

CODE OF PRACTICE OF THE  
RADIOGRAPHERS BOARD OF HONG KONG

FOR THE GUIDANCE OF  
REGISTERED RADIOGRAPHERS

(*N.B.* All registered radiographers are earnestly advised to read through this pamphlet and to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by the Radiographers Board.)

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## FOREWORD

The Radiographers Board is established under the Supplementary Medical Professions Ordinance, Cap. 359. The Board's main function is to maintain a register of radiographers and promote adequate standards of professional practice and professional conduct among these persons.

2. The purpose of the Code is to provide guidance for conduct and relationships in carrying out the professional responsibilities consistent with the ethical obligations of the profession.

3. A radiographer should observe the basic ethical principles outlined in Part I; understand the meaning of "Unprofessional Conduct" explained in Part II; and be aware of the convictions and forms of professional misconduct detailed in Part III which may lead to disciplinary proceedings.

4. A radiographer should at all times maintain standards of professional and personal conduct which reflect credit upon the profession. He should discharge his duties and responsibilities to the patients, the profession, the other members of the health team and to the public in general with interest, honour and integrity; and should maintain an optimum standard of practice by exercising competent professional judgement and by continually striving to improve his knowledge and professional skills.

5. A copy of this book and each revision thereof will be served upon each person registered under the Radiographers (Registration and Disciplinary Procedure) Regulation.

6. All radiographers should in their own interests read and be familiar with the provisions of the Allied Health Professions Ordinance, Cap. 359 and subsidiary legislation, and, in particular with:—

- (a) Allied Health Professions Ordinance—sections 22 to 25 (inclusive); and
- (b) Radiographers (Registration and Disciplinary Procedure) Regulation—sections 19 to 46 (inclusive).

In addition, all radiographers should also read and be familiar with the provisions of the following:—

- (c) Radiation Ordinance, Cap. 303; and
- (d) Appendix I (Prohibitions to be applied to all radiographers) of this Code of Practice.

These sections and regulations are concerned with disciplinary and professional matters. Full copies of the Ordinance and Regulation for (a), (b), (c) may be purchased from the Government Publications Centre, Hong Kong.

7. A person who contravenes any part of the Code of Practice may be subject to inquiries held by the board but the fact that any matters are not mentioned

in the Code, shall not preclude the Board from judging a person to have acted in an unprofessional or improper manner by reference to those matters.

8. The Board wishes to emphasize that whatever is contained in the Code, every case referred to it will be considered on its own merits.

9. The Board also wishes to emphasize that, in considering convictions, it is bound to accept the determination of a court as conclusive evidence that the person was guilty of the offence of which he was convicted. A person who faces a criminal charge should remember this if he is advised to plead guilty, or not to appeal against a conviction, in order to avoid publicity or a severe sentence. It is not open to him, if he has been convicted of an offence, to argue before the Board that he was in fact innocent. It is therefore unwise for a person to plead guilty in a court of law to a charge to which he believes that he has a defence.

10. When the Secretary of the Board receives a complaint against a person or receives information relating to a person under section 22(1) (a)–(e) of the Ordinance, he refers the complaint or information to the Preliminary Investigation Committee. This Committee simply decides whether or not the person concerned has a case to answer before the Board.

11. The Board alone decides whether any course of conduct amounts to unprofessional conduct. If that is proved, the Board then assesses the gravity of that misconduct and imposes any penalty that is consequential upon the proof.

12. If a person desires to have detailed advice on questions of professional conduct arising in particular circumstances, he is advised to consult his professional association, his own legal adviser or senior colleagues for advice. The Board, having a quasi-judicial function, is not able to advise individuals directly.

**PART I**  
**BASIC ETHICAL PRINCIPLES**

A radiographer shall:—

1. Respect the rights and dignity of all individuals.
2. Serve clients, regardless of social status, culture, creed, politics, race or nationality.
3. Carry out services to the best of his ability.
4. Maintain at all times the highest standard of professional competence and strive continually to update and extend his professional knowledge and skill through undertaking continuing professional development (“CPD”) activities and acquiring the necessary CPD points in accordance with the Manual for CPD Scheme for registered radiographers (which may be revised from time to time by the Board). Any failure to comply with the CPD requirement in the Manual for CPD Scheme for registered radiographers may be deemed as professional misconduct.
5. Recognise the extent and limitation of his professional expertise and provide services that are within his competence.
6. Refer any persons under his care to the appropriate medical and health team members whenever necessary.
7. Respect the confidence imparted to him in the course of his professional duties, and will only discuss a patient’s affairs with other members of the medical team responsible for the treatment/diagnosis.
8. Respect and co-operate with other radiographers and members of related professions.
9. Maintain an active interest in the planning and the provision of adequate health services for the community.
10. Ensure that professional integrity is not influenced by motives of profit.
11. Accept responsibility for reporting illegal activities or unethical conduct to the appropriate authorities.
12. Ensure that no service that requires the skill, knowledge, and judgement of the radiographer is delegated to a less qualified person and ensure that those under his supervision or in his employ are knowledgeable and capable in the performance of their duties.
13. Practise his profession to maintain a proper level of competence throughout their professional life as well as a proper standard of behaviour.
14. [Make a report as soon as practicable if they have reasonable grounds to suspect that a child is suffering, or is at real risk of suffering serious harm during the course of his/her work.](#)

**PART II**  
**MEANING OF ‘UNPROFESSIONAL CONDUCT’**

A radiographer is guilty of “Unprofessional conduct” when he, in the pursuit of his profession, does something or omits to do something, which in the opinion of his professional colleagues of good repute and competency, might be reasonably regarded as disgraceful, dishonourable, or negligent or which falls below that standard of competency that such a colleague might regard as reasonable, having regard to the radiographer’s stage of experience.

## PART III

### CONVICTIONS AND FORMS OF PROFESSIONAL MISCONDUCT WHICH MAY LEAD TO DISCIPLINARY PROCEEDINGS

This part of the pamphlet sets out certain kinds of offences and of professional misconduct which may lead to disciplinary proceedings by the Board. The Preliminary Investigation Committee and the Board must proceed as quasi-judicial bodies. This pamphlet is NOT a complete code of professional ethics, nor can it specify all offences which may lead to disciplinary action. It is simply a guide.

When actions taken by a radiographer are reported to the Secretary of the Board, it is initially investigated by the Preliminary Investigation Committee. This Committee simply decides whether or not the radiographer concerned has a case to answer before the Board.

The Board alone decides whether any course of conduct amounts to unprofessional conduct. If that is proved, the Board then assesses the gravity of that misconduct and imposes any penalty that is consequential upon the proof. Thereafter there is a route of appeal to the Court of Appeal.

Radiographers desiring detailed advice on questions of professional conduct arising in particular circumstances are advised to consult their professional association, their own legal advisers or senior colleagues for advice. The Board, having a quasi-judicial function, is not able to advise individuals directly.

The following paragraphs describe the more common types of offence or misconduct which may be regarded as grounds for disciplinary proceedings.

#### **1. Convictions punishable with imprisonment**

It is emphasized that any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether a prison term is imposed or not.

A particularly serious view is likely to be taken of a radiographer convicted of criminal deception (e.g. obtaining money or goods by false pretences), forgery, fraud, theft, indecent behaviour or assault in the course of his professional duties or against his patients or colleagues.

#### **2. Disregard of professional responsibilities towards patients**

Disciplinary proceedings may be instituted in any case in which a radiographer appears to have disregarded his professional responsibility to treat or care for a patient or otherwise to have neglected his professional duties and responsibilities. Purely for guidance purposes, a list of cases which the Board would consider as constituting an offence of disregarding professional responsibilities toward patients is at Appendix II.

### **3. Abuse of alcohol or drugs**

A radiographer who attends patients or performs other professional duties while under the influence of alcohol or drugs to such an extent as to be unfit to perform his professional duties is also liable to disciplinary proceedings.

### **4. Abuse of professional position in order to further an improper association**

A radiographer who abuses the professional position in order to further an improper, immoral, or indecent association with a person with whom he stands in a professional relationship may be subjected to disciplinary proceedings.

### **5. Abuse of professional confidence**

Disciplinary proceedings may be taken where it is alleged that a radiographer has improperly or carelessly disclosed information obtained in confidence from or about a patient in the process of clinical investigation or treatment.

### **6. Advertising**

- (a) The tradition that all professions should refrain from self-advertisement has long been accepted. Advertising is incompatible with those principles which should govern relations between members of the profession and allied professions, and which could be a source of danger to the public. Advertising in this context will be regarded by the Board in its broadest possible sense to include any means by which a radiographer is publicised, either by himself, his subordinates, agents or others, in a manner which can reasonably be regarded as promoting his own professional advantage. That a radiographer does not in practice personally benefit from the publicity is not a defence to the charge of advertising.
- (b) Misconduct may arise as advertising, that is, publication either directly or indirectly and in any place; of matter that commends, draws attention to the skills, knowledge, services, or qualifications of a professional radiographer, with or without the knowledge or sanction of that radiographer, or when the radiographer has either organised or failed to take reasonable steps to prevent, the publication of such advertising.
- (c) Advertising may also be considered to occur if a radiographer permits or fails to take adequate steps to prevent the publication, either directly or indirectly (in any form in Hong Kong or elsewhere), by other persons, of matter which commands attention to his own professional attainments or services. Advertising is also considered to occur if any publication draws similar attention to any organisation employing or using the professional services of that radiographer.

In determining in either set of circumstances whether professional misconduct has occurred, it is relevant to take into account: —

- (i) the extent and nature of, and possible reason for the publicity; and

- (ii) the question whether the arrangements appear to have been intended to serve to promote the radiographer's own professional advantage or financial benefit.
- (d) Advertising may arise from notices or announcements displayed, circulated, or made public by a radiographer in connection with his own practice, if such notices or announcements materially exceed the limits customary in the professions:

examples of permitted notices and announcements are given in Appendices. Rules for the guidance of radiographers in relation to signs, visiting cards, etc., entries in street or telephone directories, circulars and cocktail parties are set out below: —

- (i) *Signs*: The Board disapproves of the exhibition in connection with a practice of any sign which, by its nature, position, size or wording, exceeds what is reasonably necessary to indicate the location of, and entrance to the premises concerned.

I. *Signboards*

*General.*

Signboards may not be exhibited anywhere except on the premises at which the practice to which they refer is conducted.

\* Signboards may not be ornate, nor may they be illuminated except at night or when situated in a dark place. The illumination should be the minimum necessary to allow the contents to be read. Flashing signs are not permitted.

*Particulars.*

The only particulars which may appear on signboards are:

- A. The name of the radiographer (or the name by which the practice is known), in Chinese and English.
- B. The term 'registered diagnostic radiographer' for diagnostic radiographers registered under section 13 of the Allied Health Professions Ordinance, in Chinese and English.
- C. The term 'registered therapeutic radiographer' for therapeutic radiographers registered under section 13 of the Allied Health Professions Ordinance, in Chinese and English.
- D. The term 'provisionally registered diagnostic radiographer' for diagnostic radiographers registered under section 15 of the Allied Health Professions Ordinance, in Chinese and English.
- E. The term 'provisionally registered therapeutic radiographer' for therapeutic radiographers registered under section 15 of the Allied Health Professions Ordinance, in Chinese and English.

- F. Qualifications recognised by the Board in the approved Chinese and English abbreviated forms, if the name of the radiographer appeared on the signboard.
- G. An indication of the situation in the building of the radiographer's office.
- H. The hours of attendance at such office.

*Definition.*

The word 'signboard' means any composite notice(s) exhibited by a radiographer to identify his practice to the public.

*Dimensions.*

The area of a signboard is taken to be the length multiplied by the breadth of its face, or faces, including all borders.

When only one face is visible that face may not exceed that in size the aggregate of the permitted maximum size of a signboard in that precise location.

Where two faces are visible (i.e. can be read from two different directions) then the areas of the two faces added together must not exceed the permitted maximum size of a signboard in that precise location.

Where three faces are visible (i.e. can be read from three different directions) then the areas of the three faces added together must not exceed the permitted maximum size of a signboard in that precise location.

The areas of any number of faces on any one signboard must not in aggregate exceed the permitted maximum size of a signboard in the precise location.

*Generally Permitted.*

Every radiographer is permitted to exhibit one signboard on or beside that door which gives immediate and direct access to his office. The size of the signboard beside that door must not exceed 0.54 square metres.

*Additional Signboards Permitted*

- A. *For Ground Floor Offices with direct access from the pavement*  
One Signboard: The wording of which is visible from the street, exhibited below first floor level.  
N.B. For offices in this category, no more than two signboards in total may be exhibited.
- B. *For Offices situated within a building having one public entrance*  
One Signboard: the wording of which is visible from the street, exhibited at the floor level where the practice is conducted.  
One Signboard: the wording of which is visible from the street, exhibited adjacent to the public entrance to the building.

N.B. For offices in this category no more than three signboards in total may be exhibited.

C. *For Offices situated within a building having more than one public entrance*

One Signboard: the wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

Two Signboards: the wordings of which are visible from the street, exhibited adjacent to a maximum of two public entrances to the building.

N.B. For offices in this category no more than four signboards in total may be exhibited.

NOTE

A: The maximum number of signboards permitted in total includes the one 'Generally permitted' plus the number shown under 'Additional Signboards permitted'.

B: (1) No additional signboard exhibited below First Floor level may exceed 0.54 square metre.

(2) No additional signboard exhibited at Mezzanine Floor or First Floor level may exceed 0.72 square metre.

(3) No additional signboard exhibited at a level above First Floor level may exceed 1.08 square metre.

II. *Directory Boards*

Where directory boards are provided in buildings having a number of entrances and lobbies there will be no objection to the use of whatever number of boards are provided. The particulars which may appear on directory boards are those which may appear on signboards. Each entry must conform to the standard size for every other entry on the board.

III. *Directional Notices*

Directional notices must contain only the name of the radiographer, the permitted prefix and the room number of his premises. They can be exhibited only inside a building. The numbers which may be exhibited will be left to the discretion of the radiographer but the guidance given at the beginning of this section under '(i) Signs' must be given due consideration. Directional notices must not exceed 0.09 square metre in area and all borders must be included in the calculation.

IV. *Notices of Consulting Hours*

Every radiographer is permitted to exhibit one separate notice containing his name and details of his practice hours provided that this information is not already shown on some other sign. The placement of such a notice is left entirely to the radiographer. However, it is emphasized that only one such notice is permitted and its maximum size, including borders, is limited to 0.18 square metre.

(ii) *Stationery, etc.*

Stationery, etc.: Stationery (examination request/treatment forms, visiting cards, letterheads, envelopes, notices, etc.) may contain only the radiographer's name; qualifications and appointments acceptable to the Board in the approved Chinese and English forms; address; telephone numbers and consultation hours. Stationery should not be ornate, coloured, or professionally flattering. It should not contain any qualifications other than those acceptable to the Board, nor should it contain any indication of honorary, etc., positions held. Any radiographer whose stationery contains irrelevant or unacceptable information; qualifications which are unacceptable to the Board; abbreviations referring to the source of a qualification which may be taken by a lay person to represent an additional qualification; indications as to registration(s) acquired; reference to courses of clinical training; reference to periods of study; etc., may be considered to be guilty of unprofessional conduct.

(iii) Announcements of commencement of practice and of altered conditions of practice such as change of address, change of partnership or assistantship, telephone number, etc., are permissible provided that:

- A. A notice should not be inserted in more than two English and two Chinese newspapers. Two insertions may be made in each newspaper but these should be completed within one week.
- B. Where a radiographer's commencement of practice is announced in a notice of partnership or assistantship, a separate individual notice of commencement of practice should *NOT* be published.
- C. When giving notice of the closure of a branch office, mention should not be made of the address of any other office which is being used by the radiographer.
- D. A notice of Recommencement of Practice should only be published where a radiographer has not practised in Hong Kong for a continuous period exceeding twelve months.
- E. A notice in any newspaper should be in black type only and no coloured decoration, characters, illustration or wording should be used. The notice itself should be of a reasonable size not exceeding a maximum of 58.1 square centimetres. Draft notices which are considered by the Radiographers Board to be in accordance with the tenets of professional conduct and ethics are given as Appendices III to X.

(iv) *Entries in street or telephone directories.*

Such entries should be normal type only and should accord with the particulars permitted to be used on signboards. Entries in any section of the Yellow Pages except the alphabetical listing of radiographers are not permitted. Payment for any extra entry in telephone directories may be construed as advertising.

(v) *Circulars.*

The distribution of visiting cards, announcements, or similar forms of circular to persons who are not radiographers may lead to a charge of advertising. Notice of change of address may be circulated to existing patients of the radiographer.

(vi) *Entertainment.*

The Board advises that the holding of any entertainment at a radiographer's professional premises by the radiographer on opening or transferring a practice may be construed as advertising and is therefore undesirable.

(vii)-Practice websites, social media and other electronic communication platforms

A. A radiographer may publish his/her professional service information on either his/her practice website, the website of a radiography practice group, social media or electronic communication platform.

B. The page may carry only the following—

(a) information which is permitted on signboard under section 6(d)(i)I; and

(b) information on radiography and related service provided under a radiographer's practice or by a radiography practice group.

C. The contents strictly prohibited in the page—

(a) Any reference made to or any mentioning of any publication or article written by the radiographers or by any practitioner of the radiography practice group or related radiography practice group;

(b) Any reference, association, hyperlink or any form of linking to or from any commercial or promotional site, whether radiography or non- radiography related, with the exception of linking to a bona fide radiography database which contains all registered radiographers in Hong Kong;

(c) Any reference or mentioning of sponsorship by any commercial company or group;

(d) Any testimony from patients or related persons;

(e) Any testimony from radiographers;

(f) Any section that allows the public to leave comments or queries;

(g) Any link to or from any personal webpage, social media or commercial webpage; and

(h) Active Channels/Push technology/Broadcast channel technology in any form.

(e) The question of advertising may also arise in a number of other contexts, such as books by radiographers, articles or letters or other items written by or about them in newspapers or magazines, and talks or appearances by radiographers on radio, television, or at public meeting such as Rotary,

Lions etc. In such cases the identification of a radiographer need not in itself raise a question of advertising, but such a question may arise from the nature of the material printed or spoken.

The Board is nevertheless of the opinion that radiographers in giving interviews to radio, television or the lay press should preserve anonymity both as to name and identifiable photograph wherever possible when professional matters are under discussion. Official spokesmen for Government, ~~University, Polytechnic~~tertiary institutions, professional associations, hospitals and charitable organisations when discussing matters of public interest may, however, find it necessary, in order to lend authority to their statements, to divulge their names, but no mention should be made of qualifications, experience or other personal professional particulars (such as the fact that they are in practice).

The giving of lectures to lay audiences (e.g. club luncheons) is permitted if the aim is to give general information and if such lectures are advertised to club members only and provided that reports are not made on radio, television or in the lay press.

The Board does not consider it unethical for the name of a radiographer to be mentioned in press reports dealing with matters of general interest but again no mention should be made of qualifications, experience or other personal professional particulars (such as the fact that they are in practice).

Radiographers should take steps to ensure that ethical codes are respected whenever they have dealings with radio, television and press interviews and reporters.

(f) Radiographers may not advertise except in the following manner:—

- (i) writing to or calling on medical practitioners and medical institutions in relation to matters concerning qualifications, experience and services; and

- (ii) including notices in registered medical, and health care professional publications in format as described in Part III section 6(d)(iii)E of this Code of Practice.

## **7. Depreciation of other radiographers**

The depreciation of the professional skill, knowledge, services or qualifications of another radiographer or other radiographers may lead to disciplinary proceedings and should be carefully avoided.

## **8. Canvassing**

Canvassing for the purpose of obtaining patients, either personally, by his/her subordinates, agents or others; whether directly or indirectly, or in association with or in the employment of persons or organisations which canvass, may lead to disciplinary proceedings. Except in an emergency the Board does not

—consider it permissible for a radiographer to call upon or communicate with any person who is not already a patient of his practice, with a view to providing advice or treatment unless expressly requested to do so by that person or by a parent or guardian of that person. Moreover the Board does not consider it permissible for a radiographer to canvass by means of the distribution of visiting cards other than as a result of a request for a card by an individual.

Association by radiographers with nursing homes, medical benefit societies, insurance companies etc. which advertise clinical and diagnostic services but which allow a free choice of radiographer does not violate the ethical code, but radiographers are warned that association with any such institution, company etc. which advertises clinical or diagnostic services to the general public and which directs patients to particular radiographers may be regarded as canvassing. This does not preclude any radiographer or panel of radiographers from being employed by an organisation, company, school etc. which does not advertise clinical or diagnostic services provided that the names of such radiographers are supplied only to bona fide employees, scholars and their families by the management.

## **9. Misleading and unapproved descriptions and announcements**

The Board warns radiographers specifically against the use of descriptive wording such as ‘Specialist’ etc. and reference to positions held, employment, honorary appointments, or experience and qualifications which are unregistrable or not acceptable to the Radiographers Board, on signboards, stationery, visiting cards, letterheads, envelopes, examination request/treatment forms, notices, etc. A list of qualifications acceptable to the Board in the approved Chinese and English abbreviated forms is issued to all radiographers. Copies may be obtained from the Secretary, Radiographers Board of Hong Kong. Any radiographer who uses any title or description which may reasonably suggest that he possesses any professional status or qualifications,

other than those which he in fact does possess will, in the opinion of the Board,

be guilty of misconduct. In general the Board considers that any act or omission by a radiographer in connection with his practice which may mislead the public may be held to constitute misconduct.

Radiographers are warned that the use of any professional qualification in Chinese Characters immediately before or after the radiographer's name is not allowed. The only prefix or suffix in Chinese allowed to be used with the radiographer's name is (註冊放射診斷技師) for diagnostic radiographers registered under section 13 of the Allied Health Professions Ordinance, or, (有限度註冊放射診斷技師) for diagnostic radiographers registered under section 13A of the Allied Health Professions Ordinance, or (暫時註冊放射診斷技師) for diagnostic radiographers registered under section 13B of the Allied Health Professions Ordinance, or (臨時註冊放射診斷技師) for diagnostic radiographers registered under section 15 of the Allied Health Professions Ordinance, or, (註冊放射治療技師) for therapeutic radiographers registered under section 13 of the Allied Health Professions Ordinance, or, (有限度註冊放

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射治療技師) for therapeutic radiographers registered under section 13A of the Allied Health Professions Ordinance, or (暫時註冊放射治療技師) for therapeutic radiographers registered under section 13B of the Allied Health Professions Ordinance, or (臨時註冊放射治療技師) for therapeutic radiographers registered under section 15 of the Allied Health Professions Ordinance. Professional qualifications which are acceptable to the Board for use on signboards, letter-heads, visiting cards, examination request/treatment forms etc., when used with the official Chinese version may appear in the section listing all his/her qualifications and must be of equal dimensions and print types. An illustration is at Appendix XI.

## **10. Improper financial transactions (Feesplitting)**

Sharing fees with any person who has not taken a commensurate part in the service for which the fees are charged is considered to be an unethical practice, as also is provision or receipt of rebates, and may lead to disciplinary action.

## **11. Covering delegation of radiological/therapeutic duties to unregistered persons**

A radiographer who delegates to a person who is not a radiographer duties or functions in connection with the radiological examination or therapeutic treatment of a patient for whom the radiographer is responsible or who assists such a person to attend patients as though that person were a radiographer, is liable to disciplinary proceedings.

## **12. Improper relationships with the medical and other health professions**

In broad terms a patient's illness should be examined or treated by a radiographer only on referral from a registered medical ~~or~~, dental or Chinese medicine practitioner, or a chiropractor, or a person registered in respect of a medical clinic exempted under section 8(1) of the Medical Clinics Ordinance, Cap. 343. If the referral is verbal, the radiographer should keep a written record on verbal communication relating to the referral, and the referring person should

be asked to confirm his earlier verbal referral in writing.

In emergencies, a radiographer may undertake radiological examination/treatment without such previous referral. In such an eventuality the radiographer should ensure that such examination and treatment as is undertaken be strictly limited to what the practitioner of radiography/radiotherapy has been trained to do.

Under no circumstances should a radiographer hold himself or herself out to be a person who is by training, experience or other skills, capable of independently providing medical diagnosis or treatment.

The above points serve only to point out that the radiographer is required to maintain the normal conventionally observed codes of behaviour in this regard.

### **13. Continuing Professional Development Scheme**

13.1 A radiographer should comply with the prevailing requirements of the mandatory continuing professional development scheme of the Radiographers Board.

13.2 The Radiographers Board warns radiographers of any consequences arising from any incorrect or false declaration or failure to honour any undertaking made to the Radiographers Board.

### **Conclusion**

It must be emphasized that the categories of misconduct described in this booklet cannot be regarded as exhaustive, since from time to time with changing circumstances, the Board's attention may be drawn to new forms of professional misconduct. Any abuse by a radiographer of any of the privileges and opportunities afforded to him or her, or of any dereliction of professional duty or breach of professional ethics, may give rise to a charge of professional misconduct.

*Radiographers Board*

**PROHIBITIONS TO BE APPLIED TO ALL RADIOGRAPHERS**

A. Diagnostic Radiography

1. To perform diagnostic imaging examinations on human beings without a referral from a registered medical ~~or~~, dental or Chinese medicine practitioner, or from a chiropractor, or from a person registered in respect of a medical clinic exempted under section 8(1) of the Medical Clinics Ordinance, Cap. 343. ~~Where~~When the referral is made by a dental practitioner, a Chinese medicine practitioner outside the radiographer may only perform plain radiographChinese Medicine Hospital of the skull region on the patient. The term ‘chiropractor’ means a person who is trained and professionally qualified in the practice of chiropractic including the practice of the prevention, diagnosis and treatment of functional disorders of the human body through manipulation of the joints particularly of the vertebral column and peripheral joints, including the pelvis. Where the referral is made byHong Kong, or a chiropractor, the radiographer may only perform plain radiograph of the vertebral column and peripheral joints, including the pelvis.medical imaging tests as follows:-

*(Amended on 24.1.2005)*

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<u>Healthcare Professionals</u>	<u>Medical Imaging Tests</u>
<u>Dental Practitioner</u>	<u>Plain radiograph of the skull region on the patient</u>
<u>Chinese Medicine Practitioner outside the Chinese Medicine Hospital of Hong Kong</u>	<u>Plain radiograph</u>
<u>Chiropractor</u>	<u>Plain radiograph of the vertebral column and peripheral joints, including the pelvis</u>

2. To ~~write~~issue reports on radiographic, fluoroscopic, ultrasound and other organ imaging examination including computed tomography, magnetic resonance and radionuclide studies.<sup>2</sup>

B. Therapeutic Radiography

- ~~3.1.~~ To perform radiation therapy without the referral and/or prescription from a registered medical practitioner.

- 4.2. To operate radiation therapy equipment for the treatment of diseases without the direction of a registered medical practitioner.
- 5.3. To perform radiation therapy using radioisotopes and radiopharmaceuticals for the treatment of diseases without the direction of a registered medical practitioner.

**LIST OF CASES OF DISREGARD OF PROFESSIONAL  
RESPONSIBILITIES TOWARDS PATIENTS**

1. Failure to provide adequate evaluation, planning, implementation and supervision of the radiological/radiotherapeutic procedure for a patient, and maintain adequate records of the case.
2. Failure to recognise the extent and limitation of one's own professional expertise by attempting to carry out procedures of which the radiographer does not have the necessary knowledge and skill.
3. When the patient's needs are beyond the scope of the radiographer's expertise, the radiographer fails to inform the patient and fails to assist the patient identifying a suitably qualified person to provide the necessary service.
4. Continuation of professional services beyond the point of possible benefit or by providing services more frequently than necessary.
5. Failure to exercise independent and sound judgement upon receiving a referral which specifies radiological procedures/radiotherapy for conditions or symptoms in which radiography/radiotherapy is contraindicated, and failure to initiate consultation with the referring source.
6. Improper delegation or supervision of radiological procedure/radiotherapy which requires the unique skill, knowledge and judgement of a radiographer to a less qualified person.

**NOTICE OF COMMENCEMENT OF PRACTICE**

has commenced

The undersigned practice at

will commence

.....

(as from ..... 20 ..... )\*

Consulting Hours .....

Telephone No. ....

(Signed) ..... #

\* delete words in brackets where practice already commenced.

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

**NOTICE OF RECOMMENCEMENT OF PRACTICE**

has recommended

The undersigned practice at

will recommence

.....

(as from ..... 20 ..... )\*

Consulting Hours .....

Telephone No. ....

(Signed) ..... #

\* delete words in brackets where practice already commenced.

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

**NOTICE OF REMOVAL**

The practice now carried on by the undersigned at

.....

will as from ..... 20 ..... be carried on at .....

.....

Consulting Hours .....

Telephone No. ....

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

**NOTICE OF OPENING OF A BRANCH OFFICE**

The undersigned will open a branch office at .....

.....

as from ..... 20.....

Consulting Hours of branch office .....

Telephone Number of branch office .....

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

**NOTICE OF CLOSING OF BRANCH OFFICE**

As from . ..... 20 ..... the undersigned will no longer  
carry on practice at his/her/their branch office at .....  
.....

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

**NOTICE OF PARTNERSHIP OR ASSISTANTSHIP**

As from.....20 .....

I/we have admitted Dr./Mr./Miss/Ms ..... #

as a partner/assistant\* in my/our Firm. (This Firm will in future be known

as ..... )

and will carry on practice at .....

.....

Consulting Hours .....

Telephone No. ....

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

\* delete which is not applicable.

**NOTICE OF PARTNERSHIP OR ASSISTANTSHIP**

As from.....20 .....

Dr./Mr./Miss/Ms ..... # will carry on  
practice at ..... as  
partner/assistant\* to the undersigned.

Consulting Hours .....

Telephone No. ....

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

\* delete which is not applicable.

**NOTICE OF TERMINATION OF PARTNERSHIP OR ASSISTANTSHIP**

As from ..... 20 .....

Dr./Mr./Miss/Ms ..... # will no longer be associated with the undersigned in the practice carried on at .....

(The Firm will in future be known as ..... )

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

\* delete which is not applicable.

**NOTICE OF CHANGE OF TELEPHONE NUMBER**

As from.....20 .....

the telephone number of the practice carried on by the undersigned will be/has been changed from ..... to .....

(Signed) ..... #

# qualifications acceptable to the Radiographers Board may be shown in abbreviated form.

EXAMPLE OF CORRECT USE OF  
CHINESE CHARACTERS

臨時註冊放射診斷技師

註冊放射診斷技師

臨時註冊放射治療技師

註冊放射治療技師

