



A Partnership between Patients, Practitioners and the Public within Imaging and Radiotherapy Services

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Guiding Principles

start
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These guiding principles cannot cover all elements of an imaging examination or radiotherapy treatment. They should be used to help inform local policy and protocols in conjunction with national standards, other available evidence, local needs and risk assessments.

The guiding principles are provided in a web-based publication format to allow easier access to relevant sections and referenced resources, while allowing for updates. Some links within the guiding principles are to Society of Radiographers (SoR) members-only content and may require additional log in. Whilst the College of Radiographers (CoR) will endeavour to ensure that hyperlinks are regularly checked and updated, it cannot be held responsible for any difficulty experienced when accessing external content.

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Foreword

Charlotte Beardmore CBE

Executive Director of Professional Policy
SoR|CoR

Since the first iteration of *Patient, Public and Practitioner Partnerships within Imaging and Radiotherapy*¹ from the College of Radiographers (CoR) in 2018, the radiography profession has faced significant challenges, such as the COVID-19 pandemic. As imaging and radiotherapy services change alongside emerging government policy, technological advances and subsequent changes to practice, our perspectives on what constitutes high-quality care continue to evolve. It is therefore timely and necessary for the CoR to review this guidance and update it to 'A Partnership between Patients, Practitioners and the Public within Imaging and Radiotherapy Services: Guiding Principles' (also known as the 4Ps) to support the delivery of high-quality, person-centred care by the radiography workforce.

However, in practice, patient and public partnership working is often implicit rather than explicit; a clear direction is vital for a shared overall vision. Everyone must be involved, thus embracing different perspectives in a systematic public partnership and this approach must be sustainable.

This second edition of the 4Ps has been co-produced by patient representatives from the CoR's Patient Advisory Group (PAG), clinically-active radiographers, radiography educators and radiography researchers. This framework is therefore patient centric and for use by all members of the radiography workforce across the four nations of the UK. The 4Ps provides information and resources for those working in all four pillars of practice: clinical practice, leadership and management, education, and research and development.



Charlotte Beardmore CBE
Executive Director of Professional Policy
Society and College of Radiographers



Philip Plant

Chair of the CoR's Patient Advisory Group

I deem it a great honour as Chair of the Patient Advisory Group at the College of Radiographers (CoR) to be invited to write the foreword to the revised 4Ps document.

The 4Ps was designed to put the patient voice at the core of radiography practice by incorporating the four pillars of practice and proposing partnership working as the norm. This was emphasised by writing the 4Ps in the patient voice.

The results from the 2023 evaluation exploring how the original 4Ps guidance had been adopted and utilised were disappointing². However, the CoR were keen to refresh the 4Ps, addressing the issues raised by the evaluation, drawing attention to improvements in practice and the many lessons learned from living and working through the pandemic. We trust all will find the new version easy to understand and interpret, fit for purpose and a 'go to' resource for all members of the partnership.

I would like to thank Dr Emma Hyde and her team for their tireless attention to detail in producing this revised document in its various formats. I commend it to the radiography community as a living document which will be continually updated, ensuring it reflects best practice and, therefore, supports the best possible outcomes for patients.



Philip Plant

Chair, CoR Patient Advisory Group



Introduction

What is the 4Ps?

The CoR's 'A Partnership between Patients, Practitioners and the Public within Imaging and Radiotherapy Services: Guiding Principles' (second edition), also known as the 4Ps, provides guidance for the radiography workforce on embedding person-centred care within day-to-day practice.

The 4Ps provides information and resources about person-centred care that are directly related to each of the four pillars of practice: clinical practice, leadership and management, education, and research and development. The aim of the 4Ps is to support improved outcomes for patients through a greater understanding of person-centred care.



The involvement of representatives from the CoR's Patient Advisory Group (PAG) in the co-production of this guidance was crucial to ensure person-centred approaches were embedded in all four domains (or pillars) of radiography practice.

In keeping with the notion of patient engagement, core values are written in the patient voice.



Embedding the 4Ps in the four pillars of practice

The 4Ps directly links to the four pillars of practice as follows:

1.	Clinical expertise is considered within Section 1	Service Delivery
2.	Leadership and management is considered within Section 2	Service Development
3.	Education is considered within Section 3	Education
4.	Research and development is considered within Section 4	Research

It is the combination of these four pillars at all levels of practice that will achieve the aim of the 4Ps: to deliver high-quality, person-centred care for patients.

Through the information and resources provided in the 4Ps, there are lots of opportunities for continuing professional development (CPD) activity, to ensure that patients always receive the best possible care.

Foreword and introduction — references

1. Patient Public and Practitioner Partnerships within Imaging and Radiotherapy: Guiding Principles SoR. <https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/4ps/patient-public-and-practitioner-partnerships-withi>
2. Strudwick, R.M., Ramlaul, A., Shuttleworth, P., and Fiyebor, C. (2024). Patient, public and practitioner partnership within imaging and radiotherapy: An exploration of the implementation and use of the college of radiographers guiding principles. *Radiography* 30, 1376–1384. <https://doi.org/10.1016/j.radi.2024.07.015>.





“During my imaging or therapy procedure I would like it if you could...”



Section 1

Service delivery for *person-centred* care



Introduce yourself...

and tell me your role in the management of my care.



“Tell me your name using ‘Hello my name is... and I am a ...’ and then tell me your role and what you want with me today because we are then on an even footing.”



“I might think you are a nurse or a doctor because the uniforms can be confusing. Please correct me so that I know you are a radiographer.”



“He didn’t say to me ‘I am going to draw on you because... I hope you don’t mind, the pen might be cold’, [or] whatever. He just came in and walked out and you are just lying there feeling a bit abused really because you are just lying there and somebody’s just come and drawn on you and walked away.”



“The department was full of expensive machines but the most valuable things were a friendly greeting, a smile and a helping hand.”



“The radiographer asked me what I would like to be called — it was a nice touch.”

Guidance and resources

1a

Introducing yourself helps people feel welcomed, reduces anxiety and makes it easier for them to understand who is caring for them and why. The SoR and CoR strongly advocates for the use of “Hello my name is...”¹.

[#hellomynameis campaign | CoR](#)



This campaign was started in 2013 by Dr Kate Granger MBE, when she was diagnosed with terminal cancer. Since her passing in 2016, her husband, Chris Pointon, has carried on campaigning for greater use of “Hello my name is...” by all health and care professionals².

[Hello My Name Is | A campaign for more compassionate care](#)



A ‘Hello my name is...’ play has also been written, which was inspired by Kate and Chris³.

[Hello my name is... | Pluto Productions](#)

**1b**

The SoR *Code of Professional Conduct (2025)* states that, “You must communicate effectively and appropriately with patients and carers, **introducing yourself** and providing relevant information to support informed decision making”⁴. This is a key element of person-centred care in radiography practice.

[Code of Professional Conduct 2025 | SoR](#)



Guidance and resources

1c

The Patients Association emphasises that feeling safe in care is closely linked to how well staff communicate, how clearly they explain their role and how respectfully they behave. Their work highlights that people feel more confident when they understand who is looking after them, what will happen next and how their safety is being protected. You can find out more about building trust by reading the Patients Association's Six Principles of Patient Partnership⁵.

The Six Principles of Patient Partnership | The Patients Association

**1d**

Compassion, and compassionate communication, are frequently referred to as the fundamental basis of patient-centred care. Research carried out within therapeutic radiography has led to the development of a conceptual framework for compassionate care. Compassionate communication considers the impact of both verbal and non-verbal methods of communication, and the importance of reading body language^{6,7}.

The Behavioural Display of Compassion in Radiation Therapy: Purpose, Meaning and Interpretation

Journal of Medical Imaging and Radiation Sciences



Compassionate communication: Keeping patients at the heart of practice in an advancing radiographic workforce

Radiography



2.

Treat me as an individual...

and help me understand why this procedure matters and what it means for the next steps in my care.



"I heard the radiographer referring to me as the 'next chest' and it made me feel inhuman; I worried about how I would be treated in the x-ray room."



"I had an MRI scan but nobody explained why. The radiographer appeared to act as though she was just obeying instructions, she did not come across as if she played a part in my clinical pathway. This made her seem like a technician rather than a professional."



"I had a cannula put in my arm, but nobody explained why. I was in the tunnel but my query was ignored because she had her written instructions."



"..and she said, 'well that one's ambulance, that one's a car, and what's that?' And 'that' was me."



Guidance and resources

2a

Undertake training to develop your communication skills, so that you can engage in frank and transparent discussions with people about their care. This helps people feel informed, reassured and confident about what is happening and why⁸. The Personalised Care Institute has some excellent free training resources to support shared-decision-making conversations, including some virtual patient avatars that you can practice with^{9,10}.

Shared decision-making | NHS England



Shared Decision Making | Personalised Care Institute



Virtual Patients | Personalised Care Institute

**2b**

You can draw on insights from the Patients Association, whose work shows how important clear explanations and shared decision making are to people using health services. Their reports highlight that patients want to understand why a procedure is needed, what will happen next and how it fits into their wider care. Using their Six Principles of Patient Partnership can help radiographers support personalised conversations and ensure people feel listened to and involved in decisions about their care⁵.

The Six Principles of Patient Partnership | The Patients Association



Guidance and resources

2c

There are a number of free resources which provide research-informed insight into good communication in radiography. The Massive Open Online Course (MOOC) 'Patient Centred Care in Diagnostic Radiography: An Educational Toolkit'¹¹ includes a unit outlining the importance of communication. Unit 2 can help you hone your skills and help you explain procedures in a way that is clear, personalised and easy for people to understand. The unit is suitable for any healthcare professional, student, apprentice, or assistant practitioner wanting to improve their communication skills.

Patient Centred Care in Diagnostic Radiography: An Educational Toolkit | University of Derby

**2d**

Consider the use of language when speaking about patients, whether you believe they are in earshot or not. Get into the habit of speaking as if the patient is listening when referring to them. For example, 'Mr A requires an ambulance, Mrs B needs a car and does anyone one know if Mrs C requires any assistance to get home?'.

2e

Listen to patients and/or carers, they may provide information which impacts decisions about their imaging or radiotherapy. The information they share may mean that a different imaging examination or radiotherapy treatment needs to be considered.



3.

Find out what is important...

to me during this appointment.



“I would like you to find out what is important to me so that you can help me to make the best decisions for me. Listen to me and address my concerns then talk to me in a language I understand. Don't use jargon but please don't patronise me. Take time to adapt your communication if required.”



“It often feels like there isn't an opportunity to bring up reasonable adjustments as I am not asked directly and staff are focusing on just getting the imaging/ procedure done.”



Guidance and resources

3a

Find out about the ‘What matters to you?’ campaign¹². This simple question, when used with a deep listening approach, can help you to find out what is important to patients and their carers. Asking this allows people to feel heard and in control, and helps ensure their needs and preferences shape their care which can lead to better outcomes. It is also important to explain who to contact if questions or worries come up after the appointment.

What matters to you? | Health Improvement Scotland

**3b**

The Picker Institute includes “involvement in decisions and respect for preferences” as one of their eight core principles of person-centred care¹³. Take some time to look at their website and find out more about how you can uphold the Picker principles. These principles can support you to understand what matters most to each person and tailor your approach accordingly.

The Picker Principles of Person Centred care | Picker

**3c**

Read about values-based practice in radiography, as this is a key way to understand what is important to people. The SoR have published a values-based practice handbook, which gives examples of how values-based care can be provided by radiographers¹⁴.

Values-based Practice in Diagnostic & Therapeutic Radiography: A Training Template | SoR



Guidance and resources

3d

Consider the impact of caring responsibilities on individuals when attending for imaging or radiotherapy. They may need to make arrangements for cover whilst they attend appointments or may need to leave by a specific time due to their caring commitments. Being aware of this can help you offer flexibility and reduce stress for people who have additional responsibilities. NHS England has a useful toolkit for carers which sets out the duties of NHS organisations to support people with caring responsibilities¹⁵.

Carers toolkit | NHS England

**3e**

The Patients Association also highlights how important it is for people to be listened to and given space to share what matters most to them. Their Six Principles of Patient Partnership encourages health professionals to recognise individual needs and priorities, helping ensure each person feels understood and supported during their appointment⁵.

The Six Principles of Patient Partnership | The Patients Association





Provide me with high-quality information...

and tell me your role in the management of my care.



"[I] had lots of queries about breast screening when I got my first letter. I'd heard so many negative stories before I went and, in fact, it was a positive experience for me, with screening staff providing lots of info. Must say this would have been better before I arrived for the screening!"



"Please don't assume I will not understand. Nobody told me that the CT used ionising radiation. I would have liked to know."



"Getting told about my radiotherapy was very confusing, [there were] loads of things to remember at once. It was great to have a leaflet to read later and reassuring to have a number to call with my questions".



Guidance and resources

4a

The CoR website has useful information and signposting for patients and carers about what to expect when visiting an imaging or radiotherapy department¹⁶. This covers who you might meet and what might happen, and provides information about radiation safety. Signpost patients and carers to these resources so they can feel prepared and reassured before their appointment.

[Patient information | CoR](#)



4b

Ensure that you provide age-appropriate patient information that meets national standards and guidelines. A good standard to refer to is the Patient Information Forum 'TICK' certification¹⁷. Using information that meets recognised quality standards is important to build trust, and ensure information is clear, accurate and reliable.

[About PIF TICK | Patient Information Forum](#)



4c

Patients and carers should be provided with information that is accessible and appropriate to their diverse needs. Where English is not the patient's (or carer's) first language, ensure translated materials and/or interpreters are available. Consider using videos, as well as written information, to support a diverse range of people. Check that online resources are screen-reader friendly and have alt text. Giving patients information in different formats helps them understand what will happen, so they can make an informed decision about their imaging or radiotherapy. University College London Hospital (UCLH) has conducted research to develop patient information videos through collaborative working with patients¹⁸⁻²⁰ and Radiotherapy UK has produced a patient information video answering common questions about what it is like having radiotherapy²¹.

[Development of PET/CT and PET/MRI Patient-Information Videos in Collaboration with Patients Previously Treated for Cancer | Journal of Nuclear Medicine Technology](#)



[#English subtitles #PET/MRI @UCLH | YouTube^{GB}](#)



[#subtitles #PET/CT @UCLH | YouTube^{GB}](#)



[Radiotherapy UK: A Clinical Oncologist answers common questions about radiotherapy treatment | YouTube^{GB}](#)



Guidance and resources

4d

Where possible, involve patients and carers in reviewing your information material. Their feedback can help you check that the content is clear, contains the details people need and is presented in a format that is easy to understand. Co-producing or co-reviewing materials with patients helps ensure they genuinely meet the needs of the people who will use them. The Patients Association have resources about making information as clear and accessible as possible for patients²²⁻²⁴.

An informed patient is an empowered patient | The Patients Association



Co-production is for life, not just a week | The Patients Association



We can help organisations work in partnership with patients and communities | The Patients Association



4e

You may also find it helpful to draw on wider co-production guidance. The Co-Production Collective (hosted by University College, London) offers practical tools and examples of working in equal partnership with patients. These resources can support teams to develop information that is shaped by the people who will use it, ensuring it is clear, accessible and genuinely helpful²⁵.

Co-producing change together | The Co-Production Collective



4f

Social media can be used to provide information to patients and carers about imaging and radiotherapy services. Think about how your service could use social media to share information, bearing in mind the HCPC's and SoR's social media guidance^{26,27}.

Communication and using social media | HCPC



SoMeRAD: Guidance for the radiography workforce on the professional use of Social Media | SoR



5.

Ensure that I understand your role...

and help me feel confident and safe in your care.



“It may not matter to me that you are a radiographer rather than a nurse but I need to know that you are skilled at what you do, that the equipment you use is up to the job, and that I can have complete confidence and feel safe in your care. Show me that you know what you are doing and that I can trust you.”



“I was extremely apprehensive about the MRI scan fearing that I would not be able to cope with the very claustrophobic environment. The staff were amazing!!! At all times my dignity was respected guiding me through the whole process in a calming, caring and professional manner. Thank you very much.” ([CareOpinion.org.uk](https://www.careopinion.org.uk))



“I forgot to ask if it will hurt, will it burn me and will I be radioactive now!! Will I have to stay away from everyone when I get home??”



Guidance and resources

5a

Ensure that you are up to date with the latest SoR *Code of Professional Conduct* and *The standards of proficiency for radiographers* from the HCPC^{4,28}. These key resources define what safe practice is for radiographers.

[Code of Professional Conduct 2025 | SoR](#)



[The standards of proficiency for radiographers | HCPC](#)

**5b**

*Advancing safer radiotherapy*²⁹ was written by the UK Health Security Agency, the Radiotherapy Board (which consists of the Society and College of Radiographers, the Institute for Physics and Engineering in Medicine, and The Royal College of Radiologists) and the British Institute of Radiology. It provides guidance for radiotherapy providers on how to improve patient safety.

[Radiotherapy: advancing safer radiotherapy | GOV.UK](#)

**5c**

The Picker Institute includes “effective treatment by trusted professionals” as one of its eight core principles of person-centred care¹³. Use this resource to find out more about being a trusted professional.

[The Picker Principles of Person Centred care | Picker](#)



Guidance and resources

5d

Consider sharing the results of equipment performance tests or patient satisfaction surveys on waiting room notice boards, for patients and the public to see. You might also consider displaying information about key staff with an overview of their roles. This can help to assure people of your department's commitment to safety. Visible information about staff roles and safety processes can help people feel more confident and reassured about the care they are receiving.



Photo by Tasha Kostyuk on Unsplash

5e

Research into person-centred care in diagnostic radiography has shown how important feeling safe is to patients. Feeling safe can help reduce patient anxiety during imaging examinations. This was illustrated in Hyde and Hardy's 'Model of Person-Centred Care in Diagnostic Radiography', published in *Radiography* in 2021. This model is a useful tool to review when considering patient confidence and safety in radiography practice. It is published as the second part of a two-part article discussing the importance of confidence and safety in delivering person-centred care in radiography^{30,31}.

Patient centred care in diagnostic radiography (Part 1):

Perceptions of service users and service deliverers | *Radiography*



Patient centred care in diagnostic radiography (Part 2):

A qualitative study of the perceptions of service users and service deliverers | *Radiography*



6.

Consider my dignity...

and modesty at all times.



"I can feel disempowered when I have very little clothing on. I was laid on the bed obviously naked from the waist up, it felt really impersonal you know there was nobody having a chat with me at all, it was just all business and you just go with it because you want the best."



[About wearing a hospital gown]
"...that's a common scenario that you see, even on television programmes about healthcare. People trotting down corridors, clutching a gown so their bottom is not exposed, feeling a bit uncomfortable..."



"I am elderly, I'd got incontinence and I desperately wanted to go to the loo and he called me in and I said 'I'm really sorry I've got to go to the loo'. 'Oh no' he said. 'Well, if you do that, I won't be able to take your x-rays today', so I had to wait."



"Help us cope, help us to feel that we have some control."



Guidance and resources

6a

The National Dignity Council sets out 10 Dignity Do's³² for providing high-quality care that respects dignity. It also has a closed Facebook group 'Dignity in Action'³³, which shares information about the Council's ongoing campaign for dignity in care³⁴. Look at their resources for suggestions on how to ensure you are providing care which considers dignity at all times. These principles can help you reflect on how your actions, communication and environment support people to feel respected and valued.

[The Dignity in Care campaign](#) | National Dignity Council



[Dignity in Action](#) | Facebook



6b

It is also important to consider dignity and modesty through an equity, diversity and inclusion (EDI) lens. People from minority ethnic groups, LGBTQ+ communities, people with disabilities, neurodivergent people and those with long-term conditions may have experienced stigma, discrimination or previous negative healthcare encounters. Being aware of this helps radiographers take extra care to protect dignity, offer choice and avoid assumptions. Creating an environment where people feel seen, respected and safe is essential to delivering equitable, person-centred care.

Ensure you are familiar with how to maintain privacy and dignity for a diverse range of patients. For example:

Ensure you are familiar with the SoR publication *Inclusive pregnancy status guidelines for ionising radiation: Diagnostic and therapeutic exposures*³⁵.

[Inclusive pregnancy status guidelines for ionising radiation: Diagnostic and therapeutic exposures](#) | SoR



Guidance and resources

6b

Ensure you are familiar with guidance on LGBTQ+ terms and inclusive definitions, and the respectful use of pronouns. The Stonewall website has a useful guide to LGBTQ+ terms and inclusive definitions³⁶. There is also information about the respectful use of pronouns available on the LGBT Health and Wellbeing website^{37,38}.

LGBTQ+Terms: Inclusive Glossary and Definitions | Stonewall UK



A Quick Guide to Pronouns | LGBT Health and Wellbeing



● Avoid deadnaming people who are transgender, transexual or non-binary.

● Avoid assumptions and biases, such as ‘men do not need emotional support’ or ‘women are sensitive’. Ensure that you are informed about the gender health gap and its impact³⁹.

Closing the Gender Health Gap: A Capabilities Approach to Why Women Deserve More than a Band-Aid
by Sloane Caroline Walker | Social Sciences Student Journal, Queen’s University, Belfast



● Do not assume ‘husband’ or ‘wife’ as this can alienate same-sex couples or those who are co-habiting. Instead, use the word ‘partner’.

● Be aware that some people may feel more vulnerable during undressing or intimate procedures due to cultural background, gender identity, past trauma or body image concerns. This article discussing the experiences of people with larger bodies during imaging examinations or radiotherapy treatment provides advice and guidance about how to maintain privacy and dignity⁴⁰.

‘No such thing as one size fits all’: A survey of experiences of those with larger bodies in radiography | *Radiography*



Guidance and resources

6b

- Offer chaperones proactively, not only when requested.
- Provide modesty garments in a range of sizes, styles and cultural preferences (e.g. long-sleeved gowns, head coverings). It is important to remember that clothing can have several functions. This article discusses the use of hospital gowns as a security blanket when patients feel vulnerable⁴¹:

Cancer patients' perceptions of using a "breast gown": a qualitative study

Journal of Radiotherapy in Practice | Cambridge Core



- Recognise that neurodivergent patients may need adjustments to maintain dignity, such as reduced sensory overload, clear step-by-step explanations or extra time.
- Using inclusive language and avoiding assumptions helps people feel recognised, respected and safe.

NB — A trauma-informed approach can support dignity, particularly for people who have experienced abuse, discrimination or medical trauma. This includes asking for consent at each stage, explaining what will happen before touching the patient and offering choices wherever possible. Trauma-informed practice helps reduce anxiety and supports emotional safety.

This two-part article highlights the importance of dignity and modesty in delivering person-centred care in radiography^{30,31}. Part 2 includes Hyde and Hardy's 'Model of Person-Centred Care in Diagnostic Radiography'.

Patient centred care in diagnostic radiography (Part 1):

Perceptions of service users and service deliverers | ScienceDirect



Patient centred care in diagnostic radiography (Part 2):

A qualitative study of the perceptions of service users and service deliverers | ScienceDirect



Guidance and resources

6c

Respect different religious beliefs and cultures, and consider how these may impact on patient experience, for example, fasting, dietary requirements and religious observances. It is important to be aware that some religions or cultures may decline care based on their beliefs. Taking time to understand and accommodate these needs supports dignity and helps people feel their values are respected.

RE:ONLINE⁴² is a website provided by the endowed charity of Culham St Gabriel's. The RE:ONLINE website has lots of useful information in its knowledge hub about different religious beliefs and traditions.

[RE:ONLINE | Culham St Gabriel's Trust](#)



6d

Privacy must be maintained and consent must be gained before sharing information with partners. Not all patients want their partners fully involved in their episode of care. There may also be nuances, including safeguarding⁴³, for patients in abusive relationships^{44,45}, and the need for sensitivity when relationships are strained. Always check who the patient wants involved in their care and be alert to situations where sharing information may place someone at risk.

[The context of NHS safeguarding | NHS](#)



[Domestic abuse: how to get help | GOV.UK](#)



[Refuge, the UK's largest specialist domestic abuse organisation](#)



Guidance and resources

6e

Patients who have a terminal diagnosis or who have been bereaved may be experiencing grief and distress that impacts on them when attending for care. Carers supporting a person with a terminal diagnosis, or who have been bereaved, may also be experiencing grief and distress that impacts upon how they care for the person they are supporting. Being sensitive to signs of distress and offering space, time and compassion can help people feel supported and treated with dignity.

Find out more about grief from the mental health charity Mind UK⁴⁶.

Support and self-care for grief | Mind



Find out more about death and dying from Hospice UK⁴⁷.

Dying Matters Resources | Hospice UK



Find out more about supporting people after a bereavement from the charity Cruse⁴⁸.

Cruse Bereavement Support





Keep me informed...

during my appointment and at each stage of my journey, including the reason for any changes or delays to my results.



“I need to know that I have not been forgotten. I am likely to worry if I don’t hear from you within the time frame I was told. If you have to re-arrange my appointment be honest with me and explain why, so that I feel valued.”



“Laying in the MRI with headphones on — with all the buzzes and clicks — the reassuring voice from the radiographer kept me informed of what to expect and how much longer I had to keep still, and helped my anxiety.”



“Please don’t send a recall letter to me when there is nobody for me to talk to, I was extremely worried.”



Guidance and resources

7a

The *Quality Standard for Imaging*⁴⁹ sets out expectations for keeping patients informed before, during and after their imaging examination. Familiarise yourself with these expectations by reading section XR-1 'Information and Support for Patients and Carers'. Clear, timely communication helps people feel prepared, reduces anxiety and supports a positive experience throughout their appointment.

The *Quality Standard for Imaging* is a collaboration between The Royal College of Radiologists and the College of Radiographers.

Quality Standard for Imaging (QSI) | The Royal College of Radiologists

**7b**

The Picker Institute includes "Fast access to reliable healthcare advice" as one of The Eight Picker Principles of Person Centred Care¹³. This principle applies during appointment scheduling and whilst waiting for referrals or treatment. A useful case study showing how the experience of men living with prostate cancer was improved by keeping them well informed about each step is available on their website⁵⁰. Sharing information proactively, especially about waiting times or next steps, helps people feel respected and reassured.

Improving the experience of men living with prostate cancer | Picker



Guidance and resources

7c

Good practice with keeping people informed is indicating the expected wait times in departmental waiting rooms, along with the name of the person in charge at that time. It is also good practice to ensure patients and their carers have an approximate idea of how long their imaging or treatment may take.



Photo by smallbox on Unsplash

7d

It is also important to consider communication through an equity, diversity and inclusion (EDI) lens. Some people may be disproportionately affected by unclear or limited information, including those with learning disabilities, neurodivergence, sensory impairments, people whose first language is not English, and those who have experienced previous negative healthcare encounters. Providing information in accessible formats, checking understanding and avoiding jargon can help ensure everyone feels informed and included.

8.

Make yourself aware...

of all the relevant medical and personal information required to deliver the best care for me.



“If you don’t have some information that you feel you should have please take time to find it. Let me know what is happening and why. Don’t risk making a wrong decision about my care to save time, please ask me. Take time to use the information available on the Patient Information System and to update this with relevant information about me as a person.”



“Every person with autism is different and has different challenges, so I don’t believe that there is a ‘one size fits all approach’ that will improve every person with autism’s experience.”



“Be considerate, really, they’re a person; don’t just view them as a body going through this machine.”



Guidance and resources

8a

The Equality Act (2010)⁵¹ defines a number of protected characteristics and sets out the duties everyone has to make reasonable adjustments, and to ensure that people with protected characteristics are not disadvantaged in any way. You should take time to assess the individual needs of each patient within your care. This includes understanding how disability, culture, gender identity, pregnancy, ethnicity, trauma history or communication needs may affect their experience. Take time to learn about issues related to specific groups of people and to ensure these are not exacerbated during imaging and radiotherapy. Consider sensory needs (lighting, noise, waiting environment) for neurodivergent or anxious patients.

You have a legal obligation to abide by the Equality Act at all times, whatever your scope of practice. Ensure you are referring to the most up-to-date list of protected characteristics and guidance about reasonable adjustments.

[Equality Act 2010 | Legislation.gov.uk](#)



8b

Dedicated facilities and/or equipment may need to be provided for people with disabilities attending for imaging or radiotherapy. Ensure you know what facilities are available within your department and that you have been trained on the safe use of equipment such as hearing loops and hoists. Being confident in using accessible equipment helps ensure people feel safe, respected and supported.

Be aware of what support you can provide for people whose first language is not English (involve interpreters) and for people with hearing loss (involve British Sign Language interpreters).

If there is opportunity to do so, you may want to think about how the British Standards Institution guidance on adaptations to the built environment could be adopted within your department⁵².

[PAS 6463 Design for the Mind: Neurodiversity and the built environment | AccessibleEU](#)



Hearing Loop sign (Center for Hearing Access).

Guidance and resources

8b

Disability Rights UK has a range of guidance and resources which can help you to support people living with disability⁵³.

[Disability Rights UK](#)



8c

Ensure you are familiar with how to maintain privacy and dignity for a diverse range of patients. For example:

Ensure you are familiar with the SoR publication *Inclusive pregnancy status guidelines for ionising radiation: Diagnostic and therapeutic exposures*³⁵.

[Inclusive pregnancy status guidelines for ionising radiation: Diagnostic and therapeutic exposures](#) | SoR



Ensure you are familiar with guidance on LGBTQ+ terms and inclusive definitions, and the respectful use of pronouns. The Stonewall website has a useful guide to LGBTQ+ terms and inclusive definitions³⁶. There is also information about the respectful use of pronouns available on the LGBT Health and Wellbeing website^{37,38}.

[LGBTQ+Terms: Inclusive Glossary and Definitions](#) | Stonewall UK



[A Quick Guide to Pronouns](#) | LGBT Health and Wellbeing



- Avoid deadnaming people who are transgender, transexual or non-binary.
- Avoid assumptions and biases, such as 'men do not need emotional support' or 'women are sensitive'.
- Be aware that some people may have experienced discrimination or stigma in healthcare settings and may need additional reassurance or sensitivity.
- Check whether there are any communication, cultural or religious needs that may affect a person's care.



Guidance and resources

8d

People who are pregnant may have specific care needs. Taking time to understand these factors helps you provide care that is safe, compassionate and sensitive to individual circumstances. For example:

- Some positions may be unsafe or uncomfortable during pregnancy and alternative techniques, positioning or supports may be needed.
- Pregnant people may feel anxious about safety for their baby or judged for needing adjustments, or emotional for a variety of other pregnancy related issues (lack of partner support, unplanned pregnancy, pregnancy after loss, trauma or rape, difficulty conceiving, assisted pregnancy, IVF).
- Pregnant people may need priority seating, easy access to toilets and hydration.
- Clear communication about risks, comfort and protective measures is essential.

Clear communication is essential. There is the need to consider the impact of any potentially triggering procedures. The Birth Trauma Association has some good advice and resources for healthcare professionals⁵⁴.

Birth trauma training for health professionals | The Birth Trauma Association



Training for trauma-informed approaches is available from The National Association for People Abused in Childhood (NAPAC)⁵⁵.

Trauma-Informed Communication Training | NAPAC



Emotional support at all times is key, in particular when there are unexpected findings. The charity Sands offers some good advice and support for patients and healthcare professionals⁵⁶.

Sands | Saving babies' lives. Supporting bereaved families.



Guidance and resources

8e

Racial and ethnic inequalities in health are well documented. The way that health and care systems are designed can make it harder for some ethnic groups to access care. There can be issues around historical distrust of healthcare services. Consider how you can support diverse communities to ensure that they can access radiography services when they need them. This may include using interpreters, providing culturally sensitive information or being aware of how past experiences may influence trust and communication.

The NHS Race and Health Observatory⁵⁷ has information and resources which can be used to help tackle ethnic inequalities within healthcare.

NHS Race and Health Observatory



There is some good information about supporting Gypsy, Roma and Travelling communities on the Friends, Families & Travellers website⁵⁸.

Friends, Families & Travellers



8f

The SoR Radiographic Informatics Advisory Group (RIAG)⁵⁹ has a range of resources to support the safe and effective management of patient data to ensure delivery of the best possible care.

Radiographic Informatics Advisory Group | SoR



9.

Be aware of my limitations...

but please do not make assumptions about me.



“Be gentle with me if I am struggling to walk, talk, lie down or straighten my arm/leg. Please explain to me why you want me to do any of these things and try to help me if I tell you I can’t do something. Work with me to come up with alternatives that I can try. Be patient with me. Consider alternative tests or positions. Adapt your technique. Don’t continue regardless as this may result in an unsatisfactory outcome.”



“The radiographer looked very busy and concentrating on her work — it was so kind when they stopped to talk with my dad who has dementia — he was really confused and it settled him down”.



“Asking for any adjustments or accommodations really should be a default action.”



Guidance and resources

9a

The Equality Act (2010)⁵¹ defines a number of protected characteristics and sets out the duties everyone has to make reasonable adjustments, and to ensure that people with protected characteristics are not disadvantaged in any way. You should take time to assess the individual needs of each patient within your care. Take time to learn about the issues related to specific groups of people and to ensure these are not exacerbated during imaging and radiotherapy.

People have different physical, cognitive, emotional and cultural needs, and you should not make assumptions based on appearance, diagnosis or protected characteristics. Limitations vary widely between individuals, even when they share the same condition. Asking open questions, using clear and inclusive language, checking preferences and involving people in decisions ensures care is based on their needs and not on assumptions.

You have a legal obligation to abide by the Equality Act at all times, whatever your scope of practice. Ensure you are referring to the most up-to-date list of protected characteristics and guidance about reasonable adjustments.

Equality Act 2010



9b

Patients are often referred to as 'experts by experience'. Learn from these experiences by reading and valuing patients' stories. The Patients Association is an independent patient charity campaigning for improvements in health and social care for patients. There are lots of patient stories on The Patients Association website⁶⁰. Reading and listening to lived experience helps challenge assumptions, deepen understanding and support more personalised care.

Your stories | The Patients Association



Guidance and resources

9c

Specialist organisations, for example Macmillan Cancer Support⁶¹ and the Alzheimer's Society⁶², provide information for healthcare professionals, to support them in understanding the experiences of patients in their care.

Macmillan online community | Macmillan Cancer Support



Alzheimer's Society blog | Alzheimer's Society

**9d**

DiSCOVER is a group of patients with osteoporosis who have written about their experiences within an imaging department. Their article provides a valuable insight into the experience of people living with osteoporosis⁶³.

Fragile: Please handle with care | Guest editorial, *Radiography*



10.

Make sure my care is individualised to my needs,

build in time for genuine discussion about the options that are available and allow for shared decision making. I want to be involved, there should be 'no decision about me without me'.



"I would like you to explain who has asked for me to have this test/treatment and why it is important for me, specifically. I need time to ensure I agree with the plan for my care and it would help if you can check with me that nothing has changed since I last saw anyone for this episode of my care. Confirm that I know why I am here and allow me to choose anything I can related to my test, for example which arm you put the needle in, if possible."



"I feel much more in control when you talk me through the options. Understanding the pros and cons helps me feel less anxious, and it means we can choose the approach that works best for my needs and circumstances."



"I was given a CT scan because the wait for MRI was too long. The MRI was follow-up and no one spoke to me at any stage to explain why or ask me whether I would prefer to wait for the MRI rather than have a CT."



"I think as a patient...it's giving [patients] time to speak [about] what they want."

Guidance and resources

10a

'No decision about me without me' was a key element of the UK Government's white paper *Equity and Excellence: Liberating the NHS*⁶⁴, published in 2010. Lord Darzi's *Independent investigation of the NHS in England*⁶⁵, published in 2024, highlighted the ongoing importance of 'no decision about me without me'.

Independent Investigation of the National Health Service in England | GOV.UK

**10b**

Shared decision making is a core part of providing individualised care. Make sure you are familiar with the guiding principles of shared decision making⁸.

Shared decision-making | NHS

**10c**

The Patients Association is an independent charity campaigning for improvements in health and social care services for patients. Their Six Principles of Patient Partnership emphasise the importance of shared decision making and partnership working⁵.

The Six Principles of Patient Partnership | The Patients Association

**10d**

The Health Foundation are an independent charitable organisation working towards building a healthier UK. They have a long track record of funding research into person-centred care, including shared decision making.

The Health Foundation's website contains over 370 resources linked to person-centred care and/or shared decision making⁶⁶.

Person-centred care | The Health Foundation



11.

Consider my family member and/or carer who may be with me.

They may have my best interests at heart or, conversely, their actions may remove my control.



“Please ask who has come with me today and ask what their relationship with me is. Talk to us both and give my family member/carer the chance to ask questions. Explain to us both about how I will receive my results, this will help us to remember the information. Ensure that anyone with me can come and help me to undress and dress if required. Allow them to stay with me during any preliminary tests if I want them to (even if I’m an adult) and if it is safe for them to do so.”



“Consider allowing me to record the consultation if my family member/carer is unable to stay with me.”



“if you’ve come with somebody [as a carer], you’re the expert on how they’re going to cope in the room.”

Guidance and resources

11a

Family members and carers often play an important role in supporting patients, providing reassurance, helping with communication and advocating for their needs. However, their presence can also influence the patient's autonomy, confidence or ability to speak openly. It is important to balance the involvement of carers with the patient's right to privacy, dignity and independent decision making.

The SoR has guidance and resources for radiographers on mental capacity, patient advocacy and obtaining consent^{67,68}. Please take some time to review these if you are not already familiar with them. These resources can help you understand how to support patients to make their own decisions wherever possible, and how to involve carers appropriately when a patient lacks capacity or requests support.

Guidance on mental capacity decisions in diagnostic imaging and radiotherapy | SoR



Obtaining consent | SoR

**11b**

The safeguarding guidelines and framework provided by NHS England⁶⁹ have been designed to help healthcare professionals understand their role in protecting patients from harm, including situations where a carer's actions may limit a patient's control or raise concerns. Being alert to signs of coercion, distress or discomfort is essential.

Safeguarding | NHS England

**11c**

Some patients may rely heavily on carers due to cognitive impairment, dementia, disability or communication needs. Ensure you are familiar with the National Institute for Health and Care Excellence (NICE) guideline *Dementia: assessment, management and support for people living with dementia and their carers*⁷⁰. The guideline aims to improve care by making recommendations for training staff to support people living with dementia. It highlights the importance of supporting both the person and their carer, while still ensuring that the patient's own voice is heard and respected.

Dementia: assessment, management and support for people living with dementia and their carers | NICE



Guidance and resources

11c

The Findlay Report documents the true story of a family struggling to get the care that both of their elderly parents needed⁷¹ and 'Fighting for Life' is a play based on the issues raised in the Findlay Report⁷².

The Findlay Report: Case Study on the handling of motor neurone disease by UK health and social services



Fighting for Life | Pluto Productions



A useful flowchart has been developed by radiography researchers, using CoRIPS funding, to support obtaining consent from people with dementia⁷³.

Society of Radiographers launches RAD-CHECK patient consent flowchart | SoR



11d

Patients and carers may wish to record consultations. The SoR has published guidance for the recording of images and clinical discussions by patients during imaging examinations, interventional procedures and radiotherapy treatment⁷⁴, which you should abide by. The SoR has also published specific guidance for sonographers working in obstetrics in NHS settings⁷⁵.

The recording of images and clinical discussions by patients during diagnostic imaging, intervention | SoR



Recording images of sonographers performing NHS obstetric ultrasound examinations: Guidance to support local policy development | SoR



The Medical Protection Society is a member organisation that provides legal advice for doctors and healthcare professionals. They also have advice on the legal issues related to recording consultations, that may help you navigate these situations more confidently and safely⁷⁶.

Digital dilemmas - Patients recording consultations | Medical Protection Society



Guidance and resources

11e

The Care Quality Commission (CQC) regulates health and social care services in England. The CQC website has useful information about online and video consultations and receiving, storing and handling intimate images⁷⁷. These resources are important for maintaining patient confidentiality and ensuring that both patients and carers understand how their information is managed.

GP mythbuster 100: Online and video consultations and receiving, storing and handling intimate images
Care Quality Commission



12.

Let me know what happens next...

and support me if I need extra help.



"I need to feel assured that when I leave I am not forgotten and that I am well-informed about what will happen next."



"...'cos I think probably your worst fear is that [the result has] got missed somewhere."



"It meant a lot that they told me clearly how I'd be updated about my results. Having that information helped me feel more in control instead of worrying."

Guidance and resources

12a

Many people now regularly use the NHS App⁷⁸ to access information and resources to manage their health and wellbeing. Make sure you feel confident to talk about how the NHS App can be used with patients and their carers. Supporting people to understand or navigate the app can help them stay informed about appointments, results and next steps.

[NHS App](#) | [NHS](#)

**12b**

SimPal is a UK-based charity which provides access to the internet for people living with cancer, life-threatening conditions or digital poverty⁷⁹. This service would support access to digital health services or the NHS App. Being aware of services like SimPal helps ensure that people who face digital exclusion can still access the information they need.

[SimPal, Keeping you connected](#)

**12c**

Read your department's policies on providing information and/or results to ensure your knowledge about local practice is up to date. This will help you to confidently provide information to patients about the next step in their care. Clear, timely explanations about what will happen next can reduce anxiety and help people feel more prepared and supported. Always check whether patients and carers need support to understand the next steps due to cognitive, sensory, digital access or literacy needs. Signpost patients to the right person to contact if they do not receive information when expected.

The Patient Information Forum TICK (PIF TICK) website has information and resources to support you to provide information created with health literacy, accessibility and cultural needs in mind⁸⁰.

[Information for healthcare professionals](#) | [PIF TICK](#)



Guidance and resources

12d

The *Quality Standard for Imaging (QSI)*⁴⁹ sets out the expectations for keeping patients informed before, during and after their imaging examination. Familiarise yourself with these expectations by reading section XR-1 'Information and Support for Patients and Carers'. This helps ensure that communication is consistent, accurate and person centred throughout the imaging pathway.

The *QSI* is a collaboration between The Royal College of Radiologists and the College of Radiographers.

Quality Standard for Imaging (QSI) | The Royal College of Radiologists



13.

Be honest and transparent...

about any findings.



“Do not hide behind your job. I don’t want you to divulge anything that is not going to help me or that you are not qualified to, but if you know the answer to a question don’t be vague in your reply as it is likely to make me worry more. Tell me who will be able to give me the information I need and when.”



“I’d got questions which were way off his understanding scale, you know, about what bra can I wear, and, you know, does it matter if it’s underwired and that sort of thing; he’d just no idea...I did get some answers as time went on but when you are starting you want to know then.”



“I’d prefer to get a copy of the radiology report as well as getting a filtered version from my GP.”

Guidance and resources

13a

You must always work within *The standards of proficiency for radiographers*²⁸ as mandated by the Health and Care Professions Council (HCPC). These were updated in 2023 and include wording about diagnostic findings.

[The standards of proficiency for radiographers | HCPC](#)



- Remember — honesty and transparency do not always mean giving clinical interpretations —sometimes it is about explaining the process, the limits of your role and what will happen next. Being open about this helps build trust and ensures patients feel respected and informed.
- Ensure explanations are accessible to people with different communication needs or levels of health literacy.
- Being familiar with the HCPC standards helps ensure that any information you share is accurate, appropriate and within your professional remit.

13b

It is important to work within your scope of practice, as set out within the College of Radiographers *Education and Career Framework* (ECF)⁸¹. Practice differs across the radiographic workforce, and according to local policies and protocols. Always check the *ECF* if you are unsure whether something is within your scope of practice or not. This includes whether or not you are able to share findings. If you are not permitted to discuss findings, explain this clearly and compassionately so the patient understands why.

The *ECF* has a number of case studies⁸² showing how practice differs across the radiographic workforce.

[Education and Career Framework \(ECF\) \(fourth edition\) | CoR](#)



[Explore the Education and Career Framework \(ECF\) by Case Study | CoR](#)



Guidance and resources

13c

The British Medical Ultrasound Society (BMUS) has some specific guidance on communication in obstetric ultrasound⁸³. This has been designed to support obstetric sonographers in communicating unexpected news.

[Consensus guidelines on the communication of unexpected news via ultrasound | BMUS](#)

**13d**

Many people now regularly use the NHS App⁷⁸ to access information and this may include accessing results of imaging examinations. Clear guidance about where and when results will appear can help reduce uncertainty and anxiety. Make sure you feel confident to talk about how the NHS App can be used to access results with patients and their carers.

[NHS App | NHS](#)



14.

Be honest with me...

when things go wrong.



“Talk to me and my family and give us time to ask questions and have our concerns addressed. Don’t try to hide what happened. Find time to talk to me about it.”

Guidance and resources

14a

Let patients know how they can raise concerns or seek support if they need to.

The Care Quality Commission (CQC) Regulation 20 sets out the 'Duty of candour'⁸⁴ that all health and social care professionals should adhere to. You should ensure that you are familiar with this and how it links to your department's policies and procedures.

Being open, timely and compassionate when something has gone wrong helps maintain trust and supports patients through what can be a distressing experience. Recognise that some groups may be disproportionately affected by harm or may need additional support.

Regulation 20: Duty of candour | CQC



14b

Imaging and radiotherapy services should consider using the NHS England *Patient Safety Incident Response Framework*⁸⁵ to guide and structure investigations into patient safety incidents. The aim of the framework is to increase understanding about how to prevent harm and how to take action to redress any harm caused.

Patient Safety Incident Response Framework | NHS England



14c

The Mid Staffordshire NHS Foundation Trust enquiry, led by Sir Robert Francis in 2013⁸⁶, was pivotal in shifting perspectives about how health and care professionals should manage situations where things have gone wrong. Since then, a huge amount of work has been done across the country to improve care. Recently published articles highlight where progress has been made, and where there is still more to do^{65,87,88}. Being aware of this history reinforces the importance of transparency, accountability and a culture where patients feel safe to ask questions and staff feel supported to be open about what went wrong.

Independent Investigation of the NHS in England | GOV.UK



A decade after Francis — is the NHS safer and more open? | Editorials, *BMJ*



Ten years after the Francis Inquiry Report: will we ever learn? | University of Birmingham



Guidance and resources

14d

The Patients Association has long campaigned for openness, honesty and patient-centred communication. They provide resources on patient rights, navigating complaints and understanding what should happen when care goes wrong⁸⁹.

Tips on making a complaint | The Patients Association

**14e**

Action Against Medical Accidents (AvMA)⁹⁰ is a UK charity specialising in patient safety and justice. They provide independent advice for people affected by medical accidents and promote a culture of openness and learning in healthcare. You might find this a useful resource to signpost patients and carers to after an accident.

Action Against Medical Accidents (AvMA)



15.

Consider patient-centred approaches...

to booking and appointment systems.



“I went to the radiology dept. for an MRI on May 28th and was told the scanner was broken. I asked when it had broken down and was told the night before. No one had bothered to phone me until 12.00 noon the next day when I had just arrived in your parking lot for my appointment, so I made an un-necessary journey. I could understand if it had only just happened.” ([CareOpinion.org.uk](https://www.careopinion.org.uk))



“I have a life outside of being a patient so let me decide which is the most important to me. Help me to achieve this balance.”



“Be mindful of the impact a changed appointment might have on me.”



Guidance and resources

15a

The *Quality Standard for Imaging*⁴⁹ sets out the expectations for patient-centred approaches to booking and appointments systems. Familiarise yourself with the expectations by reading section XR-1 'Information and Support for Patients and Carers'. The *Quality Standard for Imaging* is a collaboration between The Royal College of Radiologists and the College of Radiographers.

Quality Standard for Imaging (QSI) | The Royal College of Radiologists

**15b**

Work in partnership with patients to explore patient-friendly appointment systems, such as the NHS e-Referral Service (also known as 'Choose and Book')⁹¹. Make sure you consider how booking and appointment systems can be accessed by people who do not have access to the internet or the NHS App. Patients with sensory, cognitive or mobility impairments may also struggle with online appointment systems. Ensure your department can provide alternative options as needed. This may include telephone booking, providing information in accessible formats, or support from staff or carers.

Helping patients manage their referral online | NHS England Digital

**15c**

People with long-term conditions, multiple long-term conditions and people living with or at risk of frailty may have multiple appointments to attend. Wherever possible, coordinate or cluster appointments to reduce travel and disruption. Ask whether other conditions or treatments affect when they can attend and offer flexible times, where possible. Consider fatigue, pain or fluctuating symptoms when scheduling appointments.

Care co-ordinators can be helpful to support people to navigate the health and care systems, and co-ordinate their care. You can find out more about care co-ordinators and what they do on the NHS England website⁹².

Care co-ordinators | NHS England



Guidance and resources

15d

Take into account religious observances, such as prayer times, fasting, sabbath and religious holidays when booking appointments for patients.

RE:ONLINE⁴² is a website provided by the endowed charity of Culham St Gabriel’s and it has lots of useful information in its knowledge hub about different religious beliefs, traditions and festivals, including a festival calendar⁹³.

[Festivals Calendar | RE:ONLINE](#)



15e

Those with caring responsibilities, including parents and expectant parents, may require flexible appointments so that they can make arrangements for their caring responsibilities to be covered whilst they attend appointments for imaging or radiotherapy. Ensure that flexible appointment slots, such as evenings or weekends are available.



Photo by Age Cymru on Unsplash

Guidance and resources

15f

Consider the impact of travel costs, time off work and childcare on those from lower-income or disadvantaged backgrounds. Wherever possible, arrange appointments to minimise the number of journeys to the healthcare setting. Signpost patients to ways to reduce their travel costs, such as discounted travel passes, long stay parking passes or, where eligible, the NHS Healthcare Travel Costs Scheme⁹⁴.

[Healthcare Travel Costs Scheme \(HTCS\) | NHS](#)



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“When you are designing and re-designing services I would like it if you could consider the following points”



Section 2

Working *together* to improve imaging and radiotherapy services: service development for person-centred care



When setting up or re-designing services...

make sure you base decisions on the best available standards and evidence.



“I want to know that any changes you make are evidence-based on what works best for patients.”



“New developments should have a benefit to me rather than be [solely] based on finances and resources.”

Guidance and resources

1a

Service development for person-centred care should always be underpinned by best practice guidance. Key guidance documents that should be reviewed as part of service development work include the *Quality Standard for Imaging*¹, the *Getting It Right First Time Specialty Report for Radiology*², the *Advancing Safer Radiotherapy* guidance³, and the *Guidelines for Professional Ultrasound Practice*⁴.

Quality Standard for Imaging (QSI) | The Royal College of Radiologists



Radiology: GIRFT Programme National Specialty Report | NHS



Advancing safer radiotherapy: Guidance for radiotherapy providers on improving patient safety
UK Radiotherapy Board



Guidelines for Professional Ultrasound Practice | SCoR and BMUS



2.

Involve me when...

you design or change imaging and radiotherapy services, so they work for the people who use them.



“I am the person experiencing the service so am the best person to advise you if it works and suggest any changes.”



“Working with patients and using their experiences can enrich and improve plans for service development. The ultimate aim is co-production with patients, carers and the wider public.”



“The form that working with patients takes will depend on the skills available within the team, willing volunteers being available to commit and devote their time and the financial resources to deliver the project.”



“If you involve patients in designing services, we can help suggest things like a support line to make that waiting period easier.”



Guidance and resources

2a

Co-production is the process by which services are designed or changed collaboratively. NHS England have developed a range of excellent resources to support meaningful co-production⁵.

Co-production resource toolkit | NHS England

**2b**

Engaging patients in activities to design a new service, or to evaluate current services and to identify improvements, is essential. There is lots of advice on how to do this from the Institute of Healthcare Improvement, who focus on 'Always Events'⁶. These are aspects of the patient experience that are so important to patients, their care partners and service users that health care providers should aim to perform them consistently for every individual, every time.

Always Events Toolkit | Institute of Healthcare Improvement

**2c**

As healthcare professionals, the radiographic workforce have opportunities to encourage more patients and carers to be part of activities which will improve healthcare services. As well as local service development work, and if patients express an interest, the radiographic workforce should be able to encourage patients and carers to be involved in relevant national research projects which aim to improve services. The National Institute for Health Research (NIHR) has a number of resources designed to support patients and carers to take part in research⁷.

NIHR Involve patients | NIHR



Guidance and resources

2d

The charity National Voices, and many others, can help to bring together health and care leaders with diverse groups of people, to better understand what they want from health and care. National Voices work with over 200 members covering a wide range of health conditions and communities, and may be able to connect you to diverse groups of people and charities that represent your service users, to help you shape your service⁸.

[Access our diverse network](#) | National Voices



3.

Ask me for my feedback...

and show me how it leads to real Improvements or why changes were not possible.



“You need to know what is important to me and not just make assumptions. I have given up my time to complete feedback forms so would like to know what the outcome is.”



“I realise not every change can happen straight away, but it really helps when you explain what’s possible now, what isn’t and why, and how my feedback will be used to shape future decisions.”



Guidance and resources

3a

Use notice boards, newsletters and social media posts to tell patients, carers and the public about actions you have taken as a result of patient feedback. The exact format of this will vary dependent on the setting.

This includes being clear about what has changed, what hasn't changed, and why some suggestions can't be acted on right now. Working in partnership in this way helps ensure the communication is transparent, respectful and genuinely reflects the voices of the people who use the service.

Photo by ROBIN WORRALL on Unsplash

**3b**

Involve patients and carers in responding to feedback about services, as a way to develop the service. This may be through local patient and carer groups, or through organisations such as National Voices, who offer resources and support for co-production⁹.

[Develop your co-production skills](#) | National Voices



Guidance and resources

3c

Work with PALS, the Patient Advice and Liaison Service (or equivalent) for your organisation, to respond to patient enquiries and complaints, and in discussions about changes to services, or about the introduction of new services¹⁰.

[What is PALS? | NHS](#)

**3d**

When you share updates about actions taken as a result of patient feedback, involve patients, carers and members of the public in shaping how this information is presented. They can help you choose the right wording, decide what level of detail is helpful and make sure the message feels honest and meaningful.

This includes being clear about what has changed, what hasn't changed, and why some suggestions can't be acted on right now. Working in partnership in this way helps ensure the communication is transparent, respectful and genuinely reflects the voices of the people who use the service.





Work with charities and peer support groups...

to shape your service developments, because they bring specialist knowledge and lived experience from wider communities.



“They have a different kind of expertise which is often very specialised. Patients are experts by experience.”



“My experience is just one perspective — charities and support groups help bring the bigger picture of people living with my condition.”



Guidance and resources

4a

The Care Quality Commission (CQC) work with the Experts by Experience group from Choice Support¹¹ and listen to their opinions of what it's like for them to use health and/or social care services. This group could be helpful in service development work.

[Experts by Experience | Choice Support](#)



4b

There are many organisations that can offer specialist insight — including condition-specific charities, cultural or community groups, disability advocacy organisations and peer support networks^{12–18}.

Working with a range of groups helps ensure your service reflects the needs of diverse communities.

Specialist patient communities can help you consider issues that are specific to a particular group of patients. They highlight barriers that may not be obvious, such as language, cultural expectations, stigma, accessibility or age-specific needs.

[Asian Breast Cancer Support group](#)



[Young Lives vs Cancer](#)



[Royal National Institute of Blind People](#)



[The LGBT Foundation](#)



[Age UK](#)



[The Brittle Bone Society](#)



[OUTpatients: The UK's LGBTIQ+ Cancer Charity](#)



Guidance and resources

4c

National organisations, such as Picker and The Patients Association can offer valuable expertise in patient experience and service improvement. They work with patients and health services to support co-production, provide practical tools to help design person-centred services and to understand what matters most to people.

Picker offer a range of toolkits and consultancy services to support the development of person-centred services and can tailor their services to offer bespoke support for service development¹⁹.

The Patients Association works in partnership with NHS organisations on projects to improve services, often using their 'Six Principles of Patient Partnership'²⁰, which emphasise listening, equality, respect and shared decision making. Their work includes supporting services to redesign pathways, improve communication, strengthen complaints processes and understand what matters most to patients through surveys and co-production projects.

Person centred care toolkits | Picker



The Six Principles of Patient Partnership | The Patients Association





Acknowledge when errors have been made...

consider my complaints and pass these on to the team so lessons can be learned.



“All I want to do is to make sure it doesn’t happen again.”



“My complaint and your response to it may have a positive impact on how the service develops.”

Guidance and resources

5a

Services should consider using the NHS England Patient Safety Incident Response Framework²¹ to ensure that patient safety incident investigations lead to understanding of how to prevent harm and take action to redress the harm caused.

[Patient Safety Incident Response Framework | NHS England](#)

**5b**

The Mid Staffordshire NHS Foundation Trust enquiry, led by Sir Robert Francis in 2013²², was pivotal in shifting perspectives about how errors and complaints should be managed. Since then, a huge amount of work has been done across the country to improve care. Recently published articles highlight where progress has been made, and where there is still more to do^{23–25}.

[Independent Investigation of the NHS in England | GOV.UK](#)



[A decade after Francis: is the NHS safer and more open? | Editorials, BMJ](#)



[Ten years after the Francis Inquiry Report: will we ever learn? | University of Birmingham](#)

**5c**

The Community Interest Company, Care Opinion, can be a useful source of feedback on health and care services. It provides an opportunity to learn from the experiences of people receiving care and there are many examples from imaging and radiotherapy services²⁶.

[Care Opinion](#)



6.

Involve patients...

in recruiting, supporting and retaining the staff who care for us.



“I have always found a patient interview panel to be beneficial and a positive experience. As patients we are able to connect with the interviewees as to what we would like (and need) from the staff working with us.” ([CareOpinion.org.uk](https://www.careopinion.org.uk))

Guidance and resources

6a

Think about how you can include patients, carers and the public in recruitment panels.

“Being involved in the interview panels here at Arnold lodge has really boosted my confidence” | Care Opinion

**6b**

NHS Employers have a useful toolkit to support healthcare providers to attract and recruit high-quality staff to their workforce²⁷.

Inspire, Attract and Recruit Toolkit | NHS Employers

**6c**

NHS Employers also provide lots of useful advice and guidance to promote retention of the workforce. This includes considering wellbeing, flexible working and flexible retirement options²⁸.

Retention | NHS Employers



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“Whether you are supporting the learning of student or apprentice radiographers, or supporting the development of more experienced radiographers, I would like it if you could...”



Section 3

Education *towards* person-centred radiography



Include real life...

authentic patient experiences as part of learning.



“There is no substitute for the real thing. Make sure cases are authentic rather than contrived.”



“I might have some very innovative ideas about the things students should be taught based on my experience as a patient or carer that will add another perspective to their course.”



“Clinicians who become patients are often amazed at life on the other side of the counter. What is important to a patient may be low on the clinician’s list of priorities.”



Guidance and resources

1a

Use experiences reported by patients online — for example on the Care Opinion website¹ and the Patients Association website² — as part of teaching sessions. Encourage discussion and debate about what ‘good’ person-centred care looks like.

Care Opinion



The Patients Association



1b

Include practitioners in teaching sessions who are or have been patients and/or carers. Their understanding of the clinical encounter from multiple perspectives can offer unique insights^{3,4}.

From doctor to patient and back again? | Dr Liz O’Riordan



The parent, the child with Down syndrome and the NHS: A long term relationship | Professor Naomi Shiner



An example of good practice:

In collaboration with service users, Sheffield Hallam University have co-produced three pieces of artwork representing how patient and carer engagement can be woven into learning activities.

Partners in art



2.

Invite me to talk...

to students, apprentices and staff about my lived experiences.



“Many patients are willing to share their experiences to benefit both research and learning.”



“[Provide] more opportunities to learn from autistic adults and their carers, in order to build up a better knowledge bank and be able to have a range of experiences to draw upon to best adapt to particular individuals.”



“Patients aren’t all the same, and our lived experiences can shine a light on things you won’t find in a textbook. I’m happy to share my own experiences because it can help students build confidence, empathy and better care. Being invited into that space feels like a true partnership — working together to build better, more person-centred care.”



“Individual stories made the topic very powerful.”

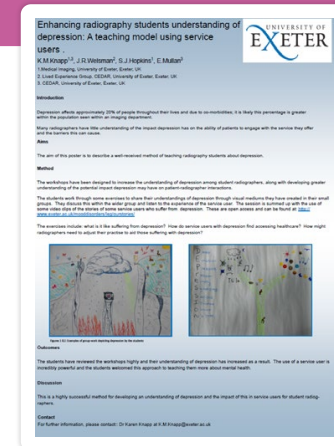


Guidance and resources

Examples of good practice:

In collaboration with a service user, the University of Exeter has developed a series of workshops to increase student and apprentice radiographers' understanding of depression in service users. These workshops also aim to develop a greater understanding of the potential impact depression can have on patient–radiographer interactions. Learners work through exercises to share their understandings of depression using visual mediums created in their small groups. They then discuss these with the wider group and listen to the experiences of the service user.

**Enhancing radiography students understanding of depression:
A teaching model using service users**



An interactive, lived experience panel discussion is an integral session of the Person-Centred Care: Applications in Healthcare module at City St George's, University of London⁵. Hearing real patient stories gives learners insight into how interactions with healthcare professionals have impacted individuals' experiences of care. As healthcare professionals, reflecting on patients' lived experiences can challenge our assumptions, critically consider our own practices and help reinforce the importance of involving individuals as active collaborators in their own care, in partnership with clinical practitioners.

Person Centred Care Applications in Healthcare



**Person-centred care education in practice:
Students' and academics' evaluation of a postgraduate radiography module**



3.

Invite me to be involved...

in developing and assessing student or apprentice radiographers' patient care skills.



“Include voices like mine so students learn that every patient’s needs are different.”



“Let me share my perspective when students are being assessed — my experience should be part of the picture.”



“Invite me to explain what made the experience positive and anything that could have made it better.”



Guidance and resources

3a

Wherever possible, involve patients and/or carers in realistic practice activities (simulation) to support development of person-centred approaches to practice⁶⁻¹⁰.

Using simulation to support practice based learning | HCPC



The role and efficacy of simulation in pre-registration education and training of diagnostic radiographers: A simulation model for pre-registration diagnostic radiography education | SoR



First year student radiographers' perceptions of a one-week simulation-based education package designed to increase clinical placement capacity | *Radiography*



Can simulation impact on first year diagnostic radiography students' emotional preparedness to encounter open wounds on their first clinical placement: A pilot study | *Radiography*



The use of simulation and moulage in undergraduate diagnostic radiography education: A burns scenario | *Radiography*

**3b**

Include patients and carers as assessors during realistic practice activities as part of clinical assessments in the university setting. Ask patients and carers for feedback on the student or apprentices' communication skills following an interaction during a practice-based learning session, or following a clinical assessment¹¹.

An exploration of service user involvement in the assessment of students | *Radiography*





Invite me to be involved...

in the development of courses of study.



“You know, making the service user voice or the patient perspective or service user perspective more integral.”



“In my view, the patient perspective is needed.”



“The documents tease out the required skills, knowledge, experience, attitudes, and behaviours. I think attitudes and behaviour are critical. As a patient, I [need to] have confidence in that individual’s knowledge, skills, experience, and behaviours.”



Guidance and resources

4a

Patients can be involved in all stages of learning and assessment, this includes being a member of the programme development team.

The HCPC Standards of education and training require programme teams to consider how “service users and carers [can] be involved in the programme”¹².

Standards of education and training | HCPC



The Health Foundation has some useful guidance for considering how patients can be teachers¹³.

Report: Can patients be teachers? | The Health Foundation



4b

There are a growing number of education programmes which have been co-designed with people with lived experience; research has been done which demonstrates the value of including lived experience within the design of an advanced practice framework¹⁴.

Integrating the lived experience within the non-surgical oncology advanced practice framework: a pilot study | *International Journal for Advancing Practice*





Invite me to be involved...

in the selection of pre-registration student radiographers and apprentices, and postgraduate opportunities, such as education and training for enhanced or advanced practice roles.



“I can be involved in writing interview questions for the selection of students, these can be focused on the experiences of patients and related to the NHS core values.”



“Once a student has shown the academic ability to apply for further advanced training/career development, why shouldn't I be involved to strengthen the quality of the panel? I'd be looking for different things as a patient.”



“As a patient or carer with lived experience or expert by experience, you have say in what you could see from your perspective as a patient or carer, which is different to somebody who is assessing someone of their academic abilities.”



Guidance and resources

5a

Patient and carer insights can shape shortlist criteria, contribute to interview question design and inform decisions; they can add value to the selection process by participating on interview panels or observing and scoring candidates during group activities. Their lived experience brings a valuable perspective on the qualities that matter most in patient-centred care.

The University of Leeds includes people with lived experience in their multiple-mini interviews for pre-registration student radiographers¹⁵. Feedback from people involved in the process is extremely positive and highlights the value of this approach.

Involving people with lived experience in student radiographer recruitment at the University of Leeds



INVOLVING PEOPLE WITH LIVED EXPERIENCE IN STUDENT RADIOGRAPHER RECRUITMENT AT THE UNIVERSITY OF LEEDS

INVOLVING PEOPLE WITH MULTIPLE-MINI INTERVIEWS

The members of the Patient Care Community (service user representatives) at the University of Leeds are usually utilised in the selection process of medical, radiography, audiology and cardiac physiology students. They are primarily involved in one of the multiple-mini interviews (MMIs) which is a role play station designed to assess the applicant's communication and empathy skills. There are a range of scenarios used, one example being:

The applicants are given two minutes before entering the role play station in which they are required to read through a scenario. The applicant is asked to role play a volunteer at a local community café, and notice that one of the people at the café (played by the PCC member) is not engaging with the activities or others. They are asked to speak to this person. They are given six minutes to role play the scenario with the PCC member and this is observed by an additional clinical interviewer. At the end of the scenario, once the applicant leaves, the PCC member and clinical interviewer discuss and grade the applicant's performance using the MMI scoring code.

QUOTES FROM MEMBERS OF THE PCC:

'As a patient or carer with lived experience or expert by experience, you have say in what you could see from your perspective as a patient or carer, which is different to somebody who is assessing someone of their academic abilities.'

'It can be clear those who have got through on maybe academic merit or the scoring system versus the human aspect.'

'It was interesting to see through that lens, the scoring which didn't always resonate and sometimes came into conflict with how I would feel as patient. So it's really glad to be involved. 'Expectations and the trust itself is what we want to aim them for the realities of what they're going to face.'

'It's also their (the applicants) opportunity to assess whether it's right for them, again, right from the off before they dedicate their time to something and I think that's really important.'

'Do they have that kind of human aspect of it? And, again I think that's really important. It comes right at the beginning rather than an afterthought at the end and trying to shoehorn empathy in. That's why I think it's great for us, but also for them, the realities of what they are going to be facing in the community.'

'I don't care what the process is, is that person making me feel comfortable? Are they making eye contact?'

'So, it's all about attitude at the end of the day isn't it? And the potential that you're looking for is, we are not looking at clinical competence or surgical skill. We are looking at human attitudes. That's what our concern is.'

UNIVERSITY OF LEEDS

5b

The University of Manchester involve patients and carers in the recruitment of health and care professionals via their Community Liaison Group¹⁶.

Community Liaison Group | Faculty of Biology, Medicine and Health, The University of Manchester



6.

Recruit students and apprentices...

with compassion in mind, and educate and support them to embed compassion in their practice.



“As well as recruiting for compassion, it is about embedding compassion throughout the training, by ensuring the students are placed in teams where compassion towards patients, fellow staff and students is modelled to a high standard and it is seen as the norm.”



“Education about compassion fatigue and how to ensure it is minimised is also crucial.”

Guidance and resources

6a

Make sure pre-registration students and apprentices are selected and taught in ways that emphasise compassion, so they learn what it really means to care for people. Health Education England have a Values Based Recruitment Framework¹⁷, and a joint publication from the Association of Radiography Educators in collaboration with the College of Radiographers and the Collaborating Centre for Values-based Practice in Health and Social Care describes how values-based practice can be embedded in radiography¹⁸. Articles covering how to distinguish compassion from other forms of caring (in a radiography context) and patients and carers perception of compassion within radiography are also useful resources^{19,20}.

Values Based Recruitment Framework | Health Education England



Values-based Practice in Diagnostic & Therapeutic Radiography: A Training Template

The Association of Radiography Educators, The College of Radiographers and The Collaborating Centre for Values-based Practice in Health and Social Care



Compassion in healthcare: a concept analysis | *Journal of Radiotherapy in Practice*



But what does it mean to us? Radiographic patients and carer perceptions of compassion | *Radiography*

**6b**

Educate students and apprentices about compassion fatigue and burnout and how these can be recognised and minimised. The Compassion Fatigue Awareness Project is “committed to gathering, documenting, and disseminating useful information that can be readily introduced into caregiving environments in order to impact the lives of caregivers in a positive way”²¹.

Compassion Fatigue Awareness Project





Ensure patients and carers have a meaningful role...

in shaping student research into patient experience, and encourage students, apprentices and staff to involve them as partners throughout the research process.



“Extending knowledge in the field of radiography shouldn’t just be focused to technological developments.”



“Filling in questionnaires often frustrates because the questions/options for comment often don’t allow or reflect what the patients feel about the treatment/service they have been provided.”



“Don’t just involve me at the beginning — work with me throughout the research. Patients bring different perspectives that can uncover things you might not have thought of, making the questions and findings far more meaningful.”



Guidance and resources

7a

Encourage students, apprentices and staff to speak to members of the public via voluntary and/or community support groups about what research should be undertaken to explore the patient experience.

GOV.UK can help you find appropriate voluntary and/or community groups²².

[Find a community support group or organisation | GOV.UK](#)

**7b**

Encourage students, apprentices and staff to involve patients and carers as partners throughout the research process.

Resources such as the NHS Health Research Authority (HRA) guidance on patient and public involvement supports good research practice²³.

[Public involvement | HRA](#)

**7c**

Ask students, apprentices and staff to consider the principles of inclusive research design.

A useful review article has been published about inclusive research design in radiography²⁴.

[The A3ReAcH \(Autistic, ADHD and AuDHD research accessibility in healthcare\) framework: Principles for inclusive healthcare research with autistic, ADHD and AuDHD individuals in radiography and medical radiation technology | ScienceDirect](#)



8.

Develop and use materials which focus on person-centred care...

making this a mandatory subject for CPD.



“It’s very important that qualified staff are up to date in terms of their knowledge and skills but this should extend beyond critical topics like life support. Communication and person-centred care are skills that are needed to support every single patient, every single day.”



“You want the person to smile, to engage with you as a person, not purely [as] a patient. So sometimes it’s just a few words, it could be about the sort of time you took to get there or the weather or anything, it doesn’t have to be formal, that’s the main thing.”



Guidance and resources

8a

A Massive Open Online Course (MOOC) is offered free of charge from the University of Derby that provides a research-informed insight into person-centred care in diagnostic radiography²⁵. The course includes a self-assessment checklist and tool to measure organisational commitment to person-centred care. It is suitable for radiographers, student radiographers, apprentices and assistant practitioners. The first two units of the course are also suitable for any healthcare professional.

Patient Centred Care in Diagnostic Radiography: An Educational Toolkit | University of Derby

**8b**

e-Learning for Healthcare (elfh) provides a wide range of free e-learning materials for health and care professionals. Although elfh does not have radiography specific tools, their Care Certificate modules are excellent^{26,27}.

Care Certificate standards | skillsforcare



elfh | NHS England



9.

Educate staff (clinical and academic), apprentices and students...

about why and how to
work with me as a partner
to improve care.



“[Radiographers] should not be afraid to tap into this expertise and should be equipped with the skills to engage in new ways of communicating with patients.”



“As an observer and volunteer, I am amazed that clinicians, maybe understandably, appear to be totally focused on being a clinician when often they are only seconds away from being a patient. Patients have a wealth of different types of knowledge because they are ‘experts by experience’.”



“My lived experience can highlight things you may not see from the clinical side and together we can improve care in ways neither of us could have achieved alone.”



Guidance and resources

9a

New ways of working with patients and the public requires us to reconsider our role and position as professionals. The Personalised Care Institute provide some free training resources designed to support improved care, which is tailored to the individual²⁸.

What is personalised care? | Personalised Care Institute



9b

The provision of enhanced communication skills training enables radiographers to engage in frank and transparent discussions with patients about their care. NHS England have a number of resources about shared decision making and personalised care²⁹, and the Personalised Care Institute has some excellent free training resources to support shared-decision-making conversations, including some virtual patient avatars that you can practice with^{30,31}.

Shared decision-making | NHS England



Shared decision making | Personalised Care Institute



Virtual Patient Avatars | Personalised Care Institute



9c

There are also resources on personalised care and shared decision making for patients and carers, provided by The Patients Association³².

Shared decision-making | The Patients Association



Guidance and resources

9d

Share the 4Ps guiding principles in staff meetings and use them to stimulate discussions at CPD events. Use articles from *Radiography*³³ and *Synergy*³⁴ to carry on these conversations.

An article discussing the importance of co-production with people with lived experience has been published in *Radiography*³⁵.

The role and value of co-production in creating a shared understanding and conceptual framework of compassion
Radiography



10.

Improve public education and understanding of radiography...

imaging and radiotherapy to reduce anxiety, strengthen trust and enable informed decisions about care and careers.



“They would develop an understanding of the profession and equipment, and of what may happen to them or a loved one if they need treatment. Removing fear using a non-threatening environment.”



“Make sure that they apply to become a radiographer having been fully informed.”

Guidance and resources

10a

Encourage pre-registration students and apprentices to become ambassadors and visit their previous schools and colleges. They will have recent links with these places and will be proud to show their teachers and peers about radiography.

10b

Promote the profession by reaching the wider public, for example online and on social media. This is particularly useful for radiographers engaged in public health, such as breast screening services.

North Midlands Breast Screening Service make use of social media to promote the profession and breast screening³⁶.

North Midlands Breast Screening Service | Facebook



10c

Rad Chat is a global knowledge hub where healthcare professionals can advance their expertise in radiotherapy and oncology. RadChat blend expert insights, best practices and patient perspectives into their podcasts and resources³⁷.

Rad Chat



10d

Engage in World Radiography Day³⁸ and Medical Ultrasound Awareness Month³⁹ to celebrate the profession, raise awareness and engage communities in conversations about imaging and radiotherapy.

World Radiography day | SoR



Medical Ultrasound Awareness month | SoR



Use these outreach channels not only to educate but also to listen. Ask the public about their experiences of radiography and imaging. Partnership working requires a two-way conversation, and public insight can help shape improvements in care, communication and service design.

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“When you are undertaking research related to radiography, it would make a difference to me if you could...”



Section 4

Person-centred *radiography* research



Understand the value...

that patients, carers and the public can bring to research and work in partnership with us, rather than just using us for research.



“I can provide insight into existing care from the patient perspective, I can highlight what matters most to patients and the public about your current service, about where your service or care is lacking or could be improved and I can provide different ideas about what interventions and care will be best tolerated.”



“I want to see that researchers are not making assumptions about what patients need or understand. Patients should be involved in the design of research to make sure the outcomes are beneficial to the public.”



“I can also give you feedback on your research method, making sure you explain clearly what your study is about, communicate more sensitively with people, design studies so they are easier to take part in and share your results with people I know.”



Guidance and resources

1a

This case study about the contribution of one of our Patient Advisory Group members, Steve, to National Institute for Health and Care Research (NIHR) funded research provides some great hints, tips and ideas for patient and public involvement in research¹.

Steve's story: Contributing to research through patient involvement | NIHR



1b

Healthtalk.org² is a partnership between the Dipex Charity³ and the Medical Sociology and Health Experience Research Group (MS & HERG)⁴ at the Nuffield Department of Primary Healthcare Sciences, University of Oxford. Their website includes a section which provides the patient perspective on being involved in research, including topics such as 'what is patient and public involvement in research?' and 'why does it matter?'. The Dipex Charity share people's experiences of health and social care.

Patient and public involvement in research | Healthtalk



The Dipex Charity



1c

It is important to give patients and the public feedback on their contribution to your research. A useful article has been published that looks into the reciprocal relationship and the importance of feedback between researchers, patients and the public⁵.

**Reciprocal relationships and the importance of feedback in patient and public involvement:
A mixed methods study** | *Health Expectations*



2.

Ensure research involving patients, carers and the public is informed...

by national guidelines and good practice, and allows space for my voice to be heard and valued.



“As a patient working as part of the research team I need some training and support. In particular I need:

- help with jargon
- help in understanding what is meant by research
- training in how to carry out research
- to know how the research will be funded and how I will be able to claim expenses — volunteers should not be expected to be out of pocket; childcare and travel should always be factored in. I also need to understand how any payments might affect my benefits
- to know what will happen if I become unwell during the research project. This a particular concern for patients with long-term illnesses and/or disabilities
- support, such as mentoring to help me participate fully in the research
- to receive feedback on my contribution to the research.”



“It is important to ensure my input is managed correctly and with care. It is also important that my time and contribution is adequately reimbursed, so please make sure your research funding bid incorporates adequate costs to pay for my time and travel costs.”

Guidance and resources

2a

There is lots of helpful guidance available from the National Institute for Health and Care Research (NIHR)^{6,7} about involving patients and the public in research. The NIHR's briefing notes for researchers on public involvement⁸ are particularly helpful.

[Involve patients | NIHR](#)



[Involving patients and members of the public in research | NIHR](#)



[Briefing notes for researchers - public involvement in NHS, health and social care research | NIHR](#)



2b

The World Health Organization (WHO) has guidance for ethical research in health⁹.

[Ethical considerations for health policy and systems research | NIHR](#)



3.

Consider the diversity of patients and carers...

involved in your research, including people with different needs and experiences. Make sure people who are like me take part in your research.



“If I were considering taking part in a clinical trial, knowing that patients or the public had been involved in the design and document review would give me confidence. It would make the research feel more inclusive, and I would be more likely to take part.”



“Sometimes the way research is organised unintentionally excludes people. When you plan around things like mobility needs, income, caring responsibilities or where people live, it shows you genuinely want everyone to have a fair chance to take part.”



“It’s about ensuring that researchers aren’t making assumptions and exclusions. It’s essential that the public has a voice, including people with different needs and experiences.”



“I need to know that your research findings really do represent my own views and experiences. This will only happen if you try to engage with patients from relevant groups.”



Guidance and resources

3a

There are a number of advocacy groups you can work with to ensure a wide range of people are involved in your research. A good first step is to register your project with the NIHR^{10,11}.

Be Part of Research | NIHR



Opportunities for public involvement in NHS, public health and social care research in the United Kingdom | NIHR

**3b**

There are many organisations and charities that can help you reach potential research participants from a diverse range of backgrounds¹²⁻¹⁵. You might also want to reach specific charity or community groups, for example those supporting people living with cancer, osteoporosis, etc. Have a look at charity websites and take time to consider which ones might be able to help with your research project.

How we facilitate patient engagement | The Patients Association



Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance | NHS England



Access our diverse network | National Voices



Addressing inequalities in clinical trials | National Voices

**3c**

Consider multiple ways to engage with people with lived experience, for example offering a choice of online or in-person meetings, considering the accessibility of venues, the meeting time and asking whether support might be needed for/from carers.





Share your research with me using language I understand...

at regular intervals throughout the project as well as at the end of the project.



“Make sure that you have considered the use of translated materials and the use of interpreters to support people for whom English is not their first language, to take part in research.”



“If I have given my time to input into your research I deserve to be informed about the outcomes.”



“As a patient I am a key stakeholder of research and need to be able to read and interpret the results so that I can use [them] to make informed choices about my care.”



Guidance and resources

4a

Ask patients and carers to read lay summaries or research results intended for public dissemination. They will be able to show you where your language makes the results difficult to understand, improving the readability of your outputs.

Consider how visual aids, such as images, graphs and flowcharts can be used to make the information easier to understand.

4b

Consider health literacy and the language used in your research materials. Use information provided by the Patient Information Forum (PIF)¹⁶ and National Voices¹⁷ to make your participant-facing information and research findings easier for patients and the public to understand.

How to apply for the PIF TICK | Patient Information Forum



Community Languages, Translation and Interpreting Services | National Voices





Make sure your radiography research includes my voice...

at each stage of the process, from design to dissemination.



“I’d really like to get involved in more clinical research but I don’t always get to know about such opportunities.”



“I’d like to be involved as a participant but also as a member of the research team, so my lived experience can help shape the study from start to finish.”



Guidance and resources

Case study

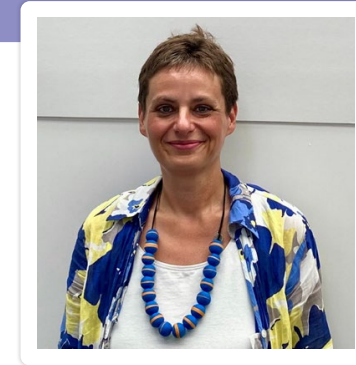
The #AutRad project was conducted by a team of academics and co-researchers with autism at City St George's, University of London.

The team sought to understand how radiographers provide care for adults with autism in radiography and radiotherapy departments, and gauge radiographers' knowledge of autism. They invited adults with autism who had recent (within 12 months) experience of attending a radiography or radiotherapy department to share their experiences of being cared for by a radiographer.

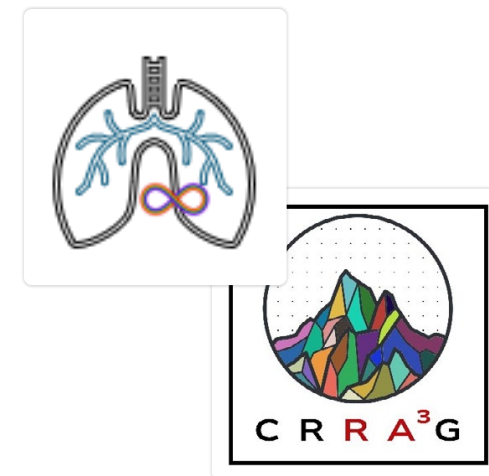
Participation in the project involved the completion of a 20-minute online, anonymous survey. Radiographers with autism and recent experience of radiography or radiotherapy as a patient were invited to complete both surveys.

One of the co-researchers demonstrates the impact of involving people with lived experience in the project:

"I was proud to contribute to the #AutRad project as a PPI consultant. As an autistic person with chronic pain who has undergone numerous hospital scans, I am deeply committed to improving autistic healthcare experiences. My involvement along with the other PPI advisors has helped to ensure that the realities of diagnostic imaging and radiotherapy environments is truly considered for autistic individuals — including sensory sensitivities, communication differences and nervous system responses. [These] were considered throughout the research process, from the research design through to dissemination. Additionally, as an Expert by Experience autism trainer, I brought both lived and professional insight to support accessible, ethical and practically relevant research. Meaningful partnership ensures radiography research is not simply about autistic people, but shaped with us at every stage."



Sarah Clark
PPI consultant for the AutRad Project



City St George's Research
Radiographer Group (CRRAG) logo.

Guidance and resources

5a

Consider how you could co-produce your research with people with lived experience and use relevant articles to inform your methods^{18,19}.

Coproduction with Autistic Adults: Reflections from the Authentic Research Collective | *Autism in Adulthood*



Setting the research priorities for pregnancy scanning: a nationally coproduced vision with expectant women, the public and healthcare professionals | *British Journal of Radiology*

**5b**

As well as registering your research with the NIHR (3a), consult patient and carer groups to ensure your recruitment strategy will allow you to reach as many eligible patients and carers as possible. Use the resources below and take time to consider which might be able to help recruit patients and carers as participants in your research project¹²⁻¹⁵.

How we facilitate patient engagement | The Patients Association



Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance | NHS England



Access our diverse network | National Voices



Addressing inequalities in clinical trials | National Voices



Guidance and resources

5c

National Voices¹³⁻²⁰ and Healthtalk² have useful resources which you may find helpful, to include the patient voice at all stages of your research.

[Addressing inequalities in clinical trials](#) | National Voices



[Develop your co-production skills](#) | National Voices



[Patient and public involvement in research](#) | Healthtalk



6.

Help me understand the process...

you follow when reviewing my research images, including how you will communicate anything you see.



“I don’t know if you will tell me if you find something unexpected and this worries me, surely you’ve an obligation to do that – right?”



“If something does come up on the scan, I want to know there’s a clear plan for how you’ll communicate it and what support is available.”

Guidance and resources

6a

Include full details of how you will communicate any medical findings on imaging taken as part of a research project on your participant information sheet; consent processes and debriefing information need to be clear. Some articles have been published that provide helpful guidance on how to approach this²¹⁻²⁶.

Telling research participants about health-related findings | UKRI



The ethics of how to manage incidental findings | *Canadian Medical Association Journal*



Management of Incidental Findings Detected During Research Imaging | The Royal College of Radiologists



Preventing Harm in Research: Safeguarding guidance | NIHR



The Concordat to Support Research Integrity | UK Committee on Research Integrity



Equality Act 2010: guidance | GOV.UK



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Conclusion

We hope that you will find 'A Partnership between Patients, Practitioners and the Public within Imaging and Radiotherapy Services: Guiding Principles' (second edition) a useful tool to support service delivery, service development, education and research activity.

If you have any comments about these guiding principles, or would like to suggest additional resources or case studies which could be added to this document, please email pande@sor.org.

Acknowledgements

The College of Radiographers wishes to thank all the stakeholders involved in the development of this second edition, re-titled 'A Partnership between Patients, Practitioners and the Public within Imaging and Radiotherapy Services: Guiding Principles'.

The CoR working group for this updated guidance were:

- Melanie Clarkson, Sheffield Hallam University
- Dr Amy Hancock, University of Exeter
- Dr Jane Harvey-Lloyd, University of Leeds
- Georgina Hylton, Lay member of the CoR Patient Advisory Group
- Lynda Johnson, SoR Professional Officer for Clinical Imaging and Radiation Protection
- Rachel King, Lay member of the CoR Patient Advisory Group
- Steve Oliver, Lay member of the CoR Patient Advisory Group
- Philip Plant, Chair and Lay member of the CoR Patient Advisory Group
- Anthony Richards, Maidstone and Tunbridge Wells NHS Trust
- Dr Emily Skelton, City St George's, University of London
- Professor Ruth Strudwick, University of Suffolk
- Katie Thompson, President of the SoR 2025–2026
- Dr Nick Wotnitza, University College London Hospitals NHS Foundation Trust

The working group was chaired by Dr Emma Hyde, Head of Education and Research, Society and College of Radiographers.



Appendix 1

Purpose and process of the 4Ps review

Since the first edition of the 4Ps was published in 2018¹, there have been many policy, technological and service delivery changes across imaging and radiotherapy services, as well as within radiography education and research settings. These changes have required the professional practice of the radiography workforce to evolve. As we consider how the profession has changed, this second edition of the 4Ps provides information and resources to support person-centred approaches to care in all four pillars of practice: clinical practice, leadership and management, education, and research and development.

How was the 4Ps review undertaken, and what did it include?

The second edition of the 4Ps was informed by the outcomes of several related pieces of work.

Firstly, an evaluation of the original 4Ps guidance was undertaken by a research team led by Professor Ruth Strudwick, in 2023². It was clear from the data collected and analysed during the evaluation that the guidance was fit for purpose when it was published in 2018 and had been well-used by radiographers that were aware of its existence. Evaluation participants who had used the guidance seemed to be doing so mainly for education and research purposes, e.g. to assist in research funding applications, designing and delivering teaching sessions, etc. The impact of the guidance on clinical service delivery and development was less clear. Parts of the guidance were identified as out of date and in need of a refresh. Participants recommended the guidance be given greater visibility, as there was evidence from the evaluation that it was not well known by the radiography community, and they made lots of helpful suggestions about how the updated guidance could be presented, and how it could be re-launched and promoted to the radiography community.



Appendix 1 *continued*

Secondly, the CoR Patient Advisory Group (PAG) made a number of recommendations for the second edition, based on findings from the evaluation. These included:

- Consider embedding the guiding principles within the flagship standards of the SoR.
- Consider updating the content and including learning from the COVID-19 pandemic.
- Highlight areas where the radiography workforce could have a big impact at low cost, such as 'Hello my name is...'.
- Consider renewing the branding to make it more patient centred.
- Bring the content alive by developing bite-sized dynamic resources or podcasts to represent key messages from the guidance.
- Digitise the new guidance for publication on the SoR website and develop accompanying brief, hard-copy handouts with QR codes that direct to the digital publication.



Appendix 1 *continued*

Thirdly, a review of the original guidance by the 4Ps working group allowed for feedback and suggestions to be collated and considered. From this, three key areas of focus were identified, and task and finish groups were identified to work on these.

Group 1

considered the relationship between the guidance and the *Quality Standard for Imaging (QSI)*³. This work was carried out in parallel with the update of the *QSI* and, therefore, the group were able to make suggestions which were incorporated into the updated *QSI*.

Group 2

considered the relationship between the guidance and the *College of Radiographers Education and Career Framework (ECF)*⁴, published in 2022. The group were able to make suggestions which will be considered when the *ECF* is updated in 2027.

Group 3

undertook an Equality Impact Assessment (EIA) to inform the refresh. The EIA was reviewed after the draft updates were complete, to ensure all issues flagged in the initial EIA had been addressed.

Alongside this, the refresh needed to reflect updates to the Health and Care Professions Council (HCPC) *Standards of proficiency for radiographers (2023)*⁵, and *Standards of conduct performance and ethics (2024)*⁶, and updates to the *SoR Code of Professional Conduct (2025)*⁷. The refreshed guiding principles also needed to align with the most recent Society and College of Radiographers strategic framework, published in 2024⁸.

Appendix 1 *continued*

The output from each task and finish group was a list of recommended amendments and/or additions to the original guidance, to bring it up to date. These lists were combined with the list of recommendations from the evaluation, the recommendations of the PAG and the initial review phase to provide a 'to do list' for the refresh. Each section of the original guidance: service delivery, service development, education and research, was then reviewed in turn, using the 'to do list' as a roadmap for changes. During this process, additional information, resources, quotes and case studies were added and all references and weblinks were checked to ensure that they were still live and correct. Throughout the refresh process, the PAG were provided with regular updates by the Chair of the working group and given opportunities to input into the refreshed guiding principles. The final draft of the second edition of the guiding principles was reviewed and ratified by the College Board of Trustees.



Conclusion, Acknowledgments and Appendix 1 — References

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