WRAP

WORKFORCE RADIOGRAPHY REFORM PROGRAMME

Workstream 9

Ongoing Professional Development

Contents

Background

This Workstream did not have an HEE prescribed strategic aim other than for the professional body to identify specific activities for diagnostic and therapeutic radiography. The Society of Radiographers identified ongoing development of the imaging support workforce and enhanced practice in radiography as key activities.

For the report relating to the imaging support workforce please see report Workstream 8b.

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

This report sets out the activities and associated outputs about ongoing development for radiographers under the following sections:

A. Understanding Enhanced Practice
B. Enhanced Practice vs Advanced Practice, the conundrum
C. The four pillars of practice
D. Valuing all modalities equally
E. Recommendations
F. Appendices

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

Section A: Understanding Enhanced Practice

The discussions with colleagues as part of the WRAP programme highlighted the confusion surrounding Enhanced Practice and what it means for the profession. This is not surprising. In the 2019 report of HEE's workforce modelling project, available here, Professor Leary noted the problem of '*a large functional workforce with no specific boundary'*. Further complicated by the '*negative implications due to mode of implementation of advanced clinical practice (ACP) and different levels of complexity of practice that are service or individually driven'.* This is still the scenario in 2023.

Figure 1 below is based on the proposed model in HEE's Enhanced Practice workforce modelling project report, available here, and informed by the WRAP programme.

Figure 1: Guide to level of practice, academic range and level of leadership for radiographers

Agenda for Change	Level of Clinical Practice	Academic range	Level of Leadership
7 & 8	Consultant Practitioner	Masters Degree/ PhD/Professional Doctorate to Post-doctoral specialist qualifications	System Leader
7	Advanced Practitioner	Postgraduate Diploma/Masters Degree to PhD/Professional Doctorate	Service Leader
6-7	Enhanced Practitioner	Postgraduate Certificate/Postgraduate Diploma to Masters Degree	Service Leader
5-6	May move to another area of work, additional responsibility e.g. CT/preceptor	CPD and study days to Postgraduate Certificate/Postgraduate Diploma	Leader of self and others
5	Newly Qualified Radiographer	HCPC approved pre-registration award to CPD and study days	Leader of self and others
4	Advanced Practitioner	Foundation Degree or equivalent Level 5	Leader of self and others
3	Senior Support Worker	Apprenticeship Level 3	Leader of self and others
2	Support Worker	Care Certificate	Self-aware

The Institute for Apprenticeships and Technical Education (IFATE) has approved a Level 6 Enhanced Clinical Practitioner Apprenticeship. Details are available by clicking here.

On the website it suggests that this apprenticeship would be suitable for a Proton Principal Radiographer or a Reporting Radiographer.

In July 2022 to aid managers HEE published **An employer's guide to the enhanced clinical practitioner apprenticeship,** accessible here.

The College of Radiographers Education and Career Framework (ECF), accessible here, addresses Enhanced Practice

In the ECF lists the types of roles that radiographers who are Enhanced Practitioners might have:

- Clinical reporting
- Radiation protection
- Specific modalities, such as cross sectional imaging modalities, nuclear medicine or mammography
- The delineation of organs and volumetric outlining
- Practitioner-led mark-up and 'on treatment' review
- Non-medical prescribing and/or
- Contribution to multidisciplinary decision-making about a patient's cancer management plan

During the fifth meeting of the TRAD UK Advisory Group the members were asked some specific questions to help inform the education and training of TRAD Enhanced Practitioners. The five questions and their summarised comments are in Box 1 overleaf.

Box 1: TRADs' comments about Enhanced Practice

1. **What is your understanding of Enhanced Practice (EP) for Therapeutic Radiographers? How would you incorporate this into the service?**

- The four pillars of practice should be addressed in the role (not necessarily equally divided)
- The role might replace the 'team leader' in area of specialism (i.e. technical development, imaging, disease site-specific, practice educator) with robust information and expectations,

2. **What are the enablers of developing this level of practice against the four pillars?**

- Having experienced staff in the workplace,
- The leadership vacuum,
- Staff engagement and manager buy-in,
- Benefit for the patient,
- A positive team/department culture to have buy-in to develop these roles,
- Staff are keen to be recognised, progress and feel valued,
- Recognition of the role nationwide,
- Appropriate Banding for increased responsibilities.

3. **What do you perceive the barriers are to developing this level of practice against the four pillars?**

- Funding for training,
- Accessing the education that is needed,
- Protected time within clinical roles,
- Confusion that will exist between Enhanced Practice and Advanced Clinical Practice (ACP), There are existing ACP roles which are actually EP roles,
- The focus on the clinical pillar at the expense of the other pillars.

4. **What are Enhanced Level Practitioners currently doing in practice (current roles)?**

- Breast markups in pre-treatment,
- Imaging specialists, could be a Band 6 and above who acts as an imaging practitioner and ,authorises additional images.
- SABR/SRS leads, possibly like Band 7s who act as imaging review radiographers, developing image specialists,
- Review radiographers,
- Dosimetrists, could be a Band 6 dosimetrist who does OAR contouring, dosimetry reviews for imaging issues on set, replan recommendations,
- Team leaders.

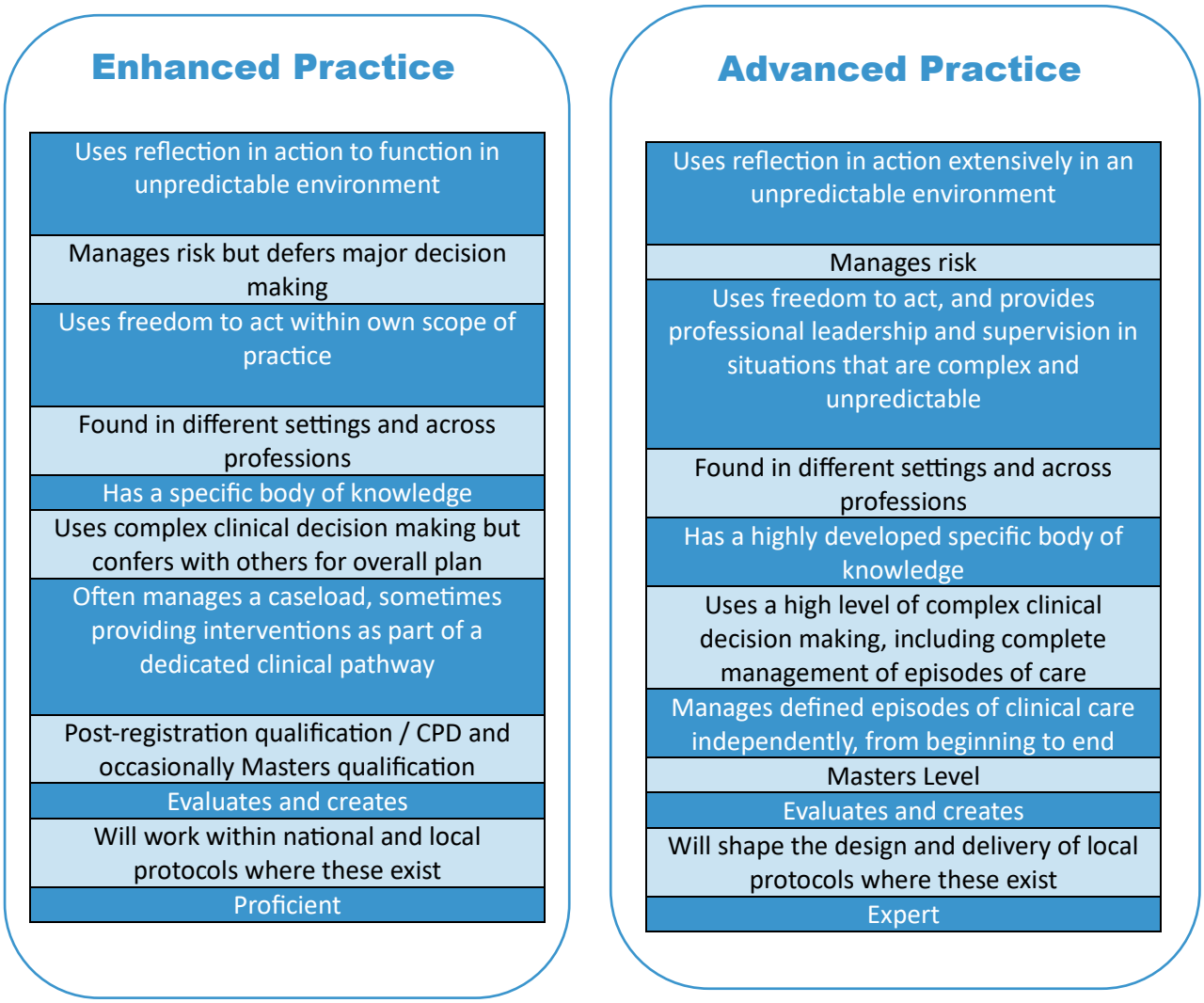
5. **What do we see as the future of EP roles (in order to future proof the schema)?**

- Standard protocol plan sign-off,
- Incorporation of four pillars,
- Align job roles across ODNs, a way of building site-specific teams,
- AI which will cause radiographer roles to further evolve,
- Behaviours and positive role modelling at the core to support staff, students and patients – more people focused less process focused.

Section B: Enhanced Practice vs Advanced Practice, the Conundrum

On page 9 of HEE's employer's guide (available here) there is a figure (see below) illustrating the similarities and differences between Enhanced and Advanced Practice. Helpfully this points to the key difference: an **Enhanced Practitioner is proficient** at what they do and an **Advanced Practitioner is an expert**.

Figure 2: Enhance practice compared to Advanced Practice



A DRAD manager who is trying to understand the role of the Enhanced Practitioner stated: '*As I understand it from the new framework even people that would quite comfortably call themselves Advanced Practitioners, now they're probably more Enhanced Practitioners for example Reporting Radiographers. I actually think radiography as a profession has a far bigger challenge to align itself to other AHPs because we've been a bit too nonchalant about it. I think it's going to take a huge*

cultural shift.' Another manager agreed and explained: '*we recognise the Enhanced Practice challenge, and we are trying to retrofit'.*

An experienced university radiography course leader explained the history behind the conundrum. At the time the Multidisciplinary Framework for Advanced Clinical Practice for Radiography was launched the professional body stated that to be an Advanced Practitioner the title holder had to have a Masters Degree. However, there are radiographers who have been in these roles for about twenty years who are now being told they are not Advanced Practitioners because they haven't got the 'piece of paper'. There are a lot of radiographers who class themselves as Advanced Practitioners but are in fact Clinical Experts and are not involved in the other areas of Advanced Practice. They went on to advise that most universities are trying to address the problem. They are offering Masters programmes as a 'bolt on' after qualifying. This enables the learner to develop the non-clinical skills and have the other attributes. This group can then worry about developing clinical specialist skills later. They concluded: *'It is politically sensitive and a difficult situation to be in. It will be a huge problem to solve'.*

Section C: The four pillars of practice

The Radiography Education and Career Framework (accessible here) 'embeds the four pillars of practice:

- Clinical Practice
- Leadership and Management
- Education
- Research and Development

at every level of practice and within every role'.

Development of radiography practitioners should include all four pillars, although the extent to which any pillar is embedded in a role will vary.

For successful workforce transformation the leadership and management pillar is essential[2].

Radiographers are socialised into a medical model and into a service that is operationally managed and transactionally led. However, to effect change in the workforce requires transformational leadership.

The WRAP team were privileged to interview two transformational leaders:

1. Jeanette Owens, Lead X-ray Imaging, University Hospitals NHS Trust, her interview transcript can be accessed here**.**
2. Pamela Parker, Consultant Sonographer Manager, Hull University Teaching Hospitals NHS Trust, her interview transcript can be accessed here.

Jeanette champions X-ray services and explains '*there is no reason why progression in X-ray services cannot be competency-based including from Band 5 to Band 6 in exactly the same way as it is in other modalities'*.

Pam champions the four pillars in sonography practice and calls for a staff guide that directs staff towards a leadership course that fulfils the requirements for Advanced Practice.

A manager from one of the DRAD case study sites agreed about leadership skills. She reported that '*it seems to be missing amongst the newly qualified radiographers and some seniors. I appreciate that some of it needs to be learnt by experience. I have people who are keen on specialising, but I think they are missing out on skills that you can learn in the HEIs about transformation and compassionate leadership'. This is a day-to-day issue for all radiographers. The staff are so keen to get to Band 6/ Band 7/Band 8a and when they get to these posts, they do not have the background experience, and can burn out quite quickly'.*

[2] Multi-professional framework for advanced clinical practice. https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf.

Section D: Valuing all modalities equally

The opportunity to develop and progress through the Agenda for Change pay Bands should exist equally across all clinical areas of diagnostic Imaging and Radiotherapy. Unfortunately, this is not the situation. WRAP has found numerous examples where diagnostic radiographers are required to change the area they work in simply to get promotion. One senior manager at a case study site suggested: '*the profession needs to review how it considers the different modalities and the use of the word specialised. There is misalignment between how the profession sees the different modalities versus the reality. You will never use the learnt skill of using 3D orientation and perception of an object in front of you as well as you do when you're in plain film'*.

The lack of value placed on the core modality is evidenced by the plethora of titles that it is given by the professionals:

- X-ray imaging
- Plain film (this is curious as all imaging is digital)
- General X-ray
- Projectional radiography (gaining popularity but not sure the patients understand this term).

The confusion about how the staff refer to this modality and how they often use multiple titles for the same modality is illustrated in the quote below.

> *'Projectional radiography is seen as a place to put your newly qualified radiographers before they go into a modality. Others say it is a speciality in itself, I agree but is it acting as such? Advanced Practice/Reporting is seen as an offshoot of plain film, but it doesn't need to be. Plain film has to stand alone as a modality. What is there to tempt people into plain film? We have seen newly qualified radiographers go straight to CT/MRI and recently directly to Interventional Radiology. There is an argument for learning your trade in 'X-ray' before going to another modality. Plain film is an art form'.*
>
> Senior Radiology Services Manager

Would a suitable title that would value this modality be Plain X-ray? This title would then correctly differentiate it from the CT use of X-rays.

Section E: Recommendations

1. The Society of Radiographers should explore additional ways of supporting the imaging and radiotherapy workforce to embrace all four pillars of practice.
2. It is recommended that radiographers are directed towards leadership courses that fulfil the requirements for Enhanced Practice and Advanced Practice.
3. 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 employment of 'reporting radiographers'.
4. The Society of Radiographers is urged to lead on the naming of the 'X-ray' modality and not leave it to chance.

Section F: Appendices

Appendix 1: Example of a DRAD case study site meeting agenda

Radiography Workforce Reform Priorities

Meeting 5 agenda

Wednesday 29th March 11:00-12:30

Time	Item	Lead
11:00 – 11:05	Welcome and apologies	Rachel Forton
11:05 – 11:15	Notes/Actions from meeting 4: NNUH pilot possible case study to include in WRAP report Link WRAP sites:	Mary Lovegrove
11:15-11:30	Update on WRAP since meeting 4	Lindsey Bunn and Mary Lovegrove
11:30 – 12:00	Workstream 8 Support Workforce and ongoing professional development	Mary Lovegrove
12:00 – 12:15	Workstream 9 Enhanced Practice and radiographers reporting	Mary Lovegrove
12:15-12:25	WRAP next steps Thank you	Mary Lovegrove

Appendix 2: TRAD Advisory Group meeting 5 agenda

WRAP TRAD Advisory Group

Meeting 5 March 13:30-15:00

AGENDA

Time	Item	Presented by
13:30	Welcome Actions from meeting 4, see notes	Mary Lovegrove Kate Tabbernor
13:40	Enhanced Practice TRAD The discussion	Melanie Clarkson
14:30	Principles of standardisation of assessment	Mary Lovegrove Kate Tabbernor
14:45	Update on other WRAP activities Apprenticeships Preceptorship	Mary Lovegrove
14:55	Final meeting – meeting 6 March 21st 13:30-15:00	