are considered essential for the **immediate medical care** of the patient. XROs **must consult with their Approved Radiographer** (or a supervising radiographer) for authorisation and guidance in such circumstances (refer to [Appendix A: X-ray Operators Decision Making Flowchart](#)).

Examinations are only to be performed by XROs on patients presenting with trauma or other pathology of an acute nature essential for the immediate medical care of the patient. The radiographic views the XROs are permitted to perform and the equipment they operate may not be appropriate in routine examinations for diagnosing pathology of a degenerative or non-acute nature. All exceptions must be discussed with an Approved or Supervising MIT prior to imaging (refer to [Appendix A: X-ray Operators Decision Making Flowchart](#)). XROs should only undertake routine anterior-posterior, posterior-anterior (AP/PA), oblique and lateral projections. All projections are undertaken with either a horizontal or vertical beam and no other tube angulation is applied.

An XRO should consult with their Approved Radiographer (or an MIT) to assess whether (or not) an examination should be attempted if the patient to be imaged is a child under the age of three, consideration should be given to transferring the patient to a MIT site. An XRO is responsible for working within their scope of practice and may refuse to perform x-ray examinations in situations which are contrary to Departmental policy or are in conflict because of special circumstances e.g. pregnancy. If there is any concern about scope of practice or suitability to perform an examination the Approved Radiographer should be consulted.

All examinations completed should be recorded in the XRO logbook. An Approved Radiographer, or authorised Senior MIT, will assess the XRO images on at least a fortnightly basis and provide feedback to the XRO. They must ensure images and request forms are transmitted for reporting within the regional agreed workflow.

In order to maintain registration an XRO must be formally assessed every three years by an Approved Radiographer. During those three years the XRO should perform at least 20 examinations per year to maintain their competence. If an XRO has performed between 15-19 examinations across a continuous 2 year period they must either re-attend the approved XRO course or, if Approved Radiographer resourcing can facilitate and is agreed to by both the Health Service and the Approved Radiographer, participate in a 1 day training session with an Approved Radiographer who can confirm the XRO is competent prior to performing further XRO duties. If an XRO has performed less than 15 examinations within a continuous 2 year period it is considered the XRO has not maintained appropriate experience and competency levels and the XRO must re-attend the approved X-Ray Operator course prior to recommencing XRO duties. The purpose of this is to ensure that a suitable minimum competency level of WACHS XROs is maintained.

XROs must maintain records of professional development and training using the WACHS Learning Management System as per WACHS [Workforce Learning and Development Policy](#). It is also a requirement that they assist Approved Radiographers in maintaining site accreditation under the Diagnostic Imaging Accreditation Scheme (DIAS) or other relevant standards.

A Nurse Practitioner who requests a medically urgent x-ray and is the only XRO available to perform the examination must discuss the investigation rationale with a Medical Officer and document accordingly in the medical notes. In the absence of a local Medical Officer an Emergency Telehealth Service (ETS) doctor can be contacted.

3. Roles and Responsibilities

Operational Managers / Line Managers must:

- ensure service delivery aligns with scope of practice
- support resources for recency of practice
- monitor compliance of competency achievement of individual staff

Individual staff must:

- maintain records to support responsibilities
- maintain equipment to support a diagnostic standard.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of compliance with this document is to be conducted by National Association of Testing Authorities (NATA) assessments carried out under WACHS for regions not under a private service provider. Sites that are under a private service provider are to be monitored by the WACHS Area Chief Medical Imaging Technologist triennially.

4.2 Evaluation

Evaluation of this document is to be carried out by the Area Chief Medical Imaging Technologist and relevant Approved Radiographers.

5. Compliance

It is a requirement that all staff performing x-ray examination comply with the [Radiation Safety Act 1975](#) (WA).

All approved radiographers and XROs must be approved and registered with the Radiological Council of Western Australia.

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. References

- [WA Radiation Safety Act 1975](#) (WA)
- [Radiation Safety \(General\) Regulations 1983](#) (WA)
- [Health Practitioner Regulation National Law \(WA\) Act 2010](#)

7. Definitions

Term	Definition
Approved Radiographer	<p>An Approved Radiographer is a person with MIT qualifications who has been appointed by the Radiological Council for the purpose of monitoring and assessing XRO performance. Approved radiographers are often MITs employed in a position that would involve providing a support role to XROs.</p> <p>MITs wishing to become an Approved Radiographer need to attend the approved X-ray Operator course (currently provided by Curtin University) and apply to the Council in writing. Applications need to include an up to date Curriculum Vitae.</p> <p>All hub hospitals that have XROs performing x-ray examinations within the hub and spoke model of service delivery must have an Approved Radiographer.</p>
Supervising Radiographer / Medical Imaging Technologist (MIT)	<p>A health practitioner with medical imaging qualifications registered in the area of medical imaging technology under the Health Practitioner Regulation National Law (WA) Act 2010. In Western Australia, MITs now</p>

	<p>complete a 4 year degree course at Curtin University graduating with a Bachelor of Science (Medical Imaging Science).</p> <p>The MIT / Supervising Radiographer is employed in the region of the XRO and is familiar with the XRO skill set and service delivery of the region. The supervising MIT can fulfil all of the criteria in the absence of an Approved Radiographer with the exception of assessing XROs practical competency.</p>
X-ray Operator (XRO)	<p>An XRO is a health practitioner (most often a nurse but can be a doctor) who has been approved by the Radiological Council to undertake a limited range of basic radiographic examinations in remote and rural practices where a diagnostic radiography service would not otherwise be available.</p> <p>Persons wanting to become an XRO must attend and pass a recognised x-ray operator course approved by the Radiological Council of Western Australia.</p>

8. Document Summary

Coverage	WACHS wide
Audience	Approved Radiographers and X-Ray Operators
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Health Practitioner Regulation National Law (WA) Act 2010. • Radiation Safety Act 1975 (WA) • Radiation Safety (General) Regulations 1983 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Public Health
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Patient Identification Policy • Medical Imaging – Radiation Safety Management Plan • Workforce Learning and Development Policy
Other Related Documents	Nil
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2529
National Safety and Quality Health Service (NSQHS) Standards	1.3, 1.6, 1.7, 1.20, 1.22, 1.23, 1.25 and 1.26
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

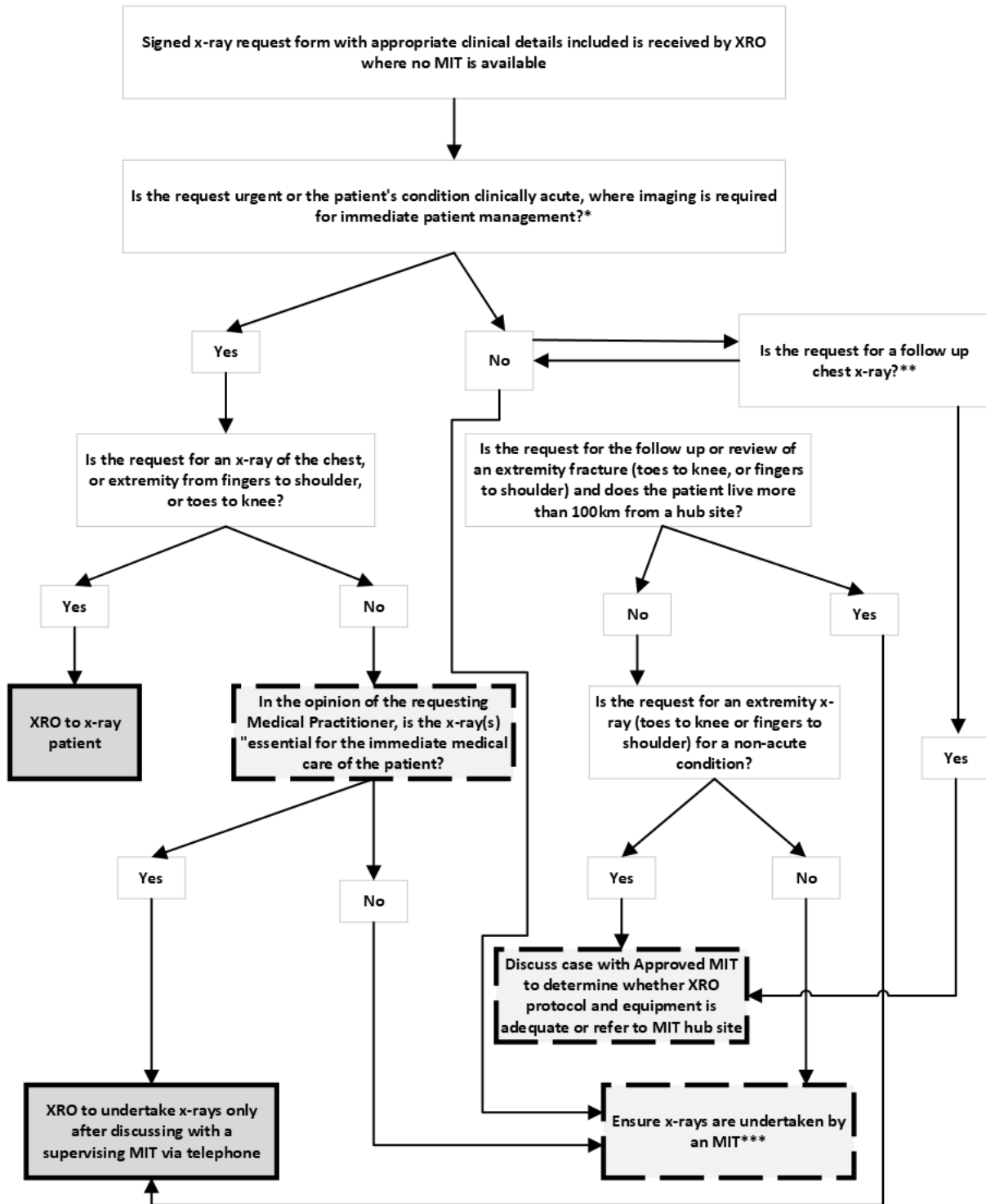
Version	Published date	Current from	Summary of changes
5.00	14 November 2023	14 November 2023	<ul style="list-style-type: none"> • Transfer to new policy document template • Updated monitoring and evaluation • Updated Appendix A - Flowchart

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery
Contact	Area Chief Medical Imaging Technologist
Business Unit	Clinical Excellence
EDRMS #	ED-CO-14-19311
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

This document can be made available in alternative formats on request.

Appendix A: X-ray Operators Decision Making Flowchart



* Consultation with Approved MIT is required if child is under the age of three (3) years

** Follow up chest x-rays may be discussed with Approved MIT but all other non urgent CXR to be referred to an MIT hub site

*** Some extremity imaging should only be performed by an MIT due to the complexity of the examination, accessory equipment requirements and projections needed for diagnostic examination