



WRAP

WORKFORCE RADIOGRAPHY REFORM PROGRAMME

Workstreams 7 & 8b

Apprenticeships

Support Workers

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Background

HEE's strategic aims for this component of the Workforce Reform Programme were to:

- promote and maximise access routes via apprenticeship training
- support the National AHP Support Workforce Programme

Initially the main focus for this workstream was Therapeutic Radiography. As the work with the DRAD case study sites unfolded it became evident that there were some key points for DRAD as well.

Furthermore, the final workstream (Workstream 9) about ongoing professional development was determined by the Society of Radiographers. One aspect of Workstream 9 was to support the upskilling of radiography support workers, which aligns with t and included in this report.

For the model of engagement for both DRAD and TRAD please see separate document¹. For the TRAD Advisory Group (TRAD AG) meeting 1 agenda see appendix 1 and for an example of a DRAD case study site agenda see appendix 2

This report sets out the WRAP activities and associated outputs for apprenticeships and support workers under the following sections:

- A. Apprenticeships
- B. Employing, deploying, and developing Imaging and Radiotherapy Support Workers
- C. Recommendations
- D. Appendices

¹ WRAP model of engagement for workstreams 3,4,7,8b,9b

Section A: Apprenticeships

1. Therapeutic Radiography

The main activity was engagement with the radiotherapy community via the UK wide WRAP TRAD Advisory Group (AG). The importance of this work was recognised early on in the WRAP programme as evidenced by the agenda items for the first meeting (appendix 1).

Funding for TRAD apprenticeships was the main concern raised by the WRAP TRAD AG. The members of the group pointed out that successful business cases have been drawn up locally, but a national approach is required. The benefit of the one year funding that had already been provided was really appreciated. However, the consensus was that developing this workforce without ongoing funding for TRAD Apprentices, is not sustainable. It was noted that even though the trusts benefit from student tariff this is not available to the managers and it is much more difficult to take money for apprenticeship development from department budgets.

HEIs are also negatively impacted by the apprenticeship financial model. It is critical that any decisions about apprenticeship TRAD programmes do not result in a risk to any of the existing TRAD pre-registration programmes. An interesting observation was: *'do apprentices actually want to be in radiotherapy long-term and committed to the profession or are the applicants just looking for a funded degree course'*.

Currently the 'fallback position' of relying on vacant Band 5 posts for TRAD Apprentices may lead to service delivery pressures.

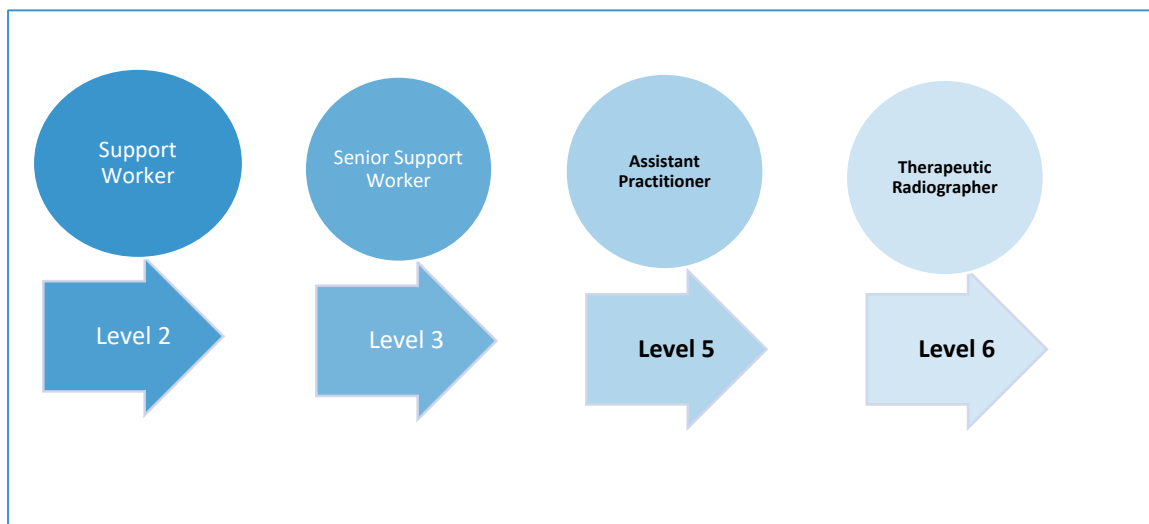
HEE's Lead for Apprenticeships, Jane Hadfield and her colleague Fay Lane attended the second meeting of the WRAP TRAD AG. They explained the background to the current approach to apprenticeships and urged the TRAD managers to learn from other groups. A copy of HEE's Therapeutic Radiography Apprenticeship presentation can be accessed [here](#).

Jane stressed the benefits of apprenticeship programmes for professions that are struggling to recruit include:

- help with skills mix,
- providing an opportunity for those unable to go to University via the traditional route,
- better for retention – reported attrition levels are very low from apprentices compared to traditional undergraduate pathways,
- helps alleviate workforce shortages,
- they give a good return on investment
- apprentices are often extremely experienced in healthcare and patient care.

HEE has a model of Apprenticeship Standards for Radiography. It was suggested that a TRAD specific version was developed. Please see figure 1.

Figure 1: Proposed Apprenticeship Standards in Therapeutic Radiography based on SoR model



Fay Lane ran two workshops to capture more information about the challenges about apprentices in radiotherapy and her findings matched the findings from the WRAP discussions. She reported that, other than the key issue around the funding model, the key barriers are:

- Capacity and capability of practice educators/mentors/supervisors
- Availability and appropriateness of courses
- Placement capacity

HEE Workshops Outcomes can be accessed [here](#).

Both Jane and Fay urged managers to develop their workforce pipeline and to carefully consider the Assistant Practitioner Apprenticeship offer. They stressed that apprenticeships form part of the workforce supply solution.

However, members of the WRAP TRAD AG made two important observations:

1. The apprenticeship programme has additional requirements including meetings with educators and employers.
2. The scope of practice for Assistant Practitioners has become more limited, the number of patient sites they can treat are reduced as radiotherapy techniques have become more complex with additional image guided treatments.

It was noted that other AHPs in their second year of training can have their own clinical workload but the *'challenge is around IR(ME)R² in radiotherapy, we must be creative as employers. The sticky wicket is IR(ME)R'*.

² IR(ME)R – Ionising Radiation Medical Exposure Regulations

The WRAP team contacted Úna Findlay³ in January 2023 about the IR(ME)R requirements of *support workers as a second person in the treatment room, working alongside a Band 6 radiographer who is responsible for any imaging*. She very kindly provided written advice which can be accessed [here](#).

Úna very kindly continued to engage with the team, her second written comment can be accessed [here](#).

She notes at the end: *'I believe there is an ongoing role for assistant practitioners in the radiotherapy workforce and as part of safe service provision'*.

An example of an effective Assistant Practitioner in a radiotherapy department is Joe Maslen, Macmillan Assistant Practitioner, Radiotherapy, Imperial College Healthcare NHS Trust. The transcript of his interview with the WRAP team can be found [here](#).

There is a copy the Competency Package for this role embedded in this transcript.

WRAP identified four key challenges concerning the implementation of TRAD apprenticeships:

- Lack of multi-year funding for the service, many managers unwilling to take this risk.
- The majority of managers do not use support worker apprenticeships to build a TRAD workforce pipeline.
- There is a paucity of courses to support TRAD apprenticeship development
- Clinical capacity to support more learners.

These match the barriers HEE listed (page 4).

2 Diagnostic Radiography

Some Diagnostic Radiography Operational Managers are very supportive of the pre-registration Apprenticeship model. An example of the positive view held is shown in the box below.

'As an operational manager I feel the operational leads are driving a change back to the vocational skills-based training. We have had a pivot towards academic and now because of the workforce challenge, the apprenticeship programme is coming into its own. Our view is to grow the larger cohorts to deliver them as general radiographers at Band 5 with the traditional skills and then progress within the modalities. Increasingly we are training larger cohorts of apprentices. Next year the plan is to train half our student group this way.'

Other managers agree and point out that there is much more regional/local certainty for the service with the apprenticeship model. They recognise that as more and more managers turn to pre-registration apprenticeships there may be a risk to the viability of the traditional undergraduate programme.

³ Úna Findlay - Specialist Radiation Protection Scientist, Medical Exposures Group
UK Health Security Agency

Healthcare is not the only service looking for the apprenticeship model to 'solve' the workforce challenge. The police service are doing exactly the same.

Other Radiology Services Managers are taking a slightly more cautious approach to introducing apprentices. As another manager explained: *'we have been piloting and organising the degree apprenticeships. Now we are ready to have up to six 6 degree apprentices. The next phase of our apprenticeship strategy will be looking at either Level 4 or 5 or Level 7'*.

In a department in one of the case study sites all the apprentices are all support workers. These are staff who have worked with them for years and have applied to do the apprenticeship training. The manager explained that currently one of them is about to qualify and another one will qualify in September 2023. Two more are coming to the end of their first year and two more are starting in March. So far only one dropped out. The apprenticeship model has been very successful for this department. Click [here](#) to see the profile of an Assistant Practitioner Apprentice who will qualify as a diagnostic radiographer competent and confident to work on their own in theatre at the point of qualifying.

Those who have graduated through the apprenticeship route are also very positive about this model of education and training. Two newly qualified radiographers described themselves as *'potential Band 7s trapped in Band 2 roles'*, they knew they could achieve so much more and lead others. Neither of them were in a position to train to be radiographers through the direct entry undergraduate route. They have both started working as radiographers for the Trust that gave them the apprenticeship opportunity. For the transcript of the interview with them, please see [here](#).

Unfortunately, not all imaging department managers report a sustainable approach to enabling the support workers to enrol on a degree apprenticeship programme. The funding model for DRAD apprenticeships can also be a barrier to continuing with the apprenticeship model. Please see [here](#) for a transcript of an interview with a Deputy Director of Workforce Transformation for one of the Imaging Networks.

A challenge for many service managers is the different apprenticeship pathways and they would welcome a simple guide that sets out the different routes. The West Hertfordshire Teaching Hospitals Trust has produced a training and development guide for AHP Support Workers (Band 2-4), it can be accessed [here](#).

Primarily, the radiography (DRAD and TRAD) apprenticeship developments are happening in England. The Scottish DRAD managers have expressed an interest in enabling such a development. However, at the moment there is no national support in Scotland for this to happen and it is further complicated by the four-year degree programme model.

Section B: Employing, Deploying, and Developing Imaging and Radiotherapy Support Workers

1. Therapeutic Radiography

Not all support workers are developed through an apprenticeship model. This section includes examples of how radiotherapy departments have developed support worker roles and how one Advanced Practitioner has progressed from Band 2 to Band 7 and now aspires to become a Consultant Practitioner.

There is increasing realisation amongst the TRAD community that securing a pipeline into the profession and 'growing your own model' needs to be embedded into radiotherapy departments.

At least four Radiotherapy Department Managers have taken a transformational approach to staffing their departments and they are to be commended. Each model is customised to the service need but there are common threads of scope of practice and workforce model innovation. The WRAP team were privileged to have worked with the four sites and have co-produced the different scenario four reports under the following headings:

- Overview of departmental support worker structure
- Support workforce roles and responsibilities
- Why investing in a support workforce is important for this department
- Benefits the support workforce brings to the department
- Benefits to the support worker
- Recommendations from the department

The four TRAD support worker models reports can be accessed [here](#). WRAP TRAD SW Case Studies

The key messages from the managers about investing in this workforce are:

1. Everything in the department is competency based, and a clinical competency is not grade related – the grade just tells you what you're paid, it doesn't tell you what you can and can't do. So Assistant Practitioners can do nearly everything – it's just the imaging they can't perform as they don't have sufficient anatomy knowledge.
2. This development has helped reduce attrition, kept people retained.
3. Great feedback both from radiographers and from patient surveys.
4. The Support Worker role has developed as we have increased the establishment to delegate more tasks. The initial role was the phone calls with patients about their treatment, it has now developed to IR(ME)R Operator, patient review and all the mandated pre-treatment checks.

Each of these four managers had at least one recommendation. Three of them were clear about the need for another radiotherapy assistant practitioner education programme as the one that was offered has been closed down. A suitable programme has been identified and could be delivered online if there was sufficient interest. Any programme should provide the standardised underpinning education to enable APs to perform greater responsibilities under the operator role they hold under IR(ME)R and approved by the professional body. The fourth message is shown in the box below.

'We would not be without our SW team now and ideally would like to expand the team and their responsibilities. I would encourage all centres to make this transition and skill mix incorporating SWs into their services'.

For an example of a therapeutic radiographer's journey from a Healthcare Assistant to Advanced Practitioner, please see [here](#) for her career tree, and [here](#) for her journey in her own words:

2. Diagnostic Radiography

The WRAP team worked closely with the North West Imaging Network team and the SoR to co-produce a survey to capture diagnostic imaging support worker/assistant practitioner activities across the North West. Because of the timing limitations it was decided to produce a WRAP version of this survey and to gather data from the case study site leads.

Representatives from twenty three departments completed the data collection tool about how they employ, deploy and develop the imaging support workforce. The findings are presented in a pdf slide set and can be accessed [here](#).

Summary of how services employ, deploy, and develop the imaging support workforce.

According to this sample of respondents the number Band 3 (n-21) is matched by the number employed at Band 4 (20).

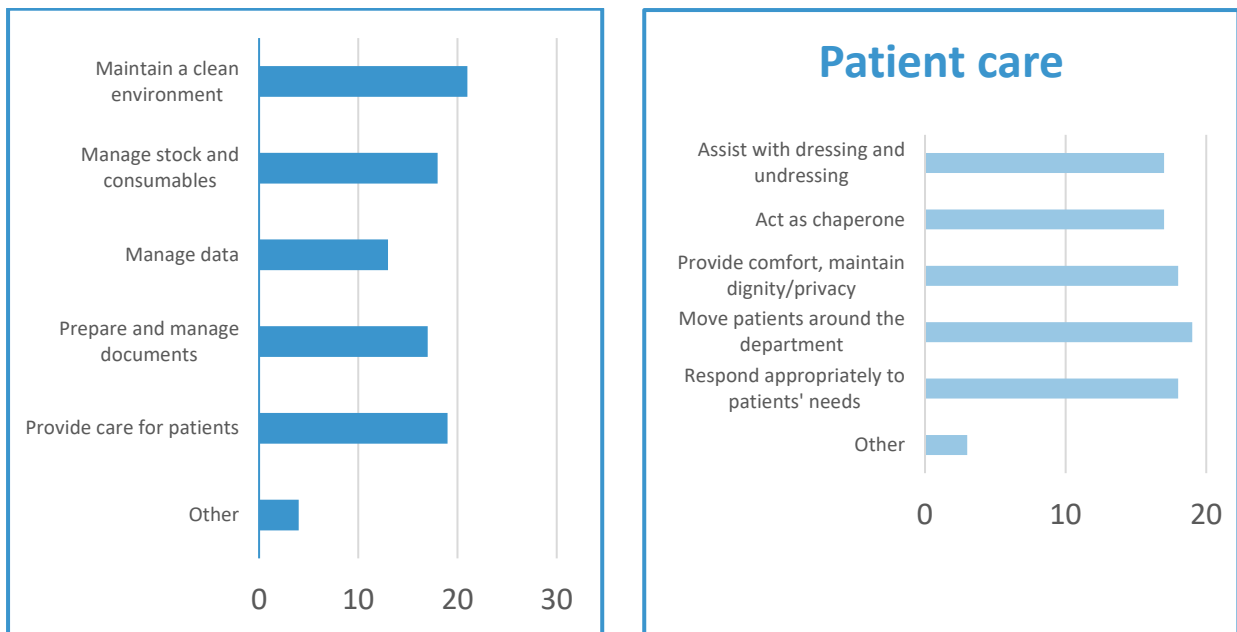
The post holders are identified by a raft of different job titles, particularly the Band 3 post holders. However, it is encouraging to note that eleven of the Band 4 support workers are employed as Assistant Practitioners. The respondents were asked to map against a defined list of imaging support worker titles which ones were currently in use or had been used in the department by Band. Interesting to note that the title Imaging Assistant and Imaging Department Assistant are titles used for all four support worker grades Band 2/Band 3/Band 4/Band 5).

The support worker establishment ranged from 95.88 with a headcount of 104 and a vacancy rate of 6.6 per cent to an establishment of 3.6 with a headcount of 4 and no vacancies.

In this sample the largest number of support workers were reported to be working in Ultrasound (83.29 w.t.e.) closely followed by General X-ray (78.67 w.t.e.). CT and MRI services employed a similar number, 60.45 and 63.4 respectively. Anecdotally the number of support workers employed in Interventional Radiology is increasing. The respondents reported a total of 17.22 Band 3 support workers and four Band 2 support workers assisting in this service.

The respondents were asked to identify, against the SoR's list of tasks how the support workforce is deployed. The responses are shown below.

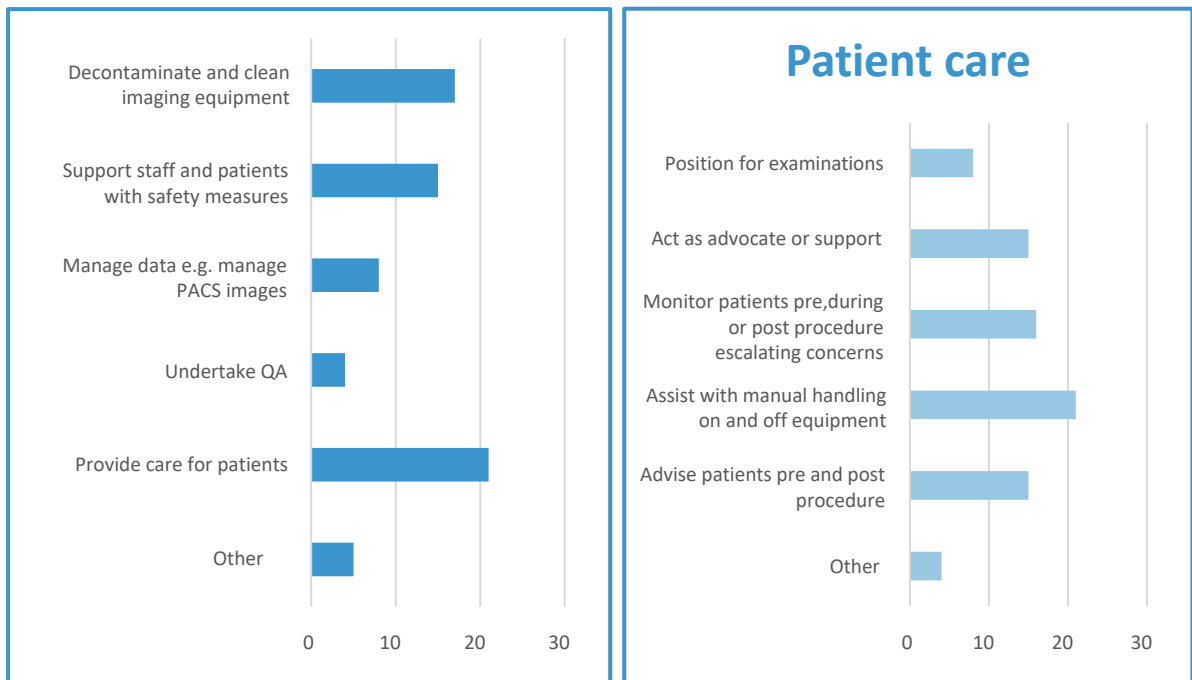
Figure 2: Deployment of Band 2 support workers in Diagnostic Imaging



The 'other' list included:

- Patient transport
- Cannulation
- Basic trolley setting
- Post procedure care

Figure 3: Deployment of Band 3 Support Workers in Diagnostic Imaging



The 'other' list included:

- Cannulation
- Stock control
- Complete CT safety questionnaire

Figure 4: Deployment of Mammography Assistant Practitioners

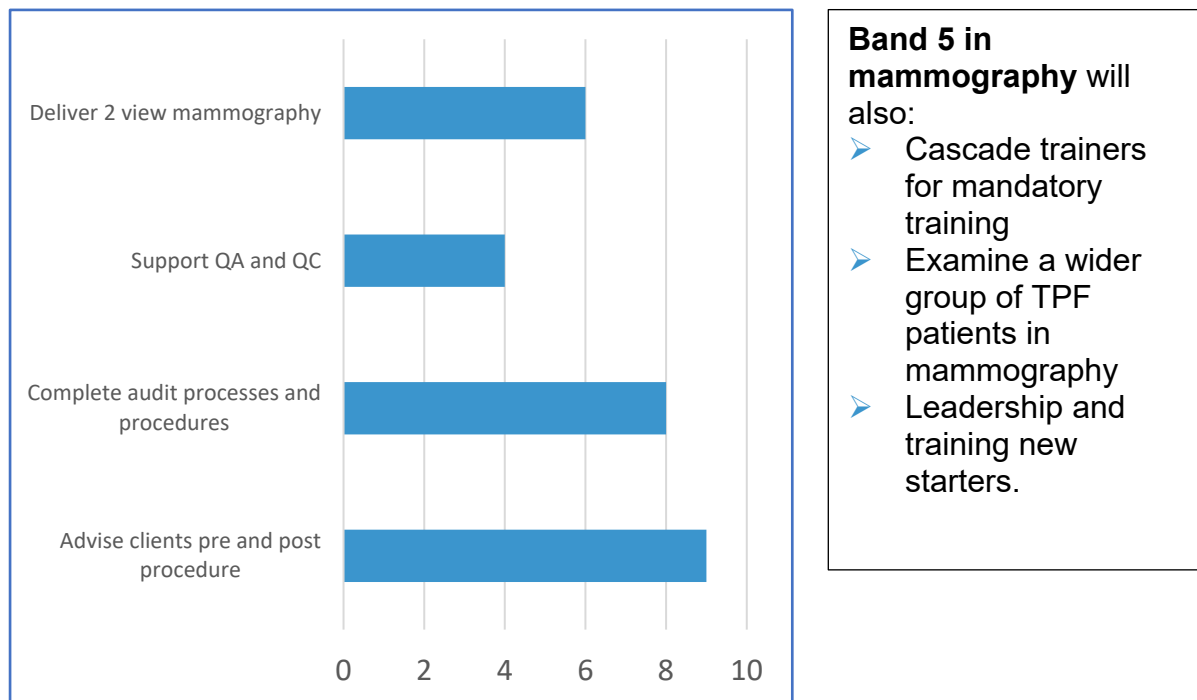
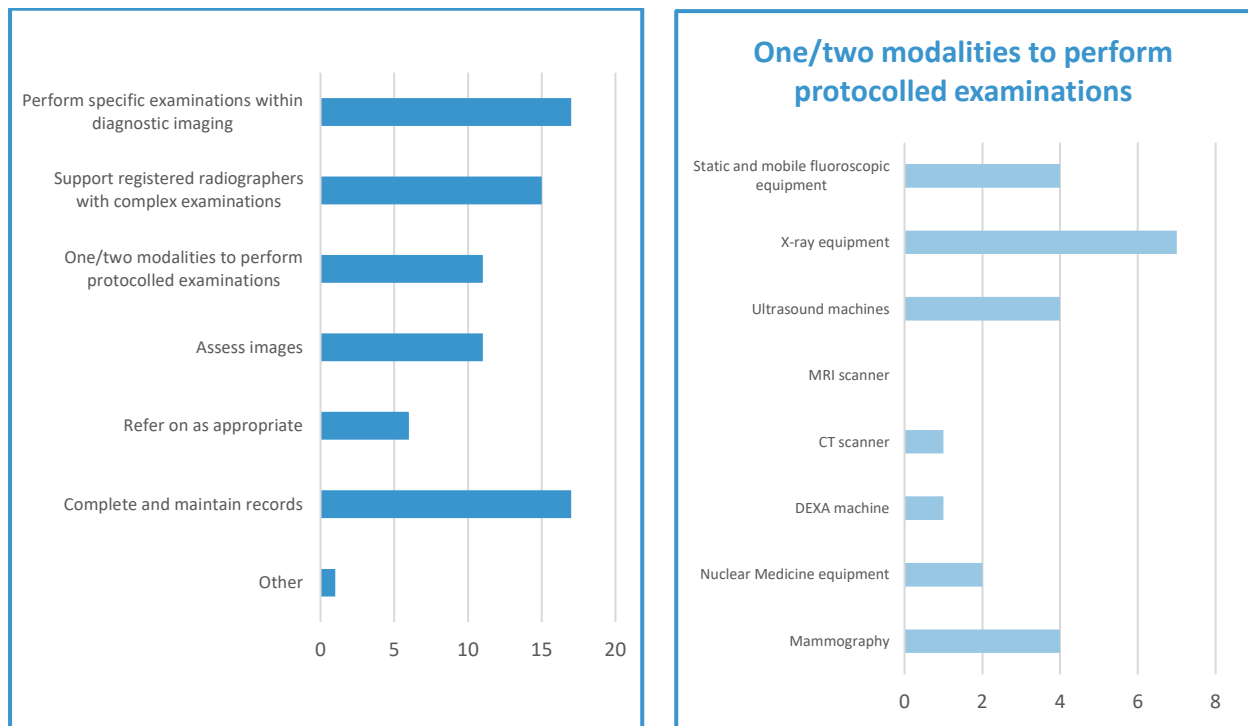


Figure 5: Deployment of Band 4 Support Workers in Diagnostic Imaging



Very few of the responding organisations have plans to develop Band 5 support workers. Opting to preferentially develop the Band 4 workforce.

It is important to note that lack of funding is the main barrier to developing and expanding the Imaging Support Workforce.

The following apprenticeship programmes are reported to be the most frequently accessed:

- Level 5 Healthcare Assistant Practitioner Apprenticeship
- Level 6 Diagnostic Radiographer Integrated Degree
- Level 4 mammography Associate Apprenticeship

The trust based training most regularly accessed by Band 3 Imaging Support Workers includes:

- Cannulation
- Mandatory training
- MRI safety

Forty eight of the respondents advised they are unsure whether the Care Certificate is relevant to the Imaging Support Worker.

Section C: Recommendations about Apprenticeships and Support Workers

- A. The Society of Radiographers is urged to produce a guide for managers about apprenticeships and associated funding models.
- B. The College of Radiographers should work closely with Academic Institutions (HEIs and FECs) to ensure they are able to support the ongoing development of the radiotherapy and diagnostic imaging support workforce.
- C. The Society of Radiographers is urged to establish an expert group specifically with the remit of determining the role of an Assistant Practitioner in Radiotherapy and the education and training needs of this workforce.

Section D: Appendices

Appendix 1: TRAD Advisory Group meeting 2 agenda



WRAP TRAD Advisory Group

Meeting 2 December 6th 13:30-15:00

AGENDA

Time	Item	Presented by
13:30	Welcome	Mary Lovegrove
13:35	Apprenticeships in RT	Jane Hadfield and Fay Lane HEE
14:00	Discussion about apprenticeships in RT	Chair + all attendees
14:30	Preceptorship developments	Alison Sanneh and Wesley Doherty, The Christie
14:45	Priority for next meeting – Support Workforce	Mary Lovegrove
14:50	Discussion and next steps Next meeting January 17 th 13:30-15:00	Mary Lovegrove +All

Appendix 2: Example of a DRAD case study site meeting agenda



Radiography Workforce Reform Priorities Diagnostic radiography case study site advisory group

Meeting 4 agenda

Monday February 20th 13:30-15:00

Time	Item	Lead
13:30 – 13:35	Welcome and apologies	Shelly Rice
13:35 – 13:45	Notes and actions from meeting 3:	Lindsey Bunn
13:45 – 14:10	Update on Workstreams Passport Support Workers Preceptorship programme	Mary Lovegrove Lindsey Bunn
14:10 – 14:40	Update on Workstream 9 Enhanced Practice Advanced Practice Four pillars of practice vs clinical specialism	Mary Lovegrove
14:40-14:55	Other case study site priorities	Shelly Rice
14:55	Date of meeting 5 – last meeting 13 th March 13:30-15:00 Juliet Borwell from HEE – Capacity conundrum	Shelly Rice