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Consultant breast radiographers: Where are we now? An evaluation of the current role of the consultant breast radiographer

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ABSTRACT

Introduction: The aim of this study is to:

- Evaluate the current role of the consultant breast radiographer.
- Compare current practice with the four key components for consultant practice.
- Gauge the support of radiologist colleagues.
- Determine the other professional commitments involved with the role.

This study could be the precursor for a macro study of all consultant radiographer practice in other specialities.

Methodology: Methodology used was a comparative ethnographic study. Questionnaires to the 24 consultant breast radiographers currently in post, and consultant breast radiologists, who work with them, were conducted.

Data collection was a qualitative thematic approach.

Conclusion: Consultant breast radiographers provide high quality care to patients through excellent clinical practice, leadership and good communication.

However, this study shows hospital Trusts emphasis for non medical consultants is for clinical practice first. Some radiologists are still a barrier to progression for consultant breast radiographers, and radiologists have a big influence in recruitment decisions.

Consultant breast radiographer posts are well established, their numbers are increasing through recognition of the role and of their abilities and performance. Consultant breast radiographers state that becoming a consultant is the major achievement of their career, proving the Society of Radiographers' vision of the four-tier career structure has been well received by the radiography profession.

Introduction

In 2000 the Department of Health (DoH) issued the NHS plan for reform of the provision of healthcare.[1] The factors that combined to facilitate the development of consultant radiographer posts were laid out by the DoH in two key papers which recognised the importance of Allied Health Professionals (AHP) as central to the modernisation of the NHS.[2,3] These papers recognised the crucial role AHP's play in reducing waiting times; ensuring patients are treated quickly by people with the right skills rather than waiting to be seen by someone with a particular professional background.

Within this plan for reform the Society of Radiographers (SoR) were laying foundations for more structured career pathways and opportunities for radiographers with potential to progress in both specialised and general radiography roles.[4–6]

The introduction of the 'four tier system' gave the radiography profession a higher level of career structure in recognition of academic achievement, expert clinical practice and research commitment. Radiographers who reached the highest level of the four tier structure would be recognised as consultant radiographers.[7–10] The first consultant radiographer post was created in 2002; the first consultant breast radiographer post in 2004.

This study examines the current practice and professional requirements of the consultant breast radiographer role.

Methodology

This study was undertaken as an MSc dissertation, the author acknowledges the limitations of the study to include just two groups of health professionals (due to time constraints and

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difficulties with obtaining research permission from each NHS R & D committee). The study could have been extended to include line managers and wider multidisciplinary team members to gain a more rounded, objective view of the impact that consultant breast radiographers have on breast service delivery, reduction in waiting times and influence on breast service provision at a national level.

The method employed for this study is a comparative ethnographic qualitative approach.[11,12] The rationale of this choice is that the ethnographic paradigm allows the study of a small group or community of people.[13,14] Questionnaires were sent to the 24 consultant breast radiographers in the UK who were in post at the time of the study and 22 responded (91%). Running concurrently was a questionnaire directed to 24 breast radiologists who have experience with working alongside these 24 consultant breast radiographers and 21 responded (87.5%).

Method of contact was facilitated by a letter of approval from the Society of Radiographers, who brokered contact between the researcher and consultant breast radiographers working in the UK. Respondents were asked to contact the researcher privately. Contact was similarly made to consultant breast radiologists. Contact was by postal survey with a single round of data collection and no reminder letters.

Results

Initial questions gauged time in post, type of hospital, whether consultant breast radiographers worked in both symptomatic and screening services (Table 1).

That 54.5% of respondents have been in post less than 3 years shows a marked increase in consultant breast radiographer posts in the past 3 years. A 2010 report on the shortfall in consultant radiologists numbers (Table 2) makes the case for consultant breast radiographer recruitment strong[15].

There are more consultant breast radiographers (54.5%) working in teaching hospitals, this lays to rest Price and Millars thinking in 2002[16,17] that radiology trainees are losing out or competing for training with consultant radiographers. All 22 consultant radiographers' (100%) who responded are actively teaching staff in the radiology directorates.

In response to a question asking what prompted their progression into advanced practice and subsequent qualification as a consultant radiographer? In the main 17 consultant radiographers (77%) spoke of a desire to move away from the repetition of continuous mammograms. Citing professional boredom and needing something to gain better job satisfaction 'wanting to become more involved'.

'Striving for additional knowledge' is a common thread throughout all questionnaires giving credence to and underpinning early articles by Price & Paterson[18] and Woodford[7] that most radiographers have enthusiasm and willingness to progress, and are happy to undertake further study to accomplish this. 15 consultant radiographers (68%) stated that they preferred a more clinical role as opposed to a managerial role; this enhances observations made by White & McKay[19] & Kelly et al.[8] that many radiographers are keen to progress, but not move away from direct patient contact and care.

Consultant breast radiographers in post for over 7 years (31.8%) appear to have provision of protected time for other professional commitments. The more recent consultant radiographers who have been in post less than 3 years are undertaking over 70% of clinical practice and in three cases 85%, 90% and 100% clinical work has been disclosed. Further analysis of the questionnaires show that over half of the consultant radiographers (68%) are using time outside of their working hours.

Notably only 5% of consultant radiographer time is research based and this is a major failing for consultant radiographer practice compared to the SoR guidelines. Respondents say that clinical practice component of the role takes precedence. The SoR guidelines appear at odds with the needs of hospital Trusts with regard to time spent on research (Table 3).

Professional activities promote the role of the consultant radiographer beyond the scope of radiography practice (Table 4).

White & Mckay[19] regard both national and/or international recognition for the consultant radiographer role establishes them an expert in their own speciality, service and field. Facilitating and promoting a learning culture of evidence based practice to be taken beyond their local organisations and creating best practice to a wider community. Yielder[20] concurs, stressing the need for strong and appropriate leadership to profile the profession effectively.

Consultants are undertaking tasks and procedures normally performed by those with a medical degree, so it is important that all their work is underpinned by academia. Most consultants have attained their MSc qualification or are working towards it (Table 5).

All respondents, when asked, stated that becoming a consultant radiographer was their major achievement indicating that the four tier career structure promotes advance practice and consultancy and gives inspiration to student radiographers showing a clear career pathway.

15 consultant radiographers (68%) had not experienced any negative experiences in respect to their role. 7 consultant radiographers (31%) did experience prejudice and adverse comments, mainly from radiography and radiology colleagues who did not appreciate that there was more to the role than clinical practice and lacked understanding of the other requirements of the role. Some consultant radiographers found surgical directorates had little or no understanding of their title or the role; they had to work hard to prove themselves and gain the respect of the surgical team.

All 22 (100%) enjoy their role, had more job satisfaction and like the flexibility of the work involved. Respondents felt involved in many varied challenging professional activities and enjoyed the autonomy of the role.

Table 1
Consultant breast radiographers demographic distribution.

How long in post?	Consultant radiographers	%
Over 7 years	7	31.8%
Between 3 & 6 years	3	13.7%
Less than 3 years	12	54.5%
Teaching hospital	12	54.5%
Non teaching hospital	10	45.5%
Symptomatic services only	3	13.5%
Screening and symptomatic services	19	86.5

Table 2
Radiologist workforce demographics.

2010	
Consultant radiologists in post	2714
Unfilled consultant radiologist posts	235
Unfilled breast radiologist posts	33

Table 3
Mean % of time for four components of practice.

Clinical practice	75%
Planning and service development	10%
Teaching and education	10%
Research & development and audit	5%