



WRAP

WORKFORCE RADIOGRAPHY REFORM PROGRAMME

Executive summary

for

Allied Health Solutions led

Radiography Workforce

Reform Projects

Acknowledgements

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Thanks also go to Rachel Harris, Head of Professional Practice and Education (SCoR), for her help and advice, and the professional officers who willingly assisted and attended many of the meetings.

It has been a great pleasure for us to work alongside two Macmillan Fellows: Lindsey Bunn, a Diagnostic Radiographer, and Kate Tabbernor, a Therapeutic Radiographer.

Particular thanks go to the WRAP Diagnostic Imaging case study site leads (England and Scotland) and their colleagues; all the member of the UK Therapeutic Radiography Advisory Group, and the CT e-Passport task and finish group members.

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Background

The Society of Radiographers (SoR) commissioned Allied Health Solutions (AHS) to support five¹ of the nine workstreams under former Health Education England's (HEE) Allied Health Professions (AHP) Workforce Reform Priorities 2021/22. These priorities were outlined by HEE to complement *'HEE's extensive subsidiarity model of workforce supply and transformation priorities to influence change at a national, regional, Integrated Care System (ICS), faculty and trust level.'*

The SoR was invited to identify the main activities against these priorities. The focus for the five AHS led workstreams were:

- **Workstream 3:** Innovation in pre-registration practice-based learning:
 - ❖ Possibilities of standardised principles of practice assessment
 - ❖ Explore the wide variation in clinical:academic proportions
- **Workstream 4:** Ensure students and newly qualified practitioners are supported and as many as possible are retained in the workforce.
- **Workstream 7:** Promote and maximise access routes via apprenticeship training.
- **Workstream 8b:** Promote the opportunities provided by the Imaging and Radiotherapy Support Workforce.
- **Workstream 9b:** Ongoing professional development for diagnostic radiographers, therapeutic radiographers and the clinical support staff who work alongside them.

¹ The other workstreams were led by the Society and College of Radiographers

Approach to working with the radiography communities

The approach to collecting data was pragmatic and based on the premise that the findings would build on best practice and improve the opportunities for the workforce, and the services they deliver to their patients. AHS worked primarily, although not exclusively, with service providers. For diagnostic radiography (DRAD) in England a hub and spoke case study site model was used. A total of nine WRAP DRAD case study sites were established. For Scotland DRAD a national approach was taken. For therapeutic radiography (TRAD) a UK wide WRAP Advisory Group was established.

Key messages

The WRAP projects have provided an opportunity for a large number of radiographers, who are willing to take time out of their incredibly busy work schedule, to meet with others who have the same work pressures, to consider and share innovative solutions to reforming and modernising the workforce.

WRAP has highlighted the fact that solutions to workforce reform are largely service led and influenced by many factors. The solutions are mostly achievable so long as there is a commitment from Healthcare Providers (HCPs) and Adult Education Institutions (AEIs) to work in a collaborative way and under the guidance of the professional body.

WRAP has consistently captured evidence that radiography workforce reform requires transformational leadership. This is particularly difficult for professional groups such as radiography that are socialised into a medical model and a service that is operationally managed and transactionally led.

Key findings

The Student Practice Placement Paradigm

- There is agreement that a more standardised approach to pre-registration practice assessment for both DRAD and TRAD is the way forward. However, for this to be achieved there will need to be greater collaboration and cooperation between autonomous institutions that are in competition for students. This will include a reduction in the current variation in clinical:academic proportions. It will also require the service managers to reach a better consensus about the knowledge and skills they require of the newly qualified workforce. It may be more achievable with the TRAD community.
- There is potential to increase student numbers. This requires education providers to work together, and with their shared partner HCPs, to model a more flexible rota that includes out

of hours. A contemporary placement model must incorporate student access to key areas where the newly qualified practitioner will be required to work e.g. cross-sectional imaging.

- Recruitment and retention of radiography students, particularly therapeutic radiography, continues to be a concern. Practice Educators have the potential to have a positive influence on student experience and student retention.
- COVID-19 has undoubtedly had an impact on the student and the newly qualified practitioner. Between forty and fifty per cent of the Year 2 students, the group that needs the most support, considered leaving during the pandemic, citing stress and being overwhelmed, lack of support and mental health challenges.
- Low levels of confidence and high levels of anxiety for both DRAD and TRAD students and newly qualified practitioners relate to knowing what to do and how to act in a patient's best interest.

Crossing the Flaky Bridge

- Students have requested a more coordinated approach to recruiting newly qualified staff.
- There is a paucity of robust preceptorship programmes for newly qualified radiographers. This is being addressed for therapeutic radiographers.

Apprenticeships

- Despite the keen interest in apprenticeship programmes there is still the uncertainty about: the funding support, a sustained pipeline and for therapeutic radiography education provision.

Support Workers

- Many Radiology Services Managers employ Support Workers across all Bands and despite the funding challenge seek to develop Assistant Practitioners.
- Very few Radiotherapy Managers have taken the step to employ support workers. Those who have highly recommend that other Centres do the same.

Four Pillars of Practice

- Many radiographers are working at an Enhanced Practice level, particularly aligned to the Clinical Practice Pillar. However, some are misaligned to Advanced Practice and their role does not embrace all four pillars. Very little evidence has been found of leadership development across the professions from student to Consultant Practitioner.

Valuing all Imaging Modalities

- Staff reported the higher status afforded to cross-sectional imaging. This situation is having a detrimental effect on the career progression opportunities within the other modalities especially in Plain X-ray at Band 6.

Recommendations from WRAP

The following recommendations are drawn from the data collected, and the extensive engagement with the sector during WRAP. The first two are general recommendations, the remainder are listed according to the Workstreams.

Model of engagement to further develop and implement the findings of WRAP

Recommendation 1

If the Society of Radiographers decides to progress some of the WRAP initiatives it should consider building on the success of the models of engagement used for these projects.

Transformational Leadership

Recommendation 2

Transformational Leadership is required to embed workforce reform. It is recommended that diagnostic and therapeutic radiography transformational leaders, in all sectors and at all levels of practice, are developed and empowered to influence the reform of the workforce and the service it delivers.

Workstream 3 – Practice-based learning

Standardised assessment

Recommendation 3

The principles of standardised assessment should be tested widely. To enable this to happen it is recommended that a UK wide task and finish group, comprised of DRAD and TRAD representatives from the HEIs and service providers, is established.

Recommendation 4

The standardised assessment task and finish group should also assess the suitability of the digital practice record, PARE – Practice and Assessment Record and Evaluation for radiography.

CT e-Passport

Recommendation 5

The Society of Radiographers' CT Advisory Group should review the CT e-Passport prototype, engage with the WRAP CT e-Passport Task and Finish Group, and agree a model for piloting and evaluating this tool.

Utilisation of practice placement capacity

Recommendation 6

The Society of Radiographers should work with the sector to further understand the extent to which the practice placement capacity is fully utilised. This will require a closer collaboration between all stakeholders.

Workstream 4 – Support for students and newly qualified radiographers and retention of these groups

Variation in HEI therapeutic radiography recruitment and retention

Recommendation 7

A deep dive should be undertaken into why some HEIs have a better therapeutic radiography recruitment and retention record than others.

Practice Educators

Recommendation 8

A review of how Practice Educators, who support radiography students, are employed, deployed, developed and supported should be undertaken.

Impact of online learning on student radiographers.

Recommendation 9

The Society of Radiographers should work with HEIs to fully understand the effect online learning has on student radiography retention.

Confidence and anxiety

Recommendation 10

The Society of Radiographers should undertake further study into why radiography students and newly qualified radiography practitioners have a low level of confidence and a high level of anxiety about knowing something and acting on it.

Coordinated approach to recruitment of newly qualified practitioners

Recommendation 11

Healthcare providers should work closely with neighbouring service providers and HEIs to coordinate the approach to recruiting newly qualified practitioners.

Evaluation of the Christie Hospital Preceptorship model

Recommendation 13

The College of Radiographers should lead on the evaluation of the new Christie Hospital Therapeutic Radiography Preceptorship model.

DRAD preceptorship programme

Recommendation 14

The College of Radiographers should ensure that a DRAD preceptorship programme is developed that is based on the new HCPC principles of preceptorship; addresses all four pillars of practice; supports the newly qualified practitioner and recognises the preceptor role.

Workstreams 7 & 8 – Apprenticeships and Support Workers

An apprenticeship guide for managers

Recommendation 15

The Society of Radiographers is urged to produce a guide for managers about apprenticeships and associated funding models.

Ongoing development of the radiotherapy and diagnostic imaging support workforce

Recommendation 16

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.

The role of the Assistant Practitioner in Radiotherapy

Recommendation 17

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.

Workstream 9: Ongoing Professional Development

Four pillars of practice

Recommendation 18

The Society of Radiographers should explore additional ways of supporting the imaging and radiotherapy workforce to embrace all four pillars of practice.

Leadership courses

Recommendation 19

It is recommended that radiographers are directed towards leadership courses that fulfil the requirements for Enhanced Practice and Advanced Practice.

Reporting radiographers

Recommendation 20

The Society of Radiographers should undertake a deep dive into the current employment and deployment of reporting radiographers and provide a guide for managers about Enhanced Practice and the employment of 'reporting radiographers'.

Naming the 'X-ray' modality

Recommendation 21

The SoR is urged to lead on the naming of the 'X-ray' modality and not leave it to chance.

Next Steps

The WRAP conversations and activities should continue, and organisations should consider how they address the recommendations.

AHS WRAP outputs


In addition to this Executive Summary there are a number of other outputs created by Allied Health Solutions:


 AHS WRAP Model of Sector Engagement


 AHS Workstream 3 report

 AHS Workstream 4 report

 **WRAP** AHS Workstream 7 & 8b report

 **WRAP** AHS Workstream 9 report

 **WRAP** Principles of standardised practice assessment (embedded in Workstream 3 report)

 **WRAP** CT e-Passport Prototype (embedded in Workstream 3 report)