

Diagnostic Radiography Workforce Questionnaire (SCoR Scope of

1. Welcome

Welcome to the Society and College of Radiographers survey on the scope of diagnostic radiographic practice in hospital settings. The survey should take you no more 30 minutes to complete. Questions which require an answer are marked with a red star.

This questionnaire should be completed by the Radiology Services Manager (or equivalent) for the organisation on behalf of all departments.

Your responses to this survey are valuable and will help to support the development of the profession. All responses will be treated in confidence. The results of this survey will be published in SCoR's online policy and guidance document library on www.sor.org and inform the development of a revised learning and development framework for the profession.

If you have any queries regarding the content of this survey please contact Sue Johnson at suej@sor.org, and if you have any technical issues or questions about Survey Monkey, please contact Anne Barkworth at anneb@sor.org

Personal Data

The College of Radiographers (CoR) will use the data supplied by you for the purposes of research. Any personal data which the CoR collects, records or uses in any way will have appropriate safeguards applied to ensure compliance with the Data Protection Act 1998.

The questionnaire is hosted by Survey Monkey who are based in the United States and is one of the US organisations complying with the European Commission's Directive on Data Protection. Data is collected and stored by Survey Monkey, but only made available to the account holder (The CoR). All information collected is kept confidential and secure and is not shared with any third parties by Survey Monkey.

By completing this questionnaire you are giving your consent for the personal data you provide to be processed by Survey Monkey, and the CoR.

For detailed information about how we use your information please see our full [privacy statement](#) on our website.

2. Workplace setting

We (the SCoR) ask for the name of your centre so we can check we get no more than one response from each department. We may store these details to contact you in future about your answers. We will not publish the details requested on this page.

* 1. In which geographic area are you located?

- England
- Northern Ireland
- Scotland
- Wales
- UK-wide
- Isle of Man or Channel Islands

3. Workforce

*2. Are you answering on behalf of:

NHS employer (Trust or Health Board)

Private employer (eg. Alliance Medical)

Other (please specify)

4. NHS employer

*** 3. Please identify your NHS employer (each text box requires an answer):**

Your Trust or Health Board

Your Hospital or Hospitals

Please provide your job title

Are you a radiographer by background?

5. Private or Other employer

***4. Please identify your Private employer or Other employer (each text box requires an answer):**

Your Company Name

Your Hospital or Hospitals

Please provide your job title

Are you a radiographer by background?

6. Workforce

*** 5. How many staff do you have in the following career progression framework roles?
(Head count)**

Assistant practitioners

Radiographic practitioners

Advanced radiographic practitioners

Consultant radiographic practitioners

*** 6. If you have consultant radiographic practitioners, please identify the specialities in which they work, and indicate whether it is for adult, paediatric, or both.**

Not applicable, no consultant radiographic practitioners

Please list specialities:

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7. If you have advanced radiographic practitioners, please identify the specialities in which they work.

	Adult	Paediatric
General radiography	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>
Interventional procedures	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>

Other / comment (please specify)

*** 8. What is your total non-medical clinical imaging workforce establishment (Whole Time Equivalent). Please do not include doctors, nurses, or administrative staff.**

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>
Non AfC bands	<input type="text"/>

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9. What job titles currently exist for your radiographic workforce? (eg. radiographer, senior radiographer, specialist radiographer, advanced practice radiographer, etc.)
(Please list)

*** 10. Please indicate if you have a named lead radiographer for: *(Please select all that apply.)***

	Named Lead	Named Lead involved in Forensics
None of the following	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Post-mortem imaging	<input type="checkbox"/>	<input type="checkbox"/>
Forensic radiography	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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11. Please indicate what further training and education has been undertaken by those radiographers who deal with forensic radiography?

For the purposes of this survey, examples of forensic radiography are as follows:

- - Investigation of non-fatal injuries, eg. non-accidental injury (NAI), assault, industrial disease.
- - Location of other forensic evidence, eg. narcotic detection, ballistic material.
- - Cause of death, eg. decomposed remains, sudden unexpected death in infants (SUDI)

For further information please refer to the following document at [this link](#).

	No training	On the job training only	In-house training provided	Formal qualification
Lead radiographers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other radiographers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any other training qualification

12. If you provide forensic radiography services, do your staff receive an additional payment for Category 2 forensic work in line with the Society of Radiographers recommended fees for forensic examinations?

- Not applicable
- Don't know
- Yes
- No
- Other (please describe payments)

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13. In which of the following areas do your clinical imaging staff provide an imaging service? (Please select all that apply.)

	APs	Radiographers	Nuclear Med. Techs.	Other (eg nurses)
AAA screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident and Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Densitometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catheter Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community hospital/department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT colonography screening program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility provided by external provider staffed with NHS employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hybrid scanning PETCT/PETMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interventional radiology non-vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interventional radiology vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile CT/MR units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS facility staffed by non-NHS employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology / General x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre i.i's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound - obstetric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound - non-obstetric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound - vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APs

Radiographers

Nuclear Med. Techs.

Other (eg nurses)

Other (please specify)

7. Support workforce

*** 14. Do you employ x-ray helpers (radiographic assistants)? (Please do not include assistant practitioners)**

Yes

No

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8. X-ray helpers (radiographic assistants)

*** 15. What qualifications are currently required for x-ray helpers (radiographic assistants) at each of these bands? (Please do not include assistant practitioners.)**

Band 2

Band 3

*** 16. Which of the following tasks do your x-ray helpers (radiographic assistants) perform? (Please select all that apply for each Band)**

	Band 2	Band 3
Meet and greet patients	<input type="checkbox"/>	<input type="checkbox"/>
Administration of patient data	<input type="checkbox"/>	<input type="checkbox"/>
Patient preparation	<input type="checkbox"/>	<input type="checkbox"/>
Equipment preparation	<input type="checkbox"/>	<input type="checkbox"/>
Patient positioning	<input type="checkbox"/>	<input type="checkbox"/>
Image manipulation	<input type="checkbox"/>	<input type="checkbox"/>
Post processing	<input type="checkbox"/>	<input type="checkbox"/>
Canulation	<input type="checkbox"/>	<input type="checkbox"/>
Contrast agent preparation (oral)	<input type="checkbox"/>	<input type="checkbox"/>
Contrast agent preparation (intravenous)	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining a clean environment	<input type="checkbox"/>	<input type="checkbox"/>
Portering/Patient transport	<input type="checkbox"/>	<input type="checkbox"/>
Personal patient activities (eg. toileting)	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>
Audit	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

9. Assistant practitioners

* 17. Do you employ assistant practitioners?

Yes

No

10. Assistant practitioners

*** 18. Have your assistant practitioners achieved College of Radiographers accreditation?**

Yes

No (please explain why not)

*** 19. Please indicate at which bands assistant practitioners are employed. (Please select all that apply)**

Band 3

Band 4

Band 5 (NB: SCoR do not support employment of assistant practitioners at Band 5)

*** 20. What qualifications do your assistant practitioners currently hold?**

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*** 21. In which areas do your assistant practitioners work? (Please select all that apply)**

- Breast imaging
- Dental imaging
- General radiography
- Fluoroscopy
- Theatre examinations
- CT
- MR
- Ultrasound
- Nuclear Medicine
- Other (please specify)

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*** 22. Do your assistant practitioners work within the SCoR assistant practitioner scope of practice?**

[Click here to view the SCoR assistant practitioner scope of practice document.](#)

Yes

No (please explain)

11. Registered professional workforce

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*** 23. Which of the following services are provided by radiographers? (Please select all that apply)**

	Band 5	Band 6	Band 7	Band 8a-d
Intravenous injection / cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any form of image guided intervention (eg. biopsy, joint injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripherally inserted central catheters (PICCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary prescribing (of drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographer-led GI studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopic gastro-intestinal procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computed tomography colonography (CTC) imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysterosalpingography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hycosy (hysterosalpingo-contrast-sonography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angiographic procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous urograms (IVUs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dacro-cystograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sialograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac and/or physiological measurements (ECG, ec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacological stressing in radionuclide imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise stressing in radionuclide imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographer red dot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preliminary clinical evaluation (formerly red dot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographer reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographers as part of any advanced trauma life support team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACS support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIS support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical governance support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Band 5

Band 6

Band 7

Band 8a-d

Other (please specify)

***24. Please indicate which types of preliminary clinical evaluation (formerly red dot) are performed by radiographers.**

abdomen - urgent

abdomen - routine

chest - urgent

chest - routine

musculoskeletal - trauma

musculoskeletal - routine

CT - head

CT - other

None

Other (please specify)

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*** 25. Which of the following are performed by nuclear medicine technologists, nurses or other non-medical staff you employ? (Please select all that apply)**

	Band 5	Band 6	Band 7	Band 8a-d
Intravenous injection / cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any form of image guided intervention (eg. biopsy, joint injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripherally inserted central catheters (PICCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary prescribing (of drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopic gastro-intestinal procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computed tomography colonography (CTC) imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysterosalpingography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hycosy (hysterosalpingo-contrast-sonography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angiographic procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous urograms (IVUs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dacro-cystograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sialograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac and/or physiological measurements (ECG, ec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacological stressing in radionuclide imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise stressing in radionuclide imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACS support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIS support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical governance support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Band 5

Band 6

Band 7

Band 8a-d

Other (please specify)

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*** 26. Staff at which band level issue formal written reports on the following topics?**

(Please select all that apply)

	Band 5	Band 6	Band 7	Band 8a-d
Abdomen x-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendicular skeleton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axial skeleton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone densitometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest x-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT other (please explain in the text box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopy (other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micturating cystography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI internal auditory meati (IAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI other (please explain in the text box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orbits, pre-MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrics (any modality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proctography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radionuclide bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radionuclide cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radionuclide lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radionuclide renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radionuclide other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for DVT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water soluble GI contrast studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Band 5

Band 6

Band 7

Band 8a-d

Other (please specify)

*** 27. How many WTE reporting radiographers do you have at band 7 or above?**

*** 28. Do you have additional radiographers who are currently undertaking training to report images and who once competent will provide a reporting service within your hospital?**

No

Yes (how many?)

*** 29. Do you ever outsource reporting for the following. (Please select all that apply):**

No reporting is outsourced

CT head

CT other

MRI musculoskeletal

MRI head

MRI other

GP General radiography

Outpatient General radiography

Inpatient General radiography

Other (please describe)

*** 30. Do you provide radiographer-led hot reporting? (please select all that apply):**

Yes - 24/7

Yes - not 24/7

No

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*** 31. What percentage of general x-ray images are reported by radiographers?**

- None
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-99%
- 100%

*** 32. Do you provide other radiographer-led reporting? (please select all that apply):**

- Yes - Evenings
- Yes - Weekends
- No

12. Imaging requests

*** 33. In your employer's procedures for IR(ME)R 2000 are any radiographers entitled as a Referrer?**

Yes

No

13.

*** 34. Please indicate for which examinations they are entitled? (Please select all that apply)**

- None
- Limited general radiography
- All general radiography
- Limited CT
- All CT
- Other (please specify)

*** 35. What percentage of your radiographer workforce hold this entitlement?**

- None
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-99%
- 100%

*** 36. In your employer's procedures for IR(ME)R 2000 are any radiographers entitled as a Practitioner (i.e. not working to authorisation guidelines).**

- Yes
- No

14.

*** 37. Please indicate for which examinations they are entitled? (Please select all that apply)**

Limited general radiography

All general radiography

Limited CT

All CT

Other (please specify)

*** 38. What percentage of your radiographer workforce hold this entitlement?**

None

1-10%

11-20%

21-30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-99%

100%

15. Research

*** 39. Do you have any radiographers with a substantive role (0.2 WTE and above) in RESEARCH?**

	Yes	No
Band 5	<input type="checkbox"/>	<input type="checkbox"/>
Band 6	<input type="checkbox"/>	<input type="checkbox"/>
Band 7	<input type="checkbox"/>	<input type="checkbox"/>
Band 8a-d	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate research areas

16. Clinical education

*** 40. Do you have any radiographers with a substantive role (0.2 WTE and above) in CLINICAL EDUCATION?**

	Yes	No
Band 5	<input type="checkbox"/>	<input type="checkbox"/>
Band 6	<input type="checkbox"/>	<input type="checkbox"/>
Band 7	<input type="checkbox"/>	<input type="checkbox"/>
Band 8a-d	<input type="checkbox"/>	<input type="checkbox"/>

*** 41. To which staff groups does your registered professional workforce deliver training (*Please select all that apply*)**

- Student radiographers
- Doctors in training
- Nurses and midwives
- Non-registered support workers
- Other allied health professionals
- Other (please specify)

42. Are you able to fund CPD activities?

- Yes
- No
- Partial

Diagnostic Radiography Workforce Questionnaire (SCoR Scope of

*** 43. [For England only] With regard to the Education and Training Tariff, which best describes your situation?**

Please refer to [this link](#) for additional information regarding the Education and Training Tariff.

- Not applicable
- I did not know about this Tariff
- I know of this Tariff but do not have access
- I know of this Tariff and do have access
- Other (please specify)

17. Diagnostic Ultrasound

*** 44. In which of the following areas do your sonographers (or radiographers, where relevant) offer a service? (Please select all that apply)**

	Band 4	Band 5	Band 6	Band 7	Band 8a-d
No ultrasound services are provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuchal thickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transrectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other small parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep vein thrombosis identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound guided joint injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hycosy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other contrast examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nerve blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Diagnostic Radiography Workforce Questionnaire (SCoR Scope of

*** 45. Exploring ultrasound reporting practice, please identify which phrase best fits your departmental practice:**

- A proforma or tick chart is completed by the sonographer, and verified by another person (eg radiologist).
- A proforma or tick chart is completed and verified by the sonographer.
- An independent (free text) report is produced by the sonographer and verified by another person.
- An independent report is produced and verified by the sonographer.
- Not applicable

18. Additional comments

46. Please describe any other (enhanced) roles carried out by clinical imaging staff that have not been covered in this questionnaire.

47. If you would be willing to discuss this further, please provide your contact information below

Name

email address

48. To help us to demonstrate how radiographers improve services to patients, we may wish to present your views. Please provide consent as follows:

- You may present my views anonymously, do not directly attribute quotes to me
- You may attribute quotes to me
- Partial attribution, please attribute quotes to me only for answers to the following questions:

19. Thank you

Thank you for completing our survey, your help is greatly appreciated. If you have any questions, please contact Sue Johnson at suej@sor.org