# Consultant Radiographers: Succession Planning

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## Summary

SCoR publishes this guidance and advice document to provide additional information to support the development of consultant radiographer posts in both diagnostic and therapeutic radiography. There are real opportunities for services and service managers to use the advent of consultant posts to develop and deliver high quality, flexible, patient-oriented, and cost effective services. There is also scope for those within the profession who want to reach the top of clinical practice in both diagnostic and therapeutic radiography just as others aspire to the top in management, education and research roles within the profession.

## Background

Non medical consultant posts are relatively new to the National Health Service (NHS) workforce. Initially, these posts were created within the Nursing Profession but this was followed soon afterwards by the Allied Health Professions in 2001(1). The Advance Letter from the Department of Health outlined the arrangements to provide new opportunities for Allied Health Professions so that the NHS could provide new career opportunities for experienced and expert staff, with a target of 250 Consultant AHPs by 2004(2,3). This detailed how posts and funding had to be approved, initially at regional level, and gave details of pay, assessment of posts and appointments procedures.

The Society and College of Radiographers (SCoR) supported the appointment of consultant radiographers within the ‘four tier’ career progression model, first piloted by clinical imaging skills mix project(4), and developed guidance on appointment of consultant posts(5).

The consultant practitioner is defined as someone with the appropriate education and training who is able to provide clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education to the post4. It was acknowledged that the role was introduced to enhance service delivery and hence improve patient outcomes and was not about replacing a consultant medical practitioner with a consultant AHP practitioner.

The NHS modernisation agency(6) stated that the introduction of the role of consultant AHP should lead to:

- better patient outcomes
- new career opportunities
- development of the workforce
- retention of clinical maturity in the workforce
- improved recruitment and retention

- strengthened professional leadership
- recognition of extended roles
- proper and fair reward

## Current Position

Appointment of consultant practitioners in diagnostic and therapeutic radiography, to date, has been slow despite the professional drive to develop roles owing to a number of reasons including:

- a deficiency in suitably qualified and experienced candidates
- a lack of clearly defined educational and clinical pathways and post registration education to support these new roles
- reluctance of some NHS Trusts/Boards and diagnostic imaging and radiotherapy service departments to identify service needs in those departments which could be led appropriately and effectively by non medical practitioners
- some misunderstanding of the role of the consultant radiographer by colleagues
- a 'wait and see' approach by clinical departments.

All these points require addressing but, in addition, there, is the requirement for proper succession planning to ensure that those posts which have already been developed remain viable should a current post holder vacate the position. This requires departmental managers and consultant radiographers already in post to encourage and up-skill motivated staff with the appropriate talents and drive to secure a supply of suitable candidates able to apply for consultant posts as vacancies arise.

Equally, there is the need to develop staff to support current consultant post holders to provide continuity of services to patients and referrers when consultant practitioners take annual leave or are ill. A further pressing reason to develop staff in this way is to provide a supply of suitable applicants for new consultant posts as more of these are established in the future; it is likely that growth in the numbers of consultant radiographer posts will continue for some years.

A survey of the Society of Radiographers' consultant practitioners group showed that there was concern with the overall development of consultant practitioner posts, as well as with the succession planning necessary to fill vacancies with appropriately skilled radiographic colleagues should current consultants leave their posts. The group identified a number of barriers to greater provision and acceptance of consultant posts which included:

- motivation for staff to strive for a very limited number of consultant posts, and the limited remuneration for this work. Agenda for Change was specifically cited as one of the problems, rather than the incentive it was supposed to be,
- the perceived threat of consultant radiographer posts to radiologists/oncologists or other team members, this appears to be particularly acute in diagnostic departments,
- a poor understanding of the role of a consultant radiographer and how they fit into clinical departments,
- low levels of enthusiasm by clinical and general managers for consultant radiographer posts.

## The way forward

The decision by departments and NHS Trusts/Boards to identify service requirements for consultant practitioners is essential. Service needs should be patient-centred and the creation of a consultant practitioner post must be driven by the intention to offer the highest standards of patient care and to

improve the patient care pathway, the patient experience and the clinical outcome. The creation of a consultant post should not be related to a particular individual but to an identified service requirement such that the post does not cease when an individual leaves employment.

Service managers of clinical imaging and radiotherapy services are required to address organisational needs and service delivery requirements. However, in many cases they are also the professional lead for radiography in their departments and so need to establish a culture of lifelong learning, including a culture for research and reflection on practice. This helps to ensure that the development of staff meets organisational requirements in the rapidly changing environment of healthcare delivery. It is fully acknowledged that service requirements may not always match the aspirations of individual practitioners. Hence, it is important that service managers champion consultant radiographer posts as positive roles aligned directly to meeting service needs. Such an approach ensures that consultant posts do not detract from or adversely impinge on the service manager role. Rather, championing the consultant role enables service managers to deliver effective and efficient services. Their relationship with consultant radiographers should be symbiotic and will lead to raising the profile of the imaging or therapy department by illustrating the implementation of quality and the patient centred service within the department.

Education providers also have a key role in assisting service managers in that they need to develop education programmes that service managers can access and use to develop their consultant practitioners.

## What do consultant radiographers offer?

The role of the consultant practitioner may vary considerably depending on the specific service need and the associated clinical requirements. However, all will:

- be experts in their fields of clinical practice
- demonstrate professional leadership skills
- take part in service development, research and evaluation
- collaborate, modernise and manage change in practice
- enhance quality of patient care
- design and develop patient centred protocols and integrate imaging into care pathways
- have a high degree of professional autonomy
- show ethical decision-making skills
- performance-manage themselves and others
- engage in workforce development
- be involved in education and training
- develop themselves and others to a high degree.

Nixon ( 2001) identified that ‘Radiography has been considered by some to be semi-professional since much of its knowledge base was built on research undertaken by medical practitioners and physicists, rather than by radiographers’(7). This underlines the requirement for support and implementation of high quality research, and this is now being undertaken by consultant radiographers. Much of this research results in improving the patient experience and impacts on service delivery and the improvement of patient outcomes and experience.

## Making an initial consultant radiographer appointment

When identifying and developing a consultant radiographer position, there must be clear evidence for the requirements of  the post and how the appointment of the consultant practitioner will improve patient experiences and outcomes. Service needs should be identified first, followed by the

creation and approval of the post, the necessary job description and person specification and finally, the recruitment, selection and appointment of an individual to the new post.

It is not good practice for consultant posts to be built around individuals although it is acknowledged that in the early days of consultant radiographer positions this was inevitable, often because the service, the post and the person had developed to that level prior to the opportunity to create a consultant post becoming available.

The skills required for consultant radiographer positions are transferable and all posts should be advertised. Job descriptions and role and person specifications should be highly demanding. Both the post and the person appointed to the post must command respect and support from colleagues and peer groups. At the same time, demands made must be achievable.

## Succession planning

Equipping radiographers with the skills required to progress from practitioner to advanced practitioner and, potentially, to consultant practitioner should not be viewed as a step progression. Rather, the acquirement of skills and the learning process is continuous such that an experienced practitioner will have many or all of the skills of an advanced practitioner.

Similarly, an advanced practitioner will need to be cognisant of the skills required of a consultant practitioner to be able to take advantage of consultant openings which occur. Hence, advanced practitioners should aim to acquire consultant level skills where possible, and be able to evidence them. There will be advanced practitioners operating at, or close to, consultant practitioner level: this is essential to support service continuity and succession planning. Such individuals will be well placed to apply for additional consultant posts in their locality or elsewhere and to cover for annual and other leave or to act up should a consultant position become vacant.

## Threats

There are now numerous examples of successful implementation of consultant radiographer posts and many of these post-holders are members of the Society of Radiographers' consultant radiographers group. These individuals are highly skilled and motivated and are exemplars for clinical imaging and radiotherapy services to draw on.

Despite this, it has been reported that consultant radiographer level developments are not supported in some departments, particularly clinical imaging departments. A recent survey conducted by The Royal College of Radiologists also identified that some of its radiology members and fellows felt that the role of consultant radiographer was unnecessary although it is important to recognise that the survey was designed only to elicit opinion.

Nevertheless, where radiologists are questioning the validity of consultant radiographer roles, this may be communicated to senior managers with the consequence that consultant post developments are slowed down considerably or stopped altogether.

A further factor is the recent increase in the number of specialist registrars undergoing radiology training. In some centres, the clinical training requirements of the radiology trainees has taken precedence over the development of radiographers with an adverse impact on advanced and consultant level radiographic practice. Concern has also been expressed that there will not be consultant radiology posts available at the end of training owing, in part, to advanced and consultant practice radiographers 'filling the gaps'.

Radiotherapy and Oncology departments seem to have fewer obstacles in the path of consultant

radiographer developments, probably due to the recognition that the NHS Cancer Plan(8) and the Cancer Reform Strategy(9) cannot be delivered without extended role radiographers.

Regardless of the above, it is important to note that, at present, no threats to existing consultant radiographer posts have been identified. However, turnover in relation to such posts is extremely low and it is difficult to predict whether any of the current posts would disappear if the post-holders were to leave employment. Given that these posts were created to fulfil identified service needs and subject to succession planning becoming more robust, they should be secure while those service needs that were originally identified remain. Without doubt, the posts will have proved to be cost effective and local audit should be able to substantiate their clinical and service effectiveness.

## Opportunities

As more consultant radiographer developments have taken place, it has become apparent that opportunities for such developments may lie outside the traditional clinical imaging and radiotherapy departments. A number of consultant radiographers now feature as key team members in other services, for example, accident and emergency services and neurosciences. As such, they are considered to be vital assets to effective multi-disciplinary teams, working across professional and organisational boundaries, collaborating to achieve ever better clinical outcomes, patient experiences and effective use of resources and delivering innovative models of patient care.

The 2007 publication 'Team working within Clinical Imaging'(10), recognised that many roles, previously undertaken by consultant radiologists, are now competently undertaken by appropriately skilled radiographers. Examples of this include ultrasound examinations, gastro-intestinal studies and image interpretation and reporting. Such developments have led to reduced waiting times and increased patient satisfaction without lowering standards. The profession needs to build upon this work and clearly evidence that creating consultant radiographer posts and appointing consultant radiographers is complementary to, and supportive of, medical practice and especially the medical practice of radiologists.

Similarly, across radiotherapy services, there has been national acknowledgement in documents such as the Cancer Reform Strategy for England9, that the radiography career progression model, including the highest level of practice at consultant level, should be introduced across radiotherapy centres to meet local service need. Radiotherapy capacity across the UK must increase very significantly and quickly and there will be new stand-alone and satellite centres(11). Radiographers' skills will need to be utilised more widely and practice at advanced and consultant levels will be essential to deliver services in line with national targets and tariffs effectively and efficiently(12).

It can be challenging to cost a service improvement in true value for money terms, and although the cost of employing a consultant radiographer is likely to significantly below that of a radiologist, direct comparisons are unhelpful as the duties of both will be different and one does not replace the other. However, the NHS places a high value on quality of service and this is the area where the consultant radiographer can demonstrate the effectiveness of the post. Examples of this are numerous. In diagnostic radiography, a research project is evaluating the impact of immediate radiographer reporting on patient outcomes. In therapy radiography, a consultant radiographer is enhancing the patient experience by working across the whole gynaecology patient pathway from the initial to final visit enabling the patient to have a constant and familiar professional who is aware of their history and can prescribe and advise on all aspects of their disease treatment at a time when patients are frightened and vulnerable.

## Conclusion

There are real opportunities for services and service managers to use the advent of consultant posts

to develop and deliver high quality, flexible, patient-oriented, and cost effective services. There is also scope for those within the profession who want to reach the top of clinical practice in both diagnostic and therapeutic radiography just as others aspire to the top in management, education and research roles within the profession. Some antagonists may make realising these opportunities difficult but excellent professional leadership and the provision of sound evidence will help overcome the obstacles.

To succeed in the long term, it is essential that consultant posts are identified to meet real service needs and that succession planning is factored in from the outset. Business plans and evaluation strategies are essential and must be robust. Equally, the importance of gathering and disseminating evidence of cost and quality effectiveness cannot be overstated. Consultant radiographers will challenge boundaries and inspire the future.

The profession as a whole needs to demonstrate unambiguous support for those dedicated individuals who are prepared to invest the effort required to achieve recognition as consultant practitioners.

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