



Exploring the research domain of consultant practice: Perceptions and opinions of consultant radiographers



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ABSTRACT

Aim: This paper reports on one part of a larger study. The aim was to explore what the core domain of research means to consultant radiographers in clinical practice and to identify the key factors that facilitate or hinder research activity by this staff group.

Design and method: Grounded theory research methodology was employed. This first part of the study involved electronic questionnaires being sent to all those known in consultant radiographer posts in the United Kingdom.

Results: Results indicate there are variations across clinical specialties as to the amount and level of research undertaken by consultant radiographers, and not all agreed that research should be a core domain of consultant practice.

Main facilitators to research were noted as: time; skills and knowledge of the researcher; a well defined research question.

Main barriers to research were noted as: lack of allocated time; lack of skills/experience; clinical workload.

Conclusion: Research is one of the four core domains of consultant allied health professional and nursing roles but, as yet, it is not fully embedded into those of all consultant radiographers. Many consultant radiographers appear to spend more of their time on the 'clinical expert' element of their role at the expense of the research domain.

This study concludes that there is an urgent need for consultant radiographers to understand that research is one of the four core domains and to recognise the need to embed research into their clinical practice.

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Introduction

In recent years, governments have stressed the requirement for frontline clinical staff to be able to deliver high quality evidence-based care, and have realised the potential of non-medical staff taking on higher levels of responsibility. In 2000, the Department of Health (DH) published *Meeting the Challenge: a Strategy for the Allied Health Professions*¹ and *The NHS Plan*²; both documents proposed future role development opportunities for allied health professions (AHPs). The role of the consultant allied health professional (AHP) practitioner was first described, with the

expectation that these posts will improve patient outcomes by underpinning practice with research and education.

Four core domains of the consultant AHP and nursing role were described in the Advance Letter³ and, to date, these stand unchanged:

- Expert clinical practice;
- Professional leadership and consultancy;
- Practice and service development, research and evaluation;
- Education and professional development.

According to Ford,⁴ those early into consultant radiographer posts felt the clinical practice element was the priority and, for many, the creation of their role was driven by the necessity to meet government waiting list targets, a recognition that there was a shortage of radiologists to cover the demanding workload, and

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to meet local service needs. This echoed the 'Scope of Radiographic Practice' Report⁵ which discussed the necessity for consultant radiographers, but suggested that the core duty of clinical practice was being undertaken to the detriment of the other domains.

Although research is one of the four key domains of practice for a consultant radiographer, it is unknown how many are undertaking research as an integral part of their role.

This study

This paper reports on one part of a larger grounded theory study. The aim of the overall study was to explore what the core domain of research means to consultant radiographers in clinical practice and to identify the key factors that facilitate or hinder research activity by this staff group.

A questionnaire was developed to collect background information about the consultant radiographer population, and to explore their views and opinions relative to the research domain of consultant level practice. Two previous surveys^{6,7} informed the development of the questionnaire both in terms of its construction and its focus, with the kind permission of the authors.

The questionnaire was piloted on five conveniently sampled consultant radiographers before wider distribution. This enabled a feasibility and acceptability check on the practicality and ease of using the online questionnaire, on the clarity of questions posed, and the time burden. No alterations were found to be necessary and a link to the on-line questionnaire, using the Survey Monkey™ tool, was e-mailed to all consultant radiographers (including the pilots) on The Society and College of Radiographers (SCoR) 'consultant radiographer group' e-mail list (n = 61). This e-mail list does not show individual e-mails, hence, there was no direct contact with any members of the group, and their anonymity was guaranteed.

The responses were analysed with descriptive statistics using the facilities on Survey Monkey™. Additionally, selected characteristics were compared using the cross tabulation function to explore any relationship between length of time in post and level of qualification attained to agreement that research should be a main part of the role and a publication record. Analyses were also conducted to explore differences amongst the three largest groups of consultant radiographers, namely those in breast imaging, those in ultrasound and those in radiotherapy and oncology. Finally, Section [Opinion on and attitude to research](#) of the questionnaire, which comprised eighteen statements to be rated using a five-point Likert scales, was analysed using Jinks and Chalder's consensus technique.⁸ Consensus was deemed to have occurred when respondents were in agreement on a statement in a range from neutral to strongly agree. Diversity was deemed to have occurred when

measurements ranged across the agreement and disagreement statements: agree/strongly agree to disagree/strongly disagree.

Ethical approval

The project was submitted for full National Research Ethics System (NRES) assessment, but was classified by the Bristol Local Regional Ethics Committee as service evaluation not requiring ethical approval and Chair's approval was given. Ethical approval was obtained from the University Of Exeter School Of Psychology Ethics Committee (ref 2010/263).

Results

Fifty responded within the allocated timeframe, which equated to an 82% response rate. Not all participants responded to all questions, therefore 'n' values stated are the number of responses to each particular question.

Demographics and scope of practice

Section [Demographics and scope of practice](#) of the questionnaire gathered background information, specifically: gender, age, full or part-time tenures, and length of time in a consultant radiographer position:

Demographics

The research participants were found to be:

- Forty four respondents female (n = 48 = 92%), and four male (n = 48 = 8%);
- Forty eight respondents were over 40 years of age (n = 49 = 98%);
- Forty seven worked in full-time posts (n = 49 = 96%); and
- Seventeen (34%) consultant radiographers had been in post for less than two years, twenty-two (44%) for between 2 and 5 years, and eleven (22%) for more than 5 years (n = 50 = 100%).

Scope of practice

[Table 1](#) demonstrates the profile of the participants in terms of their scope of practice, and compares the numbers against the known profile of the Society and College of Radiographers consultant radiographer group at the time of the survey.

Table 1
Scope of practice of participants.

Scope of consultant practice	Number who responded to questionnaire (n = 49)	Number known to be in consultant role at time of questionnaire (n = 61)
Breast Imaging (including 1 trainee)	22 (45%)	23 (38%)
Ultrasound (including 1 trainee)	9 (18%)	11 (17%)
Radiotherapy and Oncology	8 (16%)	8 (13%)
GI Imaging (including 1 trainee)	2 (5%)	6 (10%)
Plain film and general (including 1 trainee)	3 (6%)	4 (6%)
Emergency Care	1 (2%)	3 (5%)
MRI	1 (2%)	3 (5%)
Endovascular	1 (2%)	1 (2%)
Nuclear Medicine	1 (2%)	1 (2%)
1 CT (known to be a trainee)	1 (2%)	1 (2%)

GI = gastrointestinal; MRI = Magnetic Resonance Imaging; CT = Computed Tomography.

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