



# **Education and Professional Development Strategy: New Directions**

**Responsible person:** Jacqueline Vallis (TestRecord)

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## **Summary**

Since publication of the first version of the Education and Professional Development (EPD) Strategy in 2002, many changes have been implemented in the delivery of healthcare. This new document supersedes the version Education & Professional Development: Moving Ahead first published in 2003 and revised in 2006. Many of the principles of practice that were outlined in that document are still relevant. For patients, staff and employers to benefit from the opportunities outlined, continual development, growth and embedding of professional skills and culture are essential. Just as professional development is required to support service delivery, the profession must work closely with employers to identify adequate resources to support development opportunities and to ensure that effort and skills are properly rewarded. Delivery of the strategy outlined in this new guidance cannot be achieved without the support of the profession as a whole.

## **Foreword**

Since publication of the first version of the [Education and Professional Development \(EPD\) Strategy<sup>1</sup>](#) in 2002, many changes have been implemented in the delivery of healthcare. Shorter waiting times and strategies around access and choice for patients mean that the workforce needs to be efficient and effective in the delivery of healthcare services. Devolution of the responsibility for healthcare policy in the UK will inevitably result in differing policies, priorities and methods of delivery. Just as policy may differ throughout the UK, clinical imaging and radiotherapy services may involve a variety of healthcare providers: the National Health Service, the independent and private sectors, voluntary and charitable organisations.

This new document supersedes the version [Education & Professional Development: Moving Ahead<sup>2</sup>](#) first published in 2003 and revised in 2006. Many of the principles of practice that were outlined in that document are still relevant. As in the previous document, for patients, staff and employers to benefit from the opportunities outlined, continual development, growth and embedding of professional skills and culture are essential. Just as professional development is required to support service delivery, the profession must work closely with employers to identify adequate resources to support development opportunities and to ensure that effort and skills are properly rewarded. Delivery of the strategy outlined in this new guidance cannot be achieved without the support of the profession as a whole.

For radiographers and the wider clinical imaging and radiotherapy and oncology workforce, implementation of the strategy will mean:

- patient and public expectations about locally based care will be better met
- opportunities for the workforce to develop new roles. These may include work and functions previously undertaken by radiologists, oncologists and other members of the healthcare team
- opportunities to provide more coherent services including those based in primary care and community settings
- greater skill mix and enhanced leadership opportunities
- involvement in planning of services within the local health care community
- enhanced opportunities to develop image interpretation, image reporting and decision making skills
- enhanced opportunities to be involved in the clinical management of radiotherapy and oncology patients
- key roles in prescribing
- key roles related to referral for imaging and/or treatment
- faster patient discharges from episodes of care

### Gill Dolbear

President, Society and College of Radiographers 2009 -2010

## Introduction

The Career Progression Framework as outlined within this strategy contains an inherent message to the profession that the future demands good and close collaboration between clinical practice, education and the professional role and an individual willingness to change and develop. 'New Directions' provides detail about the four levels of practice related to service delivery and the delivery of an education and training continuum to underpin the Career Progression Framework. This education and training continuum is set out as the profession's **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008) which provides a platform to support individuals in maintaining competence and extending and developing their skills. This skills development, in line with service needs, will help to ensure career flexibility related to appropriate reward.

### A 'toolkit' approach.

This document uses a toolkit design. The text is supported by hyperlinks to other relevant professional documents and resources available in electronic format on or through the SoR website at [www.sor.org](http://www.sor.org). Clicking on the links will give direct access to the relevant information.

For example:

- managers needing to consider service re-configuration may refer to skills mix issues, non-medical consultant-led services and guidance on service delivery location. For diagnostic imaging, these are expanded upon within the SCoR/RCR joint publication **Team Working within clinical imaging: A contemporary view of skills mix**<sup>4</sup> (2007)
- for radiotherapy, the document **Radiotherapy moving forward: Delivering new radiography staffing models in response to the Cancer Reform Strategy**<sup>5</sup> (2009) may provide useful guidance.
- a broad outline of measures relevant to supporting effectiveness in the delivery of healthcare is described in **A Strategy for Practice Development in Radiography**<sup>6</sup> (2005)
- radiographers wishing to plan their future careers may find that the **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008) and **Clinical Supervision Framework and Clinical Supervision: A Position Statement**<sup>7</sup> (2003) are relevant and applicable to them.

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The hyperlinks to reference documents and sources should enable individuals to make decisions

informed by SCoR policy and practice guidance. Guidance documents may also be used in isolation although using them in the holistic manner outlined above should provide added value.

## Context

The first **Education and Professional Development Strategy** was published in 2002 and subsequently revised in 2003 and 2006. Since then there have been many developments in policy and practice that are reflected in this document:

- consultant radiographers have become established as part of the workforce in both diagnostic imaging and oncology
- occupational Standards have been developed for use across the Health Functional Map
- the Allied Health Professions (AHP) Career Framework and Modernising Scientific Careers (MSC) framework have been developed
- targets for referral to treatment times exist for the majority of national service frameworks and clinical pathways
- the Cancer Reform Strategy (CRS) is taking further forward the NHS Cancer Plan in England and is informing cancer policy in the devolved countries
- introduction of new and expansion of existing screening programmes
- devolution of Health Policy to all four countries of the UK
- the NHS Next Stage Review (England)
- shifting the Balance of Care (Scotland)
- health Policy of the Welsh Assembly
- health Professions Council (HPC) standards and the Commission for Healthcare Regulatory Excellence (CHRE)
- continuing professional development (CPD) is mandatory for HPC re-registration
- progress with regulation of sonographers and clinical technologists
- voluntary public registers
- accreditation of individuals at consultant, advanced and assistant levels of practice
- evidence based practice
- self-referral to AHPs by patients
- quality, Improvement, Productivity and Prevention (QIPP) in England and similar programmes in devolved countries to deliver cost effective, high quality care
- imaging Services Accreditation Scheme (ISAS)
- cancer Peer Review measures.

## Career Progression Framework (CPF)

Central to the EPD strategy are the four levels of clinical practice: consultant practitioner, advanced practitioner, practitioner and assistant practitioner, together with a general support workforce. This guidance gives specific information relevant to each of these levels of practice and also highlights those guidance documents that are relevant to all levels and fields of practice.

The Career Progression Framework was initially launched to progress radiography careers related to clinical practice. Implementation of the Career Progression Framework has resulted in a significant number of consultant radiographer posts across the disciplines and modalities, demonstrating how radiographers can lead and influence service delivery. Since then, hybrid roles where experienced clinicians also fulfil administrative and management functions have emerged. Many of these roles have been subjected to evaluation and placed in the higher levels of pay and grading structures, further supported by the AHP Career Framework that places such roles within the top levels.

Having focussed on clinical career pathways, it is now timely to address the development needs of others who function as managers, educators and researchers in the profession. This version of the EPD strategy addresses issues associated with these roles and more guidance will follow in due course.

## Career Progression Framework: Clinical Services

For the purposes of demonstrating how individuals can progress their careers, this document starts with the support workforce and works through a number of potential pathways to consultant level practice. To put this in context, the majority of the workforce is employed as radiography practitioners or at the interface between practitioner and advanced practitioner.

The document is concerned with career progression as defined by the acquisition and utilisation of skills and knowledge as distinct from pay progression. Pay progression should occur in tandem with career progression but this is not always evident especially given the vagaries of implementation of pay systems, the diversity of employers and market forces. Where NHS pay bands are referred to, these are for illustrative purposes only.

## General support workforce

The SCoR recognises the important contribution that support staff make to current service delivery, as well as the importance of enhancing their role further to assist in both meeting the workforce shortfall in clinical imaging and radiotherapy and in maintaining effective, high quality services. In acknowledging this contribution and the diversity of the support workforce, SCoR also recognises that these staff require education, training and development to support them in their current and future roles.

The concept of support staff working in clinical imaging and radiotherapy departments is long established, as is their valuable contribution to service delivery. It is also recognised that the range of tasks and duties carried out by support staff varies considerably according to locally determined needs. However, despite the role played by support staff, their education and development needs have been largely neglected.

## Education and training requirements

In recognition of the contribution of the general support workforce and the importance to the provision of quality services of a properly educated workforce, the SCoR has reviewed its education and training requirements for the support workforce. As a minimum, the SCoR expects all support staff in clinical imaging and radiotherapy and oncology departments to hold or gain an S/NVQ level 2 in Health, or an equivalent. Normally, however, such staff should hold or be enabled to obtain an S/NVQ level 3 in Health. These expectations should ensure that the whole of the general support workforce has a relevant qualification and provides these staff with access to the skills escalator and the opportunity to develop further, if they so wish, into assistant practitioner or practitioner roles. Skills for Health, the Sector Skills Council responsible for developing Occupational Standards relevant to Healthcare, are developing a 'Passport' system to support the transferability of individuals and their associated skills within healthcare employers and environments. In Scotland, a set of standards and codes of conduct related to Health Care Support Workers (HCSW) for both employers and employees have been published **Up to standard: a code of practice for employers of healthcare support workers in Scotland**<sup>8</sup> (2009)  
<http://www.scotland.gov.uk/Publications/2009/10/22092739/1>

## Pay and grading

It is the SCoR's view that the knowledge and skills of the general support workforce accord well with

NHS Job Evaluation (JE) profiles that have been formally assessed at Bands 2 & 3.

## Assistant Practitioners

### Scope of practice

The introduction of the role of the assistant practitioner has been widely implemented within departments of clinical imaging and radiotherapy such that they make a significant contribution to service delivery. Their practice has been recognised through the SCoR's accreditation scheme and accreditation renewal through the use of the 'CPD Now' on-line CPD management system. New roles for assistant practitioners are being developed particularly within screening programmes such as the screening technician role within the Abdominal Aorta Aneurysm (AAA) screening programme in England.

The assistant practitioner role is a relatively new development resulting from the modernisation drive within the National Health Service. It is appropriate, therefore, to describe the SCoR's expectations and requirements in some detail. The identification of all new roles should be underpinned by an analysis of current and future workflows. The introduction of assistant practitioners should be as an adjunct to the development of advanced and consultant roles such that a clear career progression strategy for all staff is implemented in order to meet service demand.

Assistant practitioners, like general support staff, are also likely to be diverse but they will differ from the general support workforce in that, as part of their duties, they will perform limited clinical imaging examinations or treatment procedures in concert with and under the supervision of, registered radiographers or other registered healthcare practitioners. The range of such examinations or treatments will vary in accordance with locally identified need but is likely to be confined to standard examinations or treatments carried out on adults and conducted in accordance with locally agreed protocols.

The SCoR supports the need for the particular roles of assistant practitioners to be identified and agreed locally, in accordance with identified service requirements. However, while duties of assistant practitioners will vary according to local need, the effective use of registered radiographers, proper risk management and good clinical governance procedures are likely to preclude the use of assistant practitioners in settings outside main clinical departments, such as in operating theatres, wards, or oncology outreach clinics, except under the direct supervision of a radiographer.

Similarly, assistant practitioners are unlikely to undertake imaging examinations or radiotherapy where the expected patient groups are less predictable or more dependent. Examples of these can be paediatric patients, patients with major or complex injuries, the very ill or elderly, or where protocols frequently need to be adapted, amended or departed from as in out of standard hours working, during emergency duties or in operating departments. Providing that appropriate protocols and practices relating to supervision are in place, there may be a role for the assistant practitioner in supporting radiographers during extended hours of service.

Changes in future service provision related to proposals in the NHS Next Stage Review in England and in implementing access and choice health policies may present opportunities for assistant practitioners to work in primary care or community settings, for example, as the AAA screening programme is implemented.

Further detailed information can be found in the following publication that describe the Scope of Practice of assistant practitioners

<https://www.sor.org/learning/document-library/scope-practice-assistant-practitioners>

### Accountability and responsibility

Assistant practitioners work under the supervision of registered radiographers who take responsibility for the episode of care. This does not diminish or negate the responsibility of assistant practitioners to ensure that they act within their limits of competence and take responsibility for their actions. They must neither accept nor undertake tasks for which they have not been trained and authorised **Code of Conduct and Ethics**<sup>13</sup> (2008).

Responsibility for the proper supervision of assistant practitioners rests at all times with the nominated supervising radiographer. The level of supervision may vary according to need from direct oversight of the actions of the assistant to authority for the individual to work independently of the supervising radiographer. The supervising radiographer must have full knowledge of the examinations being undertaken and be immediately available to provide support **Clinical Supervision Framework and Clinical Supervision: A Position Statement**<sup>14</sup> (2003).

The standard of work of the assistant practitioner must conform to the required competency standards for the work being undertaken. Occupational (competence) statements relevant to the practice of assistant practitioners can be viewed at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk). It is expected that clear lines of responsibility and accountability will be drawn up locally to ensure that assistant practitioners maintain their competence and engage in clinical supervision where they can reflect on their practice. This is particularly important in the re-accreditation process.

### Education requirements

Support staff who aim to become assistant practitioners will need additional education and training, both in order to undertake the broad range of general tasks associated with the role and the limited clinical imaging or radiotherapy tasks they may be required to undertake.

The SCoR believes that the general educational requirements for assistant practitioners are provided by the S/NVQ level 3 in Health. However, additional education related to specific national occupational standards (NOS) and to the safe use of ionising radiation is required to enable them to perform identified diagnostic imaging examinations or assist with radiotherapy procedures. The SCoR has published its **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008) for the profession and this describes the broad educational expectations regarding the assistant practitioner workforce.

A consultation exercise has been conducted by Skills for Health into generic standards for assistant practitioners, including education and training standards. The results of this consultation were not available at the time of publication of this guidance document.

The range of education provision for assistant practitioners includes:

- S/NVQ 3 units, professionally developed and accredited, similar to the one developed for use in mammography
- work-place based learning units, developed locally to meet specific service needs, preferably in conjunction with a local further education (FE) or higher education (HE) provider, or health care provider's training unit and based on the NOS. These need to be of a similar or higher standard to that of an S/NVQ 3 unit. These may be accredited by the College of Radiographers or other national bodies. Again, Skills for Health is consulting on an accreditation framework
- higher education qualifications, for example Certificates or Diplomas of Higher Education (Cert HE; Dip HE), or Foundation Degrees (FD) that embed NOS within them have also been developed. Where such qualifications are offered, they are expected to provide a broad higher education experience that is relevant to the role and function of the assistant practitioner but which also supports some advanced standing in the context of a BSc (Hons) degree in radiography.
- in Scotland, the HNC in Diagnostic Imaging and the HNC in Radiotherapy that have been developed specifically for the assistant practitioner role.

If generic standards for assistant practitioners are introduced, it is likely that the range of

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educational programmes to support individuals to become assistant practitioners may be limited.

### Accreditation of the Assistant Practitioner

Across the UK at present there are no formal proposals to regulate the support workforce although Scotland and Wales are keeping the need to regulate support workers under consideration and Scotland has issued standards and guidance to employers and employees <http://www.scotland.gov.uk/Publications/2009/10/22092739/1> . The SCoR, in upholding its duty to the public, has implemented a voluntary register of assistant practitioners. Assistant practitioners can apply for accreditation of their scope of practice on the basis of having successfully completed a SCoR approved course of education and training or by the submission of a portfolio of evidence. This latter approach is of greater relevance to those who have followed the S/NVQ route.

**Application for accreditation as an Assistant Practitioner: Guidance Notes<sup>15</sup>** (2009).

<https://www.sor.org/career-progression/assistant-practitioners>

Successful applicants will have their name and scope of practice displayed on the Public Voluntary Register which can be viewed at

<https://www.sor.org/career-progression/assistant-practitioners/aap-register>

The SCoR's Public Voluntary Register of Assistant Practitioners (PVRAP) has been developed in association with accreditation processes to ensure that those engaged in clinical imaging or radiotherapy have been appropriately educated and trained for their role. Entry on to the PVRAP follows the accreditation process and identifies the scope of practice for the individual. Those applicants who are successfully accredited will be placed on the register, initially for a 2 year period. Maintenance on the register is dependent on participation in CPD and either remaining in SoR membership or paying the appropriate accreditation fee.

Initial accreditation demonstrates to the employer that the individual has been externally assessed by the profession as having been appropriately trained for their role. At re-accreditation, evidence of continued competence is required as well as evidence of additional training and experience to support claims for extension and recognition of their individual scope of practice **The Scope of practice of Assistant Practitioners in Clinical Imaging<sup>9</sup>** (2007) and **The Scope of practice of Assistant Practitioners in Radiotherapy<sup>10</sup>** (2007)

### Pay and grading

The SCoR has established that the job evaluation profile for an assistant practitioner will place them on Band 4 of the NHS pay spine.

### Further development of the support workforce

It is expected that the whole of the support workforce in clinical imaging and radiotherapy and oncology will have access to further development, and will be able to build a career in radiography via the skills escalator, if they so wish. For those with the S/NVQ 3 and additional radiography specific units, or accredited work based learning, and wanting to progress, it is expected that this would provide entry into professional level education. Advanced standing with this level of qualification is unlikely unless it can demonstrate learning outcomes equivalent to those within BSc (Hons) programmes in radiography.

For those holding a Certificate or Diploma of Higher Education, a Foundation Degree or an HNC (Scotland), some advanced standing is appropriate. A higher education institution seeking to offer advanced standing will need to demonstrate that it has mapped the outcomes of the qualification offered against the qualification to be pursued and should be able to offer up to two years advanced standing, sometimes in association with a tailored 'bridging' programme.

The SCoR expects that where the decision is made to develop a Certificate or Diploma of Higher Education or a Foundation Degree, these are to be aimed at meeting the specific needs of the

assistant practitioner. As such, caution needs to be exercised in embedding these in current or future programmes aimed at producing graduate radiographers. Where such an approach is intended, the development will need to demonstrate clearly how the needs of both groups, assistant practitioner trainees and student radiographers, are to be met.

Importantly, all support workers undergoing S/NVQ 2 or 3 level qualifications or equivalent are expected to register with the SoR; and all those developing work based learning programmes, Certificates or Diplomas of Higher Education, or Foundation Degrees for assistant practitioners, need to gain approval of these programmes prior to admitting trainees to them and ensure that the learners/students are registered with the SoR.

Progression beyond assistant practitioner level is most likely to be to radiographer level by applying for advanced standing on a pre-registration undergraduate degree programme. For some assistant practitioners such as those employed in NHS Breast or Abdominal Aortic Aneurysm screening programmes this route is possible although less straightforward. For all assistant practitioners, other routes for progression may be through the development of non-clinical aspects of their roles.

## Practitioner

### Scope of Practice

All radiographers at the point of registration are competent to practise autonomously in their discipline at the initial level. Clinical skills obtained during the pre-registration period need to be consolidated to provide the foundations for continuing development of this group of staff. Therefore, the infrastructure to nurture and develop practitioner radiographers must be in place. This should ensure exposure to both the breadth and depth of clinical skills organised around service needs and should include a formal period of induction followed by preceptorship.

Registered radiographers at the practitioner level undertake a broad portfolio of diagnostic examinations/radiotherapy procedures in the delivery of care for both clinical imaging and radiotherapy patients. The practitioner is an integral member of the clinical imaging or radiotherapy and oncology team delivering high quality clinical care.

Accreditation at this level of practice is achieved as the individual will have completed a recognised programme that entitles them to apply for membership of the Society of Radiographers and registration with the Health Professions Council (HPC). At initial registration with the HPC, they will meet the **Standards of Proficiency - Radiographers**<sup>16</sup> (2009)

<http://www.hpc-uk.org/publications/standards/index.asp?id=51>

Thereafter, the individual is required to undertake CPD relevant to their practice in order to maintain and demonstrate continuing competence.

### Education requirements

The minimum qualification for SoR accreditation and HPC registration at this level is currently a BSc (Hons) degree or its equivalent.

### Pay and grading

On qualification and initial entry into the NHS, practitioner radiographers are placed on band 5 of the NHS pay spine. Building on many years of experience of the benefits to service of accelerated progression linked to competency frameworks, the SoR believes that established practitioner radiographers work at band 6 level of the NHS pay spine.

Radiographers' roles tend to evolve quickly following qualification, requiring them to operate in increasingly autonomous clinical situations beyond those normally associated with Band 5. Provision has been made in Annex T of the **Agenda for Change: NHS Terms and Conditions Handbook**<sup>17</sup> (2005) <http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.g...> for a review of job size no later than two years from the date of qualification. Evaluations that demonstrate that the job weight is sufficient to put individuals into Band 6 should be effected immediately and without the need to apply for a post at the higher level or to wait for a vacancy at this level to occur.

SoR guidance on the implementation of Annex T is available: <https://www.sor.org/trade-union-support/agenda-change/annex-t>

### Accountability, autonomy and responsibility

The minimum standards for safe practice at the practitioner level have been established in accordance with the proficiency and education criteria set out by the HPC in **Standards of Proficiency - Radiographers and Standards of Education and Training**<sup>18</sup> (2009) <http://www.hpc-uk.org/publications/standards/index.asp?id=183>

It is expected that all practitioners will develop from this minimum level as their careers progress. The minimum standards are the building blocks upon which individuals develop supported by a preceptorship period, continuing professional development and clinical supervision.

As a registered practitioner, radiographers are autonomous and accountable for their practice. They must only undertake tasks for which they have been educated and trained, in accordance with agreed local policies and protocols and with the agreement of the employing organization.

The responsibilities held by all registered practitioners are set out in the HPC's **Standards of Competence, Conduct and Ethics**<sup>19</sup> (2008) <http://www.hpc-uk.org/publications/standards/index.asp?id=38> and in the SCoR's **Code of Conduct and Ethics**<sup>13</sup> (2008).

### Continuing Professional Development

From the point of initial registration with the HPC, the individual is required to engage in CPD relevant to their professional practice. The SCoR has developed a web based tool, 'CPD Now', to support members in identifying their development needs, recording their CPD activity and evaluating their learning outcomes.

SCoR publishes articles and self assessment tools within 'Synergy: Imaging and Therapy Practice' and provides access to web based learning through 'CoRe-learning'. <http://www.sor.org/learning/e-learning>

### Support and resources

Following entry to service and initial induction, a period of preceptorship should be provided to ensure the smooth transition from student to confident clinical practitioner. A formal framework for the introduction of clinical supervision needs to be implemented within all clinical imaging and radiotherapy and oncology departments.

Following the preceptorship period, practitioners continue to be engaged in clinical supervision and continuing professional development to maintain and develop new competencies in preparation for career advancement linked to service needs and personal aspirations. Practitioners should be enabled to explore and experience diverse fields of clinical practice to assist them to make career choices.

The SoR believes that all practitioners should be supported by protected study time. **Protected Study Time - Guidance for Radiographers, Managers and Union Representatives**<sup>20</sup> (2009) and **A Charter for Protected Study Time in Scotland**<sup>21</sup> (2008).

There is also guidance for managers on implementing career progression at **Implementing Radiography Career Progression: Guidance for Managers**<sup>22</sup> (2005).

## The role of the radiographer at practitioner level

Practitioner level posts will be structured around identified service needs. Their core function is the delivery of high quality clinical practice within diagnostic imaging or radiotherapy. At this stage of a radiographer's career, it is expected that he or she will exhibit skills relating to the **AHP Career Framework levels 5 to 6** <https://tools.skillsforhealth.org.uk/careerframework>

For those working within Nuclear Medicine or as dosimetrists, career progression pathways within the Modernising Scientific Careers framework may be more relevant. This time is very influential in career development and will cement the foundations of clinical practice initiated in the undergraduate process.

Guidance relevant to this stage of career development includes :

- **Continuing Professional Development; Professional and Regulatory requirements**<sup>23</sup> (2008)
- **A Strategy for Practice development in Radiography**<sup>24</sup> (2008)
- **Mentoring: Guidance and advice**<sup>25</sup> (2009)
- **Code of Conduct and Ethics**<sup>13</sup> (2008)
- **Accelerated Career Progression: A briefing**<sup>26</sup>
- **Research and The Radiography Profession: A Strategy and Five Year Plan**<sup>27</sup> (2005)
- **Modernising Scientific Careers framework**<sup>28</sup> (2009)  
The knowledge, understanding and skills required at practitioner level are stated in the SCoR's **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008).

## Development of the Practitioner

When practitioners have progressed beyond preceptorship and consolidated their roles, they will be looking to advance their careers. This may be through a variety of routes, developing specialist skills and knowledge related to:

- care pathways, anatomical, physiological and pathological systems, imaging or treatment modalities and techniques
- teaching and learning
- research
- management.

A number of professional guidance documents give information on some of these career aspirations:

- **The Scope of Practice**<sup>29</sup> (2009)
- **Scope of Radiographic Practice**<sup>30</sup> 2008; a report compiled by the University of Hertfordshire (2008)
- **Positioning Therapeutic Radiographers within Cancer Services: Delivering Patient-Centred Care**<sup>31</sup> (2006)
- **Practice Standards for the Imaging of Children and Young People**<sup>32</sup> (2009)
- **The Child and the Law: The Roles and Responsibilities of the Radiographer**<sup>33</sup> (2005)
- **The Scope of Practice in Medical Ultrasound**<sup>34</sup> (2009)
- **Information Management & Technology: Implications for the Radiography Workforce**<sup>35</sup> (2006)
- **Nuclear Medicine Practice**<sup>36</sup> (2007)

### Advanced Practitioner

**The advanced practitioner category encompasses the considerable depth and breadth of radiographic practice. Predominantly, advanced practice relates to expert clinical practice in association with one or more other functions, for example, team leadership, education, research, and service development.**

Advanced practice also includes roles which are based mainly on service management, research or education. At this level, practitioners have developed expert knowledge and skills in relation to the delivery of care in diagnostic imaging or radiotherapy and oncology in a wide range of care settings or environments.

For non-clinical fields of practice, the model is similar, supporting career development for radiography managers, researchers and academics. A key feature of an advanced practitioner role is that they are enabled to develop innovative practice and to identify where service and quality improvements can be achieved.

Research undertaken in 2009 into the effects of Agenda for Change (AfC) on career progression highlighted the diversity of roles being undertaken that may constitute advanced practice. A variety of titles have been used to describe this level of practice including specialist and advanced practitioner and some hybrid, 'split contract' and clinical/academic roles were identified. **Effect of Agenda for Change on Career Progression of the Radiographic Workforce**<sup>37</sup> (2009).

The advanced practitioner will be an integral member of the radiography team but will also interact with the relevant multidisciplinary teams to ensure delivery of high quality, effective care.

Advanced practitioners with research, management or academic roles will be expected to deliver efficient and effective services within their domains.

#### Education requirements

The SCoR believes that the educational requirements to support this level of post registration practice are education and/or development through work place learning and practice to N/SVQ level 4/5 and/or master's level qualifications, or their equivalents.

#### Pay and grading

The NHS pay spine places advanced practitioners in Bands 7 and 8, depending upon the exact nature of the role and subject to its evaluation against the advanced practitioner profiles.

#### Accountability, autonomy and responsibility

Advanced practice is part of a continuum and, as a result, the advanced practitioner's level of autonomy and responsibility will be determined by his or her individual competencies and the practice setting. The extension of skills must be underpinned by appropriate education and training and clinical practice must lie within locally agreed protocols and clinical governance frameworks. Advanced practitioners are accountable for their professional actions. As their careers develop at this level they will be reflective practitioners with highly developed judgment and decision-making skills. They will contribute significantly to the clinical management of individual patients and will liaise effectively with other professionals. They may provide supervision for assistants, students and other staff and will delegate tasks as appropriate. In delegating tasks to non-registered staff, they will retain responsibility for the episode of care. They will work closely with medical and non-medical consultants in their field and will also be engaged in personal clinical supervision or an alternative model depending upon their practice setting.

## Support and resources

Advanced practitioners will be engaged in relevant continuing professional development. The nature of the advanced practice role demands that the individual is actively involved in career-long learning to support the continuing acquisition of the necessary depth of knowledge. Advanced practice roles will be influenced by local service provision and identified needs. To be able to contribute fully to evolving service developments, advanced practitioners need access to wider development opportunities and further education to ensure that they are well placed to deliver new and innovative patient focused services.

- **A Framework for Professional Leadership in Clinical Imaging and Radiotherapy and Oncology Services**<sup>38</sup> (2005)
- **Implementing Radiography Career progression: Guidance for Managers**<sup>22</sup> (2005)
- **Implementing the career framework in radiotherapy - policy into practice**<sup>39</sup> (2009)
- **Positioning Therapeutic Radiographers within Cancer Services: Delivering Patient-Centred Care**<sup>31</sup> (2006)
- **Protected Study Time - Guidance for Radiographers, Managers and Union Representatives**<sup>20</sup> (2009)
- **A Charter for Protected Study Time in Scotland**<sup>21</sup> (2008)
- **A Strategy for Practice Development in Radiography**<sup>6</sup> (2005)
- **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008)

## The role of the radiographer as an advanced practitioner

The advanced practitioner will demonstrate expert clinical practice to secure service delivery of the highest quality. The core function is to engage in expert clinical practice to deliver high quality patient- focused care in Diagnostic Imaging or Therapeutic Radiography, or the equivalent, in service management, research and education.

The Advanced Practitioner role may incorporate other supporting functions such as:

- team/professional leadership
- practice and service development
- education and training
- research and development.

The above supporting functions may be equally divided within the job specifications for advanced practitioner roles or, more likely, they will be weighted to support the particular scope of a specific advanced practice role.

- The knowledge, understanding and skills required for this role are stated in the **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008)

## Accreditation of Advanced Practitioners

The Society of Radiographers (SoR) has established accreditation of advanced practitioners to:

- ensure there is national consistency in the standards of practice
- secure transferability of those standards across the NHS and other health care sectors
- recognise explicitly the professional achievements of individuals
- provide clarity for professionals and service users on the nature of advanced practice in clinical imaging and radiotherapy and oncology
- promote the value of advanced practice skills and status
- support the development of emerging advanced practitioners in a systematic way and so facilitate succession planning within services
- support accredited advanced practitioners to remain demonstrably at the leading edge of

- their specialism
- build on existing frameworks for advanced practice

For the purposes of accreditation, the definition of an Advanced Practitioner is:

"An individual who has significantly developed their role and who consequently has additional clinical expertise in a defined area of practice, accompanied by deep underpinning, evidence based knowledge related to that expertise. They make appropriate clinical decisions related to their enhanced level of practice, directly impacting on the patient care pathway."

This definition has been derived from the Skills for Health definition of Advanced Practitioner which can be viewed at [skillsforhealth.org.uk/careerframework/key\\_elements.php](https://skillsforhealth.org.uk/careerframework/key_elements.php)

The processes of initial accreditation and re-accreditation relate to the four core functions of higher level practice (Table 1). These provide a framework within which continuing professional development can be evidenced to ensure it is appropriate to advanced practice roles.

**Table 1: Core Functions of Higher Level Practice**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Expert Practice</li><li>• Professional Leadership and Consultancy</li><li>• Education, Training and Development</li><li>• Practice and Service Development, Research and Evaluation</li></ul> |
|---|

Information about the accreditation process and how to apply for accreditation can be found at <https://www.sor.org/career-progression/advanced-practitioners/advanced-practitioner-accreditation>.

Successful applicants will receive accreditation for two years and will need to seek re-accreditation on a two-yearly cycle. The evidence for initial and subsequent re-accreditation must be submitted through CPD Now, the SoR's online CPD management tool. Evidence must clearly relate to the learning outcomes detailed in the Learning and Development Framework for Clinical Imaging and Oncology.

## Guidance related to specific areas of practice

It is recognised that the scope of practice of advanced practitioners varies widely and increasingly so. In England, policy initiatives such as implementation of the NHS Next Stage Review <http://www.official-documents.gov.uk/document/cm74/7432/7432.pdf> will see diagnostics being delivered within community and primary care settings. In Scotland, policy around access and choice is described in '**Shifting the Balance of Care**' (2008) <http://www.scotland.gov.uk/Publications/2008/09/03103300/0> and in Wales, future health care policy is described at <http://www.wales.nhs.uk/sitesplus/829/home>. These all require a highly educated workforce that can work autonomously and independently within agreed clinical governance frameworks.

A number of key principles emerge from these policy developments, including:

- self referral to Allied Health Professionals
- QIPP / cost effective quality care
- leadership
- innovation.

All these require AHPs to be involved in decision making at local level around models of care, effective use of skills and resources and the further development of AHPs to drive forward the quality of care and services provided. Guidance related to specific areas of practice is given below and, while a broad range of practice areas are considered, these are examples and not a definitive list. Indeed, advanced practitioners may be found in all areas of clinical imaging and radiotherapy and oncology.

## Radiotherapy and Oncology

The Cancer Reform Strategy has identified where therapeutic radiographers can play a significant role in ensuring that the cancer care pathway can smooth the transition between primary and acute care by establishing the role of Community Liaison Expert Radiographer Practitioner

<http://www.nhs.uk/conditions/Cancer/Pages/Introduction.aspx>

<http://doc-lib.sor.org/role-community-liaison-expert-radiographer-practitioner>

The demand for expansion of radiotherapy services requires that the skill mix of the radiotherapy and oncology team is re-examined. The role of the radiographer in treatment planning, dosimetry and treatment is set to increase to meet the demand for intensity modulated radiotherapy (IMRT) and image guided radiotherapy (IGRT). This is being supported by an e- Learning for Health project and a national programme in England designed through the National Radiotherapy Implementation Group (NRIG) to deliver training to the multi-professional team for IMRT

<http://web.archive.org/web/20101218104543/http://www.cancer.nhs.uk/radiotherapy/imrt.htm>

A recent report (2007) from the National Radiotherapy Advisory group (NRAG) states that “a significant proportion of routine work could be delivered by appropriately trained non-medical Health Care Professionals working within agreed protocols. This will free consultant medical staff to focus on the more complex clinical work”. NRAG advocates implementation of the SoR’s career progression framework. **Department of Health, Radiotherapy: developing a world class service for England - Report to Ministers from National Radiotherapy Advisory Group**<sup>40</sup> (2007)

Further guidance may be found in the following:

- **Cancer Reform Strategy - 2 years on**<sup>41</sup> (2009) <http://www.nhs.uk/NHSEngland/NSF/Pages/Cancer.aspx>
- **Radiotherapy moving forward: Delivering new radiography staffing models in response to the Cancer Reform Strategy**<sup>5</sup> (2009)
- **On Target- Ensuring Geometric Accuracy**<sup>42</sup> (2008)
- **Towards Safer Radiotherapy**<sup>43</sup> (2008)
- **Implementing In-Vivo dosimetry**<sup>44</sup> (2008)

## Image interpretation and reporting

Reporting by radiographers, initially established in ultrasound, has now become firmly embedded within the scope of practice of advanced practitioners. IR(ME)R legislation requires that each examination involving ionising radiation must have a formal report. The proportion of unreported images has been reduced both by the introduction of technology such as PACS (Picture Archiving and Communication Systems) and, importantly, by radiographers undertaking the reporting of diagnostic examinations **An improving picture? Imaging services in acute and specialist trusts**<sup>45</sup> (2007).

Changes in working patterns and service delivery will see radiographers increasingly accepting referrals from non-medical healthcare practitioners and acting as Referrer across a range of modalities. E-Learning for Health <http://www.e-lfh.org.uk/> is developing an on-line learning tool for image interpretation that can be accessed by radiographers.

Other guidance and resources may be found at:

- **Medical Image Interpretation and Clinical Reporting by Non-Radiologists: The role of the Radiographer**<sup>46</sup> (2006)
- **Clinical Imaging Requests from non- Medically Qualified Professionals**<sup>47</sup> (2008)
- **Team Working within Clinical Imaging: A contemporary view of skills mix**<sup>48</sup> (2007)

### National service frameworks and care pathways

The introduction of national strategies such as Stroke Management **The role of the Radiographer in Stroke Management**<sup>49</sup> (2008)

<https://www.sor.org/learning/document-library/role-radiographer-stroke-m...> and new screening programmes will require more radiographers to develop expertise in particular areas of disease and patient management supported by the leadership qualities that enable them to bring about necessary changes in working practices and workflows. In the near future, initiatives linked to the diagnosis and management of Acute Chest Pain are expected to impact on cardiac and cardiology services. Similarly, developments are likely in relation to interventional radiology services.

Guidance on the above and other similar developments are placed on the National Institute for Health and Clinical Excellence's website very regularly [www.nice.org.uk](http://www.nice.org.uk) and also on the SIGN site in Scotland <http://www.sign.ac.uk/>.

### Forensic imaging

Proposals for non- invasive autopsy and the frequent use of imaging to provide forensic evidence require the radiographer to have a sound knowledge of the legal procedures and processes involved with clear radiographer leadership.

A number of guidance documents relate to this area of activity:

- **Guidance for Radiographers providing Forensic Radiography Services**<sup>50</sup> (2009)
- **The Filmless Department: use of images as evidence in legal proceedings**<sup>51</sup> (2006)
- **Drugs Act** (2005) [www.opsi.gov.uk/acts/acts2005/pdf/ukpga\\_20050017\\_en.pdf](http://www.opsi.gov.uk/acts/acts2005/pdf/ukpga_20050017_en.pdf)
- **Skeletal Survey for Suspected NAI, SIDS and SUDI: Guidance for Radiographers**<sup>52</sup> (2009)

### Ultrasound

The demand for ultrasound examinations is expanding not only by volume but also into primary and community care to meet the access and choice agenda. Expansion is also driven by the implementation of national screening programmes such as those for fetal anomaly and abdominal aortic aneurysm screening. There is also a major initiative to try and diagnose cancer as early as possible, musculo-skeletal ultrasound examinations are also rapidly increasing in number. Such services will require advanced practitioners to perform these examinations and to co-ordinate multi-disciplinary teams and manage services. Ultrasound guided biopsies, joint injections and other invasive techniques are now performed by advanced practitioners and are within the overall scope of practice of the profession. <https://www.sor.org/learning/document-library/scope-practice-2013>

There are a number of other documents of relevance to the advanced practice ultrasound workforce:

See [www.sor.org](http://www.sor.org) Scroll to the bottom of the page and select 'policy and guidance document library'(on the left).

Then select 'ultrasound' in the 'topics' filter box on the right and click 'apply'.

### Education and Training; Research and Development

Some advanced practitioners will develop enhanced skills related to education and training and may have this function formally recognised within their job role. Such activity may include the teaching and assessing of learners such as assistant practitioners, student radiographers, radiographers and other practitioners developing extended roles and skills. Inevitably, as patterns of care change to a patient- focussed approach, the radiographer may well be involved in the teaching and supervision of other healthcare professionals. This multi-disciplinary involvement strengthens the core function of working across professional boundaries and provides a basis of evidence for career advancement. At this point, some may wish to formalise their role through **Clinical Imaging and Oncology. The**

**Approval and Accreditation of Educational Programmes and Professional Practice: Practice Educator Accreditation Scheme**<sup>57</sup> (2006) or to move into the HE sector to take up a formal teaching role.

In developing enhanced clinical skills and demonstrating evidence-based practice, new roles and practices may provide the opportunity for developing research skills and contributing to, or leading, clinical research. This may lead to formal recognition as a researcher either wholly within the healthcare service or as a joint appointment with an academic institution.

Relevant guidance is given in:

- **Clinical Imaging and Oncology. The Approval and Accreditation of Educational Programmes and Professional Practice: Practice Educator Accreditation Scheme**<sup>57</sup> (2006)
- **Research and The Radiography Profession: A Strategy and Five Year Plan**<sup>27</sup> (2005)
- **National Research Ethics Service** <http://www.nres.nhs.uk/>
- **NHS Evidence** [www.evidence.nhs.uk](http://www.evidence.nhs.uk)

### Health and Safety; Radiation Protection

All clinical departments of diagnostic imaging, nuclear medicine and radiotherapy require someone to keep an overview of issues pertaining to radiation protection. This individual may be designated as a Radiation Protection Supervisor and must have sufficient authority to ensure that the provisions of the Ionising Radiation Regulations are upheld by all operators and practitioners. They may have a role in developing protocols around justification and referrals and as such, may be an advanced practitioner.

A section of the SoR website is dedicated to Radiation Protection and the following guidance is relevant:

- **Student radiographers and trainee assistant practitioners as 'Operators' under IR(ME)R 2000/2006**<sup>58</sup> (2009)
- **Clinical Imaging requests from non-medically qualified professionals**<sup>47</sup> (2008)
- **A Guide to understanding the Implications of the Ionising Radiation (Medical Exposure) Regulations in Radiotherapy**<sup>59</sup> (2008)
- **The Ionising Radiations regulations 1999 (IRR '99): Guidance Booklet**<sup>60</sup> (2009)
- **IR(ME)R 2000 and IR(ME) Amendment Regulations 2006** <http://doc-lib.sor.org/irmer-2000-and-irme-amendment-regulations-2006>
- **Pregnancy and Work in Diagnostic Imaging Departments**<sup>61</sup> (2009)
- **Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation**<sup>62</sup> (2009)

Of additional interest for those working with Magnetic Resonance scanners is the document **Safety in Magnetic Resonance Imaging**<sup>63</sup> (2007).

Other guidance documents relate to:

- **moving and handling**
- **avoidance of musculo-skeletal disorders**<sup>64, 65</sup>
- **infection control**<sup>66</sup>

There has been some debate as to whether a radiographer who has undergone additional training in aspects of radiation physics and protection can fulfil the requirements to act as a Medical Physics Expert under IR(ME)R. The view of the SCoR is that a degree in radiography fulfils the initial requirement for a science degree as required by the Regulations.

## Information Management and Technology

The widespread introduction of Radiology Information and Management systems and PACS has provided development opportunities for radiographers with an interest in Information Management and Technology. Maintenance of these systems and their utilisation in clinical audit and research requires considerable experience and knowledge of information technology. Relevant guidance is contained in:

- **The Filmless Department; use of images as evidence in legal proceedings**<sup>67</sup> (2006)
- **Information Management & Technology: Implications for the Radiography Workforce**<sup>35</sup> (2006)
- **Information Management & Technology: further advice and guidance on curriculum**<sup>68</sup> (2008)

## Further development of advanced practitioners

In gaining accreditation as an advanced practitioner and developing skills allied to each of the core functions, the natural route of progression for those wishing to have an enhanced clinical role is to consultant practitioner. This will require the individual to focus on a particular area of clinical activity in considerable depth. At the present time there are consultant radiographers in a variety of clinical settings, for example: diagnostic image reporting, ultrasound, breast screening services, neuro-radiology, trauma care, gastro-intestinal medicine, site specific and technical specialists in radiotherapy and oncology.

Many advanced practitioners will build on their leadership and management skills and become service managers and leaders. It is important that these individuals are recognised for their ability to influence service provision not only within their own departments but within the local health community. This is ever more important as the responsibility for commissioning care lies within the primary care community which, traditionally, has limited interface with services delivered mainly in acute settings. Increasingly, service managers and leaders will take lead roles in moving services closer to patients in community and primary health care centres. Key roles for service managers and leaders are developing and delivering new models of service delivery and, as stressed in the 'Next Stage Review in England', for AHPs to become fully engaged in commissioning processes.

Developing the workforce of the future is an important career pathway for advanced practitioners to grow and sustain both the current and future workforce. A key role is that of practice development facilitator, supporting workforce development and aligning this to service needs and priorities, often on a multi-disciplinary basis. Advanced practitioners foster links with FE and/or HE providers in their clinical roles and may build on those to develop further the educational component of their roles, moving on into formal clinical-academic posts or lectureships within the HE sector.

Clinical and service innovation requires proper audit and evaluation, some of which needs to be multi-centre if new techniques and treatments are to have proven utility. Engagement in such activity is a natural development pathway for advanced practitioners aiming to build a career in research, enabling them to gain knowledge, skills and experience as members of relevant audit, evaluation and research teams and groups. This may progress to co-ordination roles for clinical trials locally or nationally, to research links with academic partners, and to leading research proposals and bids for funding as well as the research itself for projects that are funded.

## Consultant Practitioner

The context of consultant practitioner posts in clinical imaging and radiotherapy and oncology needs to be clarified in terms of the nature, purpose and intended outcomes professionally, personally and for the organisation involved. Key to this is the agreement and specification for relationships and accountability. The consultant practitioner is a champion in the clinical, academic or research field bringing innovative solutions to patient care **Developing the business case for consultant**

**radiographers**<sup>69</sup> (2003).

Their role is one that defines professional development and influences at a strategic level. As such, consultant practitioners play a pivotal role in the integration of clinical, education and research findings in practice. The consultant practitioner is able to initiate clinical service developments and deliver improved patient outcomes through the implementation of the findings of:

- clinical research
- clinical audit
- clinical governance
- clinical risk assessment

They are independent, creative thinkers who are advancing practice, research and education for service developments and are able to work across professional and organisational boundaries. They provide leadership, function as consultants to other practitioners and are engaged in clinical supervision activities to support them in their role. Consultant practitioners have developed mature clinical reasoning skills underpinned by practice experience and relevant education. They carry their own caseload, including addressing patient and client consent for invasive procedures and radiotherapy **Consent to Imaging and Radiotherapy Treatment Examinations**<sup>70</sup> (2007).

### **Education requirements**

The SCoR believes that the educational requirements to support this highest level of clinical practice are education and/or development through workplace and other learning and practice that is equivalent to doctoral level.

Education programmes for consultant practitioners should have learning outcomes that enable them to:

- subject their professional knowledge to critical questioning, reflection and debate
- integrate the best of current knowledge and practice with their discipline
- provide original and innovative contributions to the knowledge base of their discipline and practice
- demonstrate best practice and promote it widely.

### **Pay and grading**

The national Job Evaluation profile places Consultant Radiographers in Band 8 of the NHS pay spine.

### **Accountability, autonomy and responsibility**

Consultant practitioners will work across traditional boundaries, incorporating their expert clinical practice supported by additional functions to benefit their particular patient and client groups. Like all registered radiographers, they are professionally autonomous and work within the profession's ethical framework. They work within their own level of competency and identify further competences they need to develop to ensure that patient and service needs are met and sustained effectively. Crucially, this role is pivotal in the wider multi-disciplinary team.

### **Support and resources**

Following careful analysis of the post and its impact, there needs to be agreement about the wider resources necessary to support both the consultant practitioner and the post. Particularly for newly appointed consultants, appropriate levels of mentorship and access to development opportunities offered by peers locally, nationally and internationally must be ensured.

Experience has shown that the nature of consultant practitioner posts varies according to local need. It is imperative that the role is dynamic, adapting to external factors and changing demands. Having

been implemented on the basis of a defined service need, it is important to keep the role under review and to ensure effective succession planning by developing future consultants from the existing advanced practitioner workforce **Consultant Radiographers: Succession Planning**<sup>71</sup> (2009)

### The role and function of consultant practitioners

Consultant practitioners practise at the leading edge of the profession, with the ability to create and interpret knowledge that extends the forefront of the profession. They provide leadership in relation to clinical practice and the delivery of clinical services. They make informed judgements on complex issues and demonstrate innovation in solving clinical problems, often within multidisciplinary and/or multi-agency environments. Conceptualisation, design and implementation of projects for the generation of new knowledge and understanding may also be part of the role, as is knowledge transfer.

Consultant practitioners as they develop from novice to more experienced consultants will be expected, within their area of expertise, to:

- strengthen expert clinical practice, extending the forefront of the profession
- provide professional and clinical leadership and consultancy widely
- lead education, training and development
- lead practice and service innovation and development
- lead research and integrate findings into practice
- promote a culture which encourages research and leadership
- contribute to development of the health and social care economy.

The knowledge, understanding and skills required for the consultant practitioner role are stated in the **Learning and Development Framework for Clinical Imaging and Oncology**<sup>3</sup> (2008).

### Accreditation of Consultant Practitioners

Consultant practice in clinical imaging and radiotherapy and oncology has developed as part of the profession's career framework. It recognises the greater responsibility of some practitioners and the development of new and innovative roles to deliver high quality and patient centred care. The Society of Radiographers (SoR) has established accreditation of consultant practitioners to:

- ensure there is national consistency in the standards of consultant radiographic practice
- secure transferability of those standards across the NHS and other health care sectors
- recognise explicitly the professional achievements of individuals
- provide clarity for professionals and service users on the nature of consultant practice in clinical imaging and radiotherapy and oncology
- promote the value of consultant practice skills and status
- support the development of emerging consultant practitioners in a systematic way, so facilitating succession planning within services
- support accredited consultant practitioners to remain demonstrably at the leading edge of their specialism
- build on existing frameworks for consultant practice.

For the purposes of accreditation, the definition of a consultant practitioner is:

"An individual who is practising at the leading edge of their particular scope of practice and the profession, extending this where there are proven benefits to service users. They provide leadership in relation to clinical practice and the delivery of high quality, patient focused clinical services; they make evidenced, informed judgements on complex issues routinely and demonstrate innovation in solving clinical problems."

The processes of initial accreditation and re-accreditation relate to the four core functions of higher

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level practice (Table 1). These provide a framework within which continuing professional development can be evidenced to ensure it is appropriate to consultant practice roles.

**Table 1: Core Functions of Higher Level Practice**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Expert Practice</li><li>• Professional Leadership and Consultancy</li><li>• Education, Training and Development</li><li>• Practice and Service Development, Research and Evaluation</li></ul> |
|---|

Information about the accreditation process and how to apply for accreditation can be found at [http://www.sor.org/public/ap\\_accred.htm](http://www.sor.org/public/ap_accred.htm).

Successful applicants will receive accreditation for two years and will need to seek re-accreditation on a two-yearly cycle. The evidence for initial and subsequent re-accreditation must be submitted through 'CPD Now', the SoR's online CPD management tool. Evidence must clearly relate to the learning outcomes related to consultant practice and detailed in the **Learning and Development Framework**<sup>3</sup> (2008).

## Top Level Management, Education and Research Roles

Alongside the relatively new clinical consultant practitioner role, there are top level positions in management and education with roles and responsibilities that are well established. Across the UK, radiographers are already leading and managing clinical imaging, radiotherapy and oncology education departments and services. These roles are complex and highly demanding, accountable at board/executive level and carrying significant responsibilities for managing large budgets, teams and other resources. Their education and qualifications are diverse, underpinning their specific roles and at, or higher than, master's level or equivalent. Reward for their roles is at the highest level, for example at 8c/d and 9 on the NHS pay spine.

## Further Development

At the top level of the profession, continuing development in the scope of individuals' roles is expected. This is likely to be lateral and/or vertical. As clinical consultant practitioners develop their practice and the services they provide, they broaden the range of their activity, for example, leading multidisciplinary/multi-organisational care teams, introducing and validating new techniques and technologies, and leading and directing clinical services.

Service managers are likely to extend their leadership and management across diagnostic and/or cancer care services more broadly, for example, to provide integrated and effective services across health care sectors and to design, test and implement new ways of working to improve the quality of care for the public. In doing so, they may lead and manage complex workforces that include medical, allied health, health science, nursing and support staff.

Research leaders are likely to be responsible for large, nationally funded research projects, building strong research teams that span clinical, academic and industrial partners and disseminating research findings widely so they become embedded into practice. Engagement in work of organizations such as the National Institute for Health and Clinical Excellence and the Scottish Intercollegiate Guidelines Network will be a normal part of their roles.

In education, leadership of interprofessional departments, schools or faculties may be the development pathway, moving on to university wide leadership roles or positions that carry national policy responsibilities for the education and development of the radiography and/or the wider health care workforce. Research and innovation to ensure education is of the highest quality is a different and equally important development pathway.

**Professional developments that impact across the top level of the profession include the following:**

### Imaging Services Accreditation Scheme (ISAS)

This joint development by the College of Radiographers and the Royal College of Radiologists was launched in 2009. The scheme independently assesses the quality of services delivered by clinical imaging departments with the aim of enhancing the quality of service provision in the UK. It is expected that service managers and consultant practitioners as well as the most experienced advanced practitioners will be involved with this process as accreditation assessors and in various roles as services seek and maintain accreditation <http://www.isas-uk.org/default.shtml>.

### Cancer Peer Review Measures

The College of Radiographers has been involved as a partner in the development of these recently revised and updated standards (available imminently).

These require co-ordination of radiotherapy services across networks, implementation of new technologies and increased capacity to deliver radiotherapy. As with ISAS, service managers and consultant radiographers have key roles to play in ensuring that services meet these national standards and undertaking the required peer review of services to ensure they achieve the measures.

### Self-referrals to AHPs by patients

As diagnostic services move into community and primary care settings, they will be led by consultant practitioners who are able to accept referrals from a range of registered healthcare practitioners, justify the examinations requested, provide reports of the findings and onwardly direct patient management and care. As Allied Health Professionals, consultant radiographers are now also able to accept self-referrals for diagnostic imaging examinations directly from patients where this is appropriate and where they have acquired the additional knowledge, skills and competences to do so.

The Cancer Reform Strategy supports the concept of therapeutic radiographers being involved in the care pathway to provide a bridge between the primary and acute health care sectors. Patients who have received radiotherapy as part of their treatment may wish to seek the advice of a radiographer following their treatment and for some time afterwards and may self-refer. (**'Self referral' to Allied Health Professionals: A position statement in relation to diagnostic and therapeutic radiographers** due to be published May 2010)

## New Directions: going forward

Radiography is a core service primarily based, at present, in the acute sector with radiographers making significant contributions to the patient/client care pathway. **The NHS Next Stage Review** (2008)

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825) has emphasised the significant role that primary care will play in delivering coherent health and social care in England. Similar policy developments are also taking place in the other three home countries, tailored to the particular needs of patients within Scotland, Wales and Northern Ireland.

In all four countries of the UK, changes are continuing apace within the wider health and social care arena and are impacting upon radiography. The public and patients expect that radiographers will be adequately prepared to deal with these changing situations based on the latest evidence. To meet the current challenges, radiographers must embrace the potential offered for developing their clinical roles and where necessary change practice to align with local service needs that support patient -focused care.

The Society and College of Radiographers believes that this document, **'Education and Professional Development: New Directions'** provides the coherent strategic direction and practical support needed to effect the necessary change. In particular, it believes that the profession must:

**Use the support workforce and develop practitioners.** The radiography support workforce will necessarily become more integrated into the team and, similarly, practitioners will be contributing to service delivery whilst developing their scope of practice and expertise.

**Promote and value equally advanced practitioner level, generalist and specialist role radiographers.** Valuable, flexible and expert services are provided by generalist advanced practice radiographers, offering breadth of practice coupled with high skill levels, depth of knowledge and wide experience. They work across and with the range of clinical teams essential to service delivery overall, particularly with regard to delivering extended day/week and 24/7 services. Specialist practice advanced practitioner roles complement generalist advanced practitioners, meeting specialist care needs and ensuring seamless care delivery.

**Demand and develop consultant roles.** These are pivotal to delivering the challenges set by access and choice initiatives, reconfiguring how care is delivered, re-locating much of this into the community and primary care sectors and achieving the transformation required to secure high quality, evidenced based, cost effective and efficient services in line with the QIPP agenda in England and similar initiatives in the devolved countries.

**Adopt cultural change.** All radiographers, associated professionals and the support workforce must have access to clinical supervision, professional advice and CPD in an environment that nurtures and promotes their individual learning. Additionally, all individuals regardless of their role or position must continue to develop their knowledge and skills based on the evidence required to provide high quality care.

**Exercise increased degrees of freedom and professional self-regulation.** Patients have benefited, and will continue to benefit, from radiographers and support staff that have developed enhanced roles that impact positively on patient/client care. It is important that radiographers are clear about their professional responsibility and accountability and, in exercising greater freedom in their roles, do so in line with the profession's ethical code and the standards set by the HPC. Support staff must ensure they act only within their defined roles and the profession's scopes of practice for these roles.

**Promote effective leadership and management.** Heads of Service must be professionally qualified and registered radiographers. They are best equipped to take the lead in reviewing services and implementing new roles to meet changing services needs. They shape policy and operate strategically to streamline service delivery aligned to care pathways and to make the most effective and efficient use of the skills and potential of the whole workforce.

**Provide solutions.** Over the past two decades, the Scope of Practice of radiographers has advanced considerably to a point where radiographers are employed in a sizeable number and range of strategic management and leadership roles and consultant clinical practice. The versatility of the workforce in adopting new technologies, adapting practice and advancing their sphere of responsibility is proven. Overall, the profession has demonstrated its ability to provide effective solutions to shortfalls in the provision of services. More major change in health care services is anticipated and the profession must remain ready to seize further opportunities to improve health care for patients and the public.

## Next steps

Radiographic practice continues to evolve rapidly and the higher levels of responsibility and autonomy carried by the profession have been shown to be beneficial to patients/clients and to provide radiographers and support staff with increased job satisfaction. All members of the profession and the radiographic workforce have roles in the further evolution of the profession. However, top level members of the profession including service managers and leaders, educators, clinical consultants and researchers, carry particular responsibilities for this by strengthening and

integrating the development of radiographers' potential, improving patient care and re-configuring and re-aligning services along care pathways and across health care sectors.

## Developing radiographers' potential

The profession's potential may be further developed by:

- continuing to develop multiple entry routes to the profession to support skills mix and facilitate career progression
- providing education appropriate to all levels of radiography practice
- using preceptorship to support newly qualified radiographers and, subsequently, adopting clinical supervision to provide the support framework for all staff
- undertaking CPD in a planned and cohesive manner
- formally incorporating reflection into daily radiographic practice
- engaging fully in wider multi-disciplinary team meetings and work
- developing enhanced knowledge management skills
- participating in approval and accreditation processes at all levels of practice and for all services.

## Improving patient care

The improvement of patient care and patient experience is central to radiographic practice and requires the profession to:

- practise on the basis of evidence
- engage in audit and research to evaluate practice and to provide the required evidence
- adopt innovations where these provide clear improvement for patients and the public
- integrate quality assurance into daily practice and strive for quality enhancement
- ensure they practise within clear clinical governance frameworks
- develop excellent multi-professional and inter-professional working relationships
- integrate health informatics into daily practice
- value and support the roles of its clinical experts, high achievers and leaders.

## Service re-configuration and re-alignment

Significant changes in the way services are delivered are under way, with diagnostic and cancer services at the heart of those changes. Critical to ensuring these maximize the contribution radiographers can make and enhance the services delivered to patients and the public are:

- embedding the profession's career progression framework into the re-configuration of radiography services
- undertaking service redesign and interlinking this with role redesign
- supporting service and role redesign with a strong governance framework and processes
- reviewing education provision to ensure it matches with service and role development needs
- protecting and supporting development time and resources for the workforce.

## Conclusion

This document, '**Education and Professional Development: New Directions**', provides guidance on releasing and maximising the potential of radiographers and the wider radiographic workforce to deliver high quality, effective and efficient diagnostic imaging and radiotherapy and oncology

services. Significant progress has been made over the past five years and there is now considerable momentum to push forward the developments and changes achieved so far, making them the norm in terms of service delivery. The 'toolkit' approach should assist in that process so that the profession's career framework becomes fully embedded in practice.

## References

All references are SCoR documents unless otherwise indicated and can be found on <http://www.sor.org/learning/document-library/>. Website references in text have been accessed in March 2010.

1. [Education and Professional Development \(EPD\) Strategy \(2002\)](#)
2. [Education & Professional Development: Moving Ahead \(2003, 2006\)](#)
3. [Learning and Development Framework for Clinical Imaging and Oncology \(2008\)](#)
4. [Team working within clinical imaging: A contemporary view of skills mix \(2007\)](#)
5. [Radiotherapy moving forward: Delivering new radiography staffing models in response to the Cancer Reform Strategy \(2009\)](#)
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