



## The introduction, deployment and impact of assistant practitioners in diagnostic radiography in Scotland



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### ABSTRACT

This article describes the outcomes of an evaluation of the impact of introducing Assistant Practitioners (AP) roles into imaging departments in 13 of the 14 NHS Boards in Scotland.

Between 2006 and 2009 some 34 individuals were trained as APs in diagnostic radiography with 33 subsequently taking up AP posts. In 2010 NHS Education for Scotland commissioned an evaluation of the impact brought about through introduction of the diagnostic imaging AP role in imaging departments.

The research found that a minority of the managers had considered the workforce implications of introducing the new roles or the supervisory arrangements that would be required. In some sites implementation of the roles had resulted in the release of radiographers for additional training and higher level activities, but in others financial constraints had limited such initiatives. Managers believed that APs had helped maintain or improve service capacity and quality.

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### Introduction

As part of realising new ways of working, the 4-tier model or Career Progression Framework (CPF) was introduced, with assistant practitioners (APs) at Band 4. The Department of Health (DH) defined an AP as someone who ‘... performs protocol-limited clinical tasks under the direction and supervision of a state registered practitioner’.<sup>1</sup> Procedures vary with local needs but are confined to standard examinations carried out on ambulant adult patients and conducted in accordance with locally agreed protocols.<sup>2</sup> Introduction of the AP role was designed to free up radiographers’ time and allow them to take on some of the tasks traditionally undertaken by radiologists. In addition, it was expected to improve retention of those in support roles by providing a career development pathway.<sup>3,4</sup>

In 2004, NHS Education for Scotland (NES) undertook a scoping exercise which examined role development for radiographers and support workers in Scotland. One finding was the lack of appropriate educational opportunities and pathways for developing support workers into APs.<sup>5</sup> In response, the Scottish Executive Health Department commissioned the Scottish Qualifications

Agency to develop two Higher National Certificates (HNCs) in Diagnostic Imaging and Radiotherapy and Certificate of Higher Education to provide a route to help support workers progress into the AP role.

NES, in collaboration with the Health Delivery Directorate funded 41 support workers across the ten territorial Health Boards to enable them to complete one of the three programmes. From January 2007, 34 trainee APs undertook one of two HNC programmes as a two-year day release while a further seven undertook the Certificate in Higher Education course. All 41 trainees completed their programmes in 2008 and 2009 with all but one being appointed as a radiography assistant practitioner.

Given the financial investment from the Scottish Government it was of interest to determine the impact of the AP posts. Phase 1 of the evaluation included both diagnostic and therapeutic APs and reported exclusively on the completed HNC programmes. While this phase demonstrated that the programmes met their aims by providing pathway to AP roles, managers in the participating departments felt that it was too early to gauge the impact of the changes.

By 2010 the first tranche of APs had been in post for a year and NES felt that an appropriate time had elapsed for impact to become evident and commissioned the second phase of the evaluation. Phase 2 was to focus on the diagnostic radiography AP’s progress by charting service impact, patient experience, and future career aspirations.

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In July 2010 NES issued an invitation to tender and the project was awarded to the University of Hertfordshire and the Institute for Employment Studies. The project commenced in September 2010 and the methodology was agreed with NES. This paper reports the outcomes of the interviews with imaging department managers as part of that work.

## Methodology

In deciding to use telephone interviews as the investigative tool cognisance was given to the work of Berg<sup>6</sup> and Smith<sup>7</sup> who summarised and discussed the merits of the method. Smith,<sup>7</sup> in particular, suggested that the increasing use of telephone interviews has brought benefits to health services research. These included the opportunity to collect data from geographically disparate samples; reduced cost and time effectiveness; the acceptability of interviewees because they usually take less time and unlike self-administered questionnaires the interviewer can maximise the opportunity to ensure that all questions are answered. These were important factors that were relevant to this study. Telephone interviewing was therefore considered to be the appropriate method to seek detailed information and data from a purposive sample of senior radiographic staff.

A key step was to create an interview guide<sup>8</sup> which enabled the identification of key topics to support the planned semi-structured interviews. The interview approach was to elicit an initial overview of the nature of the changes made to accommodate, and subsequently build upon the Assistant Practitioners posts and to seek information regarding their impact on clinical effectiveness and efficiency within the department.

Specifically interviews were utilised to:

- Explain the objectives of the work;
- Discuss the ways in which Assistant Practitioners were deployed in their departments, any changes to departmental structure and the outcomes in terms of changes to departmental functioning;
- Identify the types of data/information the department itself is collecting, analysing and monitoring regarding impact of introduction of the posts;
- Explore the managers' perspective on the extent to which introduction of the Assistant Practitioners posts have impacted on quality, skills mix and departmental flexibility and efficiency (cost-benefits);
- Request the managers' support and assistance in publicising and encouraging response to the online survey of Assistant Practitioners and their colleagues;
- Explore their attitude to the possibility of the site being one of six case study sites to be visited later in the work.

Advice was sought from the National Research Ethics Service on whether ethical approval should be obtained. The work was classed as service evaluation and ethical approval was not required. This was reported to NES who advised that organisation approval be required from the relevant Health Boards which were obtained. In addition informed consent was given by the interviewees.

## Procedure

Imaging department managers across nine territorial Health Boards that had Assistant Practitioners in Cohort 1 were sent an initial email to introduce the team and request an interview. An assurance of anonymity was given at that time. All but one email elicited a reply. Of the replies, one reported that they no longer had an Assistant Practitioner. All other managers agreed to participate:

Mutually arranged interview times were agreed between the interviewer and interviews. In total there were 14 interviews conducted involving 20 people. At eleven hospital sites the interviews were with individuals; at the other sites, one interview was with two managers, another was with three people (manager, clinical tutor and a superintendent) and another with a manager and three imaging co-ordinators. For the interviews with multiple participants a speaker phone was used.

At the outset of each interview permission was requested and, in all cases was given, for the interviews to be recorded to assist with analysis. The discussion guide was used to direct the conversation. The researcher took notes as interviews progressed and in addition all interviews were recorded and transcribed. Subsequently, participants had the opportunity to check for factual accuracy. The data were analysed thematically, with the data and themes being reviewed by two of the researchers to ensure consistency. The interviews took between 20 and 45 min to conduct.

## Results

Some sites had begun by considering the way in which the posts would be incorporated within departments or had planned for the change to workforce numbers and profile. At only one site had introduction of the AP's post followed on from a full review of functioning and staffing levels: they had examined the skills within the department and on that basis re-designed job descriptions and roles and undertaken an organisational change process in line with this.

*'We had planned for changes in staff levels as we wrote new job descriptions and looked at skill levels. When we introduced APs we looked at the four tier system. Then the funding became available to allow progress for APs and we now have it embedded but we need to look at training the advanced practice roles for radiographers which was the rationale behind introduction of the AP's role.'*

At another the offer of funding for the post had occurred at a time when a CT scanner was being introduced:

*'The business case for the introduction of the AP was that we were getting a completely new modality with the CT scanner. There was a need to get CT skills in the team. We increased the establishment of radiographers by one but with the AP to relieve another radiographer so they could work within CT.'*

Mostly, managers did not report any real planning for how the APs would be incorporated into workforce plans or how they would be deployed.

Once in post, managers found that the extent to which they could deploy APs was limited by the College of Radiographers' scope of practice. The main restrictions related to APs being unable to authorise ('justify') the initial examination, sign off the images taken, or give information to patients regarding outcomes. This impacted on the extent to which AP roles provided departments with flexibility. In some supervisory requirements led to additional work for managers in terms of planning needed to arrange rosters while the supervision requirements had in some cases led to additional pressures on staff.

*'It has had an impact. We had to make sure that the AP is supervised by a Band 6 radiographer all the time. Instead of having two Band 5s we have to have a Band 6 and a Band 4.'*

*This takes more organising. We have to monitor which members of staff are off so that the correct supervision and support can be given.'*

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