



Advanced and extended scope practice of radiographers: The Scottish perspective



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ABSTRACT

Purpose: The impact of changing roles, skill mix and a shortage of consultant radiologists on the profession of diagnostic radiography is not clearly understood in Scotland although the anecdotal perspective suggests the situation in many areas does not equate to that of England.

Method: A questionnaire survey was administered to 'lead diagnostic radiographers' across all Health Boards in Scotland and this was supplemented with telephone interviews.

Results: The implementation of skill mix initiatives and particularly advanced/extended scope practice was found to be geographically variable with limited evidence of change in some areas. Lack of effective funding and backfill for training was found to be a major barrier to change, although it was also acknowledged that opposition from some professional groups could be a major factor.

Conclusion: Although there is some optimism and evidence of accelerating change, development of the radiographic workforce in Scotland does not in general compare favourably to the findings of Price et al., in 2007. The reasons are multi-factorial including fiscal, professional and geographical elements.

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Introduction

Healthcare imperatives in Scotland align with the rest of the UK in terms of demographic change and the challenges of achieving cost effectiveness. Health policy in Scotland is fully devolved from the rest of the UK, therefore the evolution of practice generally and diagnostic radiographic practice specifically, cannot be assumed to mirror that of England.

Evolution of radiographic practice has been a consistent feature of the profession historically, with examples and documented commentary appearing at least 50 years ago, influenced by a range of factors.^{1–5} Skill mix and role changes are prominent features of health policy development^{6–8} and despite evidence of service enhancement,^{9–12} such change has led to a patchy and often incoherent implementation, based as often on professional preference or opposition, than service need or evidence.^{13–17} Workforce development and allocation of resources in Scotland, has resulted in a notably different environment.^{18–20}

Relevant literature is predominantly UK wide with limited Scotland specific data. Notably however, McKenzie et al., exploring radiographer performed barium enemas, reported low rates of participation in Scotland.²¹ In 2002, Price et al.²² again identified comparatively low participation rates in a study of 'the extent and scope of changes to radiography practice'. More recently, lower participation rates were identified in Scotland^{13,23} where seven (out of twelve) Health Boards in Scotland had radiographers undertaking diagnostic image reporting, compared with ten (out of ten) English regions.

A scoping exercise was undertaken to initiate a Scottish evidence base, inform service development and provide a comparator with other health systems.

Aims

- Profile extended or advanced scope practice in diagnostic radiography across Scotland.
- Identify strategic and demographic features influencing the development of radiographer roles.
- Identify features or barriers that impact on development of radiographer roles.

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