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Are reporting radiographers fulfilling the role of advanced practitioner?☆

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ABSTRACT

Background: Advanced practice roles are emerging in all disciplines at a rapid pace and reporting radiographers are ideally placed to work at such level. Advanced practitioners should demonstrate expert practice and show progression into three other areas of higher level practice. Most existing literature has focussed on the image interpretation aspect of the role, however there is little evidence that plain film reporting radiographers are undertaking activities beyond image interpretation and fulfilling the role of advanced practitioner.

Method: Letters were posted to every acute NHS trust in the UK, inviting reporting radiographers to complete an online survey. Both quantitative and qualitative information was sought regarding demographics and roles supplementary to reporting.

Results: A total of 205 responses were analysed; 83.3% of reporting radiographers describe themselves as advanced practitioner, however significantly less are showing progression into the four core functions of higher level practice. A total of 97.0% undertake expert practice, 54.7% have a leadership role, 19.8% provide expert lectures and 71.1% have roles encompassing service development or research, though most of these fall into the service development category. 34.5% felt that they were aware of the differences between extended and advanced practice though much less (9.3%) could correctly articulate the difference.

Conclusion: Few individuals are aware of the difference between extended and advanced practice. Though the majority of plain film reporting radiographers identify themselves as advanced practitioners, significantly less evidence all four core functions of higher level practice. The number of individuals undertaking research and providing expert-level education is low.

Introduction

There are ever increasing demands on imaging services as a result of workload growth, chronic shortages in capacity and challenges to decrease waiting times for both examinations and reports.[1,2] For two decades the radiology and radiography professions in the United Kingdom (UK) have increasingly collaborated to deliver services, with radiographers extending their scope of practice to support increased capacity.[3] This team approach was formalised with the launch of the Imaging Skills Mix Strategy,[4] and the joint Colleges statement,[3] which outlined the future skill mix of imaging service and service delivery model. The new career framework for radiographer workforce mirrored that of nursing and other allied health professions with assistant practitioner, practitioner, advanced practitioner and the (non-medical) consultant role.[4] The four-tier radiography model was designed to improve services for patients whilst optimising the use of the whole workforce and offered staff recognition for their contribution to practice. The progressive career structure allowed individuals to progress into senior positions, without having to adopt a purely management role, thereby retaining clinical excellence and experience.

The role of the advanced practitioner radiographer is to develop staff, demonstrate leadership, contribute to the evidence base and strive for service improvement.[4] To develop as advanced practitioners, radiographers need to evolve from the performance of discrete, task-based activities, to actively inform the patient

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pathway.[5] This can make a significant contribution to service delivery and quality, ensuring effective patient care is delivered. One of the first areas to identify the opportunities afforded by the skill mix strategy was the independent reporting of radiographs, a task previously undertaken only by radiologists. Reporting radiographers are ideally placed to work at an advanced level of practice, thus releasing radiologist capacity and supporting staff and practice. Yet, there is little evidence that individuals are undertaking activities beyond image interpretation particularly contributing to improved patient outcomes or services.[6,7]

Advanced practice includes four core functions of higher level (advanced) practice[4]; expert clinical practice, professional leadership and consultancy, education training and development, and practice and service development, research and audit. The Society and College of Radiographers[8] (SCoR) expects that advanced practitioners should demonstrate expert practice and show progression into the other three. Norris and Melby[9] identified a lack of motivation within the nursing profession to engage in the wider expectations of advanced practice beyond direct clinical care, although little has been published relating to radiography. In an attempt to encourage the range of competencies expected of advanced practice, the radiography professional body (the SCoR) launched a voluntary accreditation scheme in 2010. The scheme provides a peer-reviewed individual benchmark against the nationally agreed standards, however to date, there is limited knowledge of the engagement, or views, of practitioners on accreditation.

This article forms part of a larger study undertaken in 2015 that investigated the scope of practice and wider roles of reporting radiographers. This article provides a comparison of roles with expectations of advanced practice; other results have been published elsewhere.[10]

Method

In April 2015 a letter was sent to every acute NHS trust in the UK; the sampling frame (hospital addresses) was developed using UK government statistics and national hospital databases and consisted of 161 trusts. The letter invited radiographers holding a qualification in 'plain film' reporting to participate in an online survey (Bristol Online Survey, Bristol, UK). The letter explained the purpose of the study and provided a link to an online cross-sectional questionnaire. In an attempt to improve response rate, advertisements were placed in *Synergy News*, a national magazine distributed to UK radiographers, and on the SCoR website. Snowball sampling via a network of colleagues, ex-colleagues, acquaintances and social media was also utilised. Inclusion was limited to radiographers in the UK, with no stipulation on whether they were currently practising. A six-week response timeframe was specified. It is recognised that the above methodology has flaws, however, a purposive approach, with invitations to all NHS trusts, supported by snowball sampling, was deemed to be the best way to reach as many respondents as possible, as there is no definitive list of the total number of reporting radiographers in the UK, or where they work.

The questionnaire was designed around the core functions of advanced practice; structured questions comprised the majority of the survey, though participants were encouraged to provide additional comments. When asked about the differences between extended and advanced practice, respondent's descriptions were compared with SCoR definitions of advanced practice.[8] Prior to distribution, the questionnaire was piloted on trainee and qualified reporting radiographers at a local university, resulting in minor amendments.

Full research ethics committee approval was not required according to NHS Health Research Authority online checklists[11] and local research and development review, which concluded that the survey constituted service evaluation.

The online data were downloaded into Excel (Microsoft Corporation, USA) where it was numerically coded, collated and analysed. Statistical analysis was undertaken using the Social Science Statistics calculator (socscistatistics.com). Free text comments were analysed using a framework approach to identify underlying themes.

Results

264 responses were received within the timescale, 5 were subsequently excluded as they did not meet the inclusion criteria, leaving 259 valid responses. For the purpose of this sub-analysis the responses from 54 individuals who identified themselves as managers, consultants or lecturers have been excluded as their posts have explicitly broader functions. The remaining 205 responses from those defined (based on self-descriptions) as a reporting radiographer are described. No question was mandatory and not all participants responded to every question, therefore 'n' values stated differ in result reporting.

Data was received from all countries within the UK however 83.9% of responses were from England, with a lower proportion from Scotland (7.3%), Wales (7.3%) and Northern Ireland (1.5%).

The mean age of respondents was 42.7 years, although there was a wide range (Fig. 1). A slightly lower mean of 41.2 years was noted for males, compared to 43.4 years for females, though this was not statistically significant ($t = -1.569$; $p = 0.059$).

The individuals had a wide range of experience (Fig. 2), with the earliest completing their initial reporting qualification in 1995. Only a small number had qualified in 2015, although this data will be incomplete due to the timing of data collection. The average age that radiographers obtained their initial reporting qualification was 34.5 years.

In relation to their highest qualification, at the time of the study, the majority of respondents held a postgraduate certificate (PgC), with only 15.4% (n = 31/201) having achieved a Masters degree (Table 1). There was no statistical difference between males and females when considering academic achievement ($X^2 = 0.714$; $p = 0.398$). The majority of respondents were substantively employed at Agenda for Change (AfC) pay band 7 (88.6%; n = 179/202), with others on band 6 and band 8a. A total of 2.0% (n = 4/202) were employed on a split banding contract; band 5 or 6 with additional band 7 pay when reporting. A potential trend was identified when comparing highest qualification and pay scale; unfortunately a X^2 test of independence was not possible due to the small numbers involved.

There were 40 different job titles provided, subsequently grouped into 13 categories (Table 2). The three most common were; advanced practitioner radiographer (43.1% n = 88/204), reporting radiographer (24.5% n = 50/204) and senior radiographer (10.3% n = 21/204). Two (1.0%) respondents stated that they were not sure of their official job title. Of the respondents paid at AfC band 6, 64.3% (n = 9/14) had the title 'senior radiographer' or 'reporting radiographer', 14.3% (n = 2/14) had the title 'advanced practitioner' with the remaining 21.4% (n = 3/14) being designated 'band 6', 'extended role' or 'specialist radiographer'. Of the respondents paid at band 8a, 66.7% (n = 4/6) were lead radiographers; either 'modality lead' or 'lead reporting radiographer'. No correlation between job title or pay scale was identified, when compared with geographical region.

Almost all (96.0%; n = 197/203) respondents were actively reporting, of these 94.9% (n = 187/197) indicate they also provide telephone or face-to-face advice to clinicians and other service users. One third of respondents regularly attend multi-disciplinary

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