

The role of the radiography workforce in image interpretation, film reading and clinical image reporting



The Society & College of Radiographers

Key to attaining good healthcare outcomes is getting the correct diagnosis in a timely manner. This has already put significant pressure on clinical imaging services in terms of the volume of examinations carried out, the increasing complexity of imaging investigations and the speed with which these need to be delivered. As diagnostic and treatment pathways develop, expansion of existing clinical imaging services (7/7 and 24/7 working) and the introduction of new services are likely to compound existing pressures.

Diagnostic radiographers are supporting the development of imaging services by extending their practice to include diagnostic image interpretation. With appropriate skills development, they make first line interpretation of images in support of patient management (preliminary clinical evaluations) and, following approved postgraduate training, provide definitive reports for a wide range of examinations.

Radiographers currently contribute to the clinical reporting workload in a number of examination categories, including musculo-skeletal imaging in trauma and pathology, gastrointestinal imaging, breast screening, ultrasound, adult chest and abdomen imaging, cross sectional imaging of the head and neck, and some MR and nuclear medicine procedures.

It is important to note that radiographers undertaking these extensions to 'qualifying' or immediate post-registration practice undertake extensive programmes of education and training to develop and maintain these skills. Typically this will involve a formal programme of education at Masters level together with extensive clinical training and supervision, which may include a log of anything up to 1500 reported examinations.

Advanced practice radiographers participate in stringent processes of audit and ongoing professional development to ensure that high standards – commensurate with those of the consultant radiologist reporting a similar examination – are maintained.

Radiographer reporting can be considered as taking place at two levels.

Level 1

The normal evaluation of the image carried out at the time of examination and image processing. This is not simply about the technical assessment of image quality – the radiographer will make an important clinical decision based on careful consideration of all factors pertinent to the examination. These include the referral information and clinical history, the presentation of the patient, the mechanism of referral and the image appearances.

In the majority of cases, the radiographer will decide that routine processes for the forwarding of images for reporting and archive are entirely appropriate. However, the radiographer may decide that routine processes are not in the patient's best interests. This is particularly likely to be the case in clinical departments where there is a significant reporting backlog, and where the radiographer considers that images appear sufficiently abnormal or suspicious to warrant immediate review.

The radiography workforce delivers diagnostic imaging and radiotherapy services in a range of health and social care settings across the UK. Radiographers are pivotal to delivering fast and reliable diagnoses of disease, as well as curative and palliative treatment and care for patients with cancer. A large majority of patients will be referred for imaging during their treatment and radiographers are key to the delivery of successful clinical outcomes.

The Society and College of Radiographers (SCoR) is a professional body and trade union. With more than 90% of the radiography workforce in membership, it represents the entire profession. It shapes the healthcare agenda and leads opinion on a wide range of professional issues, setting standards and developing policies that are adopted and acclaimed by governments and health professionals worldwide.

The SCoR pioneers new ways of working and ensures that its members work in a safe and fair environment. Its activities are designed to ensure that patients receive the best possible care.

The SCoR believes that:

- Every patient must have the right diagnostic examination, at the right time, undertaken by the most appropriate person, using the right equipment to the best possible standard and with timely results to inform the outcome.
- Every cancer patient must be able to be in control of decisions about their care and have access to the most effective treatment, delivered at the right time and by the most appropriate person.

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Level 2

Formal clinical reporting has been undertaken by radiographers for decades and forms an important and significant component of the overall reporting workload. This was first undertaken by sonographers carrying out ultrasound examinations in the 1970s, and has now grown to include a whole range of examination categories (see previous page). Radiographers reporting fully also refer patients for further examinations if deemed necessary.

Summary

The growth in radiographer reporting practice over the last four decades has been, and remains, crucial to the delivery of effective and timely imaging services in the UK. The acceptance of the need to move services towards better 24-hour provision can only emphasise the value of radiographers' contributions.

Preliminary clinical evaluations and clinical reporting are core parts of the radiography profession's scope of practice and the benefits are well-evidenced and far reaching. By developing their scope of practice in this way, radiographers are helping the clinical imaging service meet the needs of patients and referrers for rapid access to the right imaging examinations and the ensuing outcomes and reports.

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