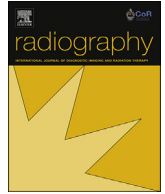




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Embedding consultant radiographer roles within radiology departments: A framework for success

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ABSTRACT

Introduction: Many organisations struggle to clearly differentiate the radiographer consultant role from advanced or specialist practice, with newly appointed consultant practitioners often ill-prepared for working at this level. This article discusses the design, implementation and validation of an outcomes framework for benchmarking competencies for trainee or new-in-post consultant radiographers.

Methods: Five experienced radiographers from different clinical specialisms were seconded to a twelve month consultant trainee post, guided by a locally-devised outcomes framework. A longitudinal qualitative study explored, from the radiographers' perspective, the impact of the outcomes framework on the transition to consultant practice and beyond. Data collection included semi-structured interviews (months 1, 6 and 12), validation via a focus group (month 18) and a group interview (5 years).

Results: Early interactions with framework objectives were mechanistic, but as participants better understood the role more creative approaches emerged. Despite diverse clinical expertise, the framework facilitated parity between participants, promoting transparency and credibility which was important in how the consultant role was perceived. All participants achieved all framework outcomes and were subsequently appointed to substantive consultant radiographer positions.

Conclusion: This outcomes framework facilitates experienced radiographers to successfully transition into consultant radiographers, enabling them to meet multiple non-clinical targets while continuing to work effectively within a changing clinical environment. It is the first validated benchmarking tool designed to support the transition to radiographer consultant practice. Adoption of the tool will provide a standardised measure of consultant radiographer outcomes that will promote inter-organisational transferability hitherto unseen in the UK.

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Introduction

Allied health and nurse consultant practitioner roles were established in the UK nearly two decades ago,^{1,2} yet despite a strong political and professional desire to progress non-medical consultant practice, these roles have been adopted cautiously. With regard to radiography (diagnostic and therapeutic), there were 133 consultant practitioners in post in March 2018³ compared to the 32,167 radiographers registered with the regulatory body (Health and Care Professions Council (HCPC)).⁴ While acknowledging that not all registered radiographers will be currently in practice in the

UK, this nevertheless equates to approximately 0.4% of the registered profession. A reported cause of the limited adoption of non-medical consultant practitioner roles has been the difficulty experienced by organisations to clearly define and differentiate the consultant role from advanced or specialist practice^{5,6} and in turn, clarify role expectations in terms of measures of success.^{7–9} As a result, the lack of role clarity has, until recently, inhibited the production of detailed standardised role descriptors to guide and enable the introduction of consultant radiographer posts within clinical departments.^{10–14}

While the four domains of non-medical consultant practice are clearly specified^{2,15,16} as (1) expert clinical practice, 2) professional leadership, 3) practice and service development, research and evaluation, and 4) education and professional development, the time awarded to activities within each domain, with the exception

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of expert clinical practice (50% of time) is flexible.¹⁷ Interestingly, while early studies of consultant nurses demonstrated an insufficient focus on clinical practice,^{13,18} the converse appears to be true for consultant radiographers with appointees spending a disproportionate amount of time undertaking expert clinical practice (70%¹⁹–90%^{20,21}) at the expense of the other three domains. While Forsyth & Maehle (2010) rightly congratulated the first generation of consultant radiographers for their commitment to developing clinical practice,²² the persistent reliance on expert clinical skills alone suggests a lack of comprehension of the criteria needed to make these posts a success,²³ supporting the belief that organisations struggle to define and clarify the non-medical consultant role. This is further evidenced when consultant job plans are evaluated against the four domains of practice with the key components of research,^{8,19,22,24–26} strategic influence²⁴ and leadership,^{22,27} often being neglected. A focus on expert clinical practice alone will potentially limit impact of the role, and limited evidence of impact, often confined to local case studies with limited methodological rigour, has been cited in nursing literature as a potential barrier to future growth of consultant practice.^{28,29} The Society and College of Radiographers (SCoR) has recently issued guidance to support the development of consultant job plans which advise upon the appropriate proportions of clinical and non-clinical sessions to facilitate working across the four domains of practice.³⁰

Further criticism of the non-medical career framework has highlighted that newly appointed consultant practitioners are often ill-prepared for working at this level. This suggests that a lack of suitable development may be responsible for the poor recruitment of consultant practitioners to date,^{9–11,23,31} although the introduction of the Multi-professional Framework for Advanced Clinical Practice in England (2017)³² may address this going forwards. The transition from advanced to consultant practice is a challenging and emotional journey representing a significant life event rather than a simple job promotion.¹⁵ Consultant practitioners are often 'launched' into their new role without consideration of this transitional period.^{11,33} As a consequence of a lack of role clarity and measures of success they receive little support from employers to assess and develop threshold competencies. This article reports upon the design, implementation and validation of a generic framework for benchmarking competencies for new-in-post consultant radiographers, or those in trainee positions, across the four domains of consultant practice. Developed within an acute NHS Trust in the North of England over a five year period, it has been used to successfully guide the development and appointment of five consultant radiographers within a single NHS Trust which remains the largest employer of consultant radiographers to date.³⁴

Method

Five experienced radiographers working within different clinical specialisms were seconded to a twelve month consultant trainee post as part of a locally devised career development programme. With two consultant radiographers already in post, the host organisation had a good awareness of the potential challenges that the trainees may face and also the opportunities that enlarging the consultant radiographer cohort might provide for service improvement and leadership. To provide clarity around expected knowledge, skills and behaviours appropriate to consultant practice and measures of role success and achievement, an outcomes framework was devised and mapped to the four domains of consultant practice alongside estimated timescales for achievement (see Fig. 1).

A five-year longitudinal qualitative research study, sensitive to the traditions of phenomenology,³⁵ was undertaken to explore the experiences of the trainees from recruitment through their consultant transition journey. While the early consultant transition period has

been previously reported,^{15,36} this research considers the impact of the outcomes framework on the development of the trainees, focussing upon its perceived value to the participants on retrospective reflection and review after becoming established in post.

To preserve objectivity, this evaluation was undertaken by individuals experienced in advanced and consultant practice education and research but employed outside the study centre. Data collection and analysis was undertaken at intervals throughout a five-year period by a researcher who was not known initially to the participants. The project was considered by the organisation to be a Service Evaluation project³⁷ and therefore did not require formal ethical approval, however all participants provided informed consent for their inclusion in this project at each stage of data collection.

The project consisted of three work streams (Fig. 2): framework development; user feedback; and review of outcomes. The user feedback and outcome review were undertaken within several data collection episodes over the five year period (Fig. 3) which commenced with individual semi-structured interviews (months 1, 6 and 12), each lasting approximately 45 min. These interviews were timed to coincide with early, mid-point and end-point engagement with the framework tool, which allowed 12 months for completion of all objectives.

Following analysis of the individual transcripts, a focus group was undertaken at 18 months to share with the five participants the emerging findings, and facilitate validation and shaping of these researcher findings via direct participant involvement. The researchers presented the key research findings to the participants, followed by a discussion following a pre-prepared focus group schedule. The feedback from the participants allowed exploration of potential points of interest or contention and added greater depth of understanding of the findings.

At 5 years post commencement on the trainee programme, a group interview following a pre-prepared interview schedule was used to facilitate a retrospective review of the framework from the point of view of the now experienced consultant practitioners. All interviews were analysed via a thematic analysis process and a detailed overview of data collection and analysis has been published.¹⁵

Results

The outcomes framework was introduced to the five trainee consultant radiographers at month 0 (zero). All participants converted the 'generic' framework expectations into an individual action plan based upon an initial gap analysis of their actual versus desired performance, alongside self-reflection and appraisal objectives. The interviews explored the participants' perceptions of progress towards achievement of the framework objectives recording what aspects of development they were comfortable with and which, if any, created anxiety. Participant responses were triangulated with documentary evidence of progress and self-evaluation including the mapping of Curriculum Vitae (CVs) and development portfolios against the framework criteria.

Initial interviews (Month 1)

The early interviews explored the participant's career to date and reviewed their gap analysis. This self-evaluation of development needs was informed by personal (Myers-Briggs Type Indicator®³⁸ and peer assessment (NHS 360⁰)³⁹ profiling exercises. At this stage, all trainees felt comfortable with their expert clinical skills and with their education related goals, but expressed concern regarding their perceived lack of externality to the organisation and their leadership capability, even though some had significant managerial experience.

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