

## **Trainee consultant and consultant radiographer survey 2018**

**December 2018**

**The College of Radiographers (2018) *Trainee consultant and consultant radiographer survey 2018.***  
**London: The Society and College of Radiographers**

**Review Date: December 2020**

**ISBN: 978-1-909802-34-6**

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### **Abbreviations**

Abdomen X-ray	(AXR)
Agenda for Change	(AfC)
Chest X-ray	(CXR)
College of Radiographers	(CoR)
Consultant Radiographer Advisory Group	(CRAG)
Musculoskeletal	(MSK)
Nurses, Midwives and Allied Health Professions	(NMAHP)
Society and College of Radiographers	(SCoR)

## Executive summary

A survey of trainee consultant and consultant radiographer practitioners was carried out by the Society and College of Radiographers (SCoR) over the period April – November 2018. The aim was to identify scope of practice and pay banding, and to explore factors associated with consultant practice.

Respondents were recruited from the SCoR consultant practitioner network, facilitated via an online workspace and email updates. Ninety-seven trainee consultant and consultant radiographer practitioners responded to an online survey. The response rate to the survey was 68% of consultant network members.

For each question asked of participants, the survey document presents the results in numerical and graph form with a summary discussion. Not all 97 people answered every question, details are given in the results. Findings of note are:

- The consultant radiographer practitioners who responded are currently located across all regions of the UK apart from the Channel Islands and Isle of Man.
- Four per cent of consultant practitioners work in both the public and independent sector. No participants work solely in the independent sector.
- Seventy-four per cent of participants are diagnostic radiographers and twenty-six per cent radiotherapy radiographers.
- Fifty-five per cent of consultant participants had not held a trainee consultant practitioner post. For those who had, the average training post was three years' duration.
- With regards to banding, forty-eight per cent of consultants are employed at pay band AfC level 8b. The most common training post banding was AfC level 8a.
- The highest percentage of therapeutic radiographer consultants work in therapeutic urology/prostate (24%) and therapeutic palliative care (24%).
- The highest percentage of diagnostic radiographer consultants work in diagnostic breast imaging (66%).
- Sixty-six per cent of respondents have a job plan.
- Fifty-six per cent of respondents (52 of 97 practitioners) predict that they will retire in the next twelve years.

A SCoR document, *Consultant Radiographer – Guidance for the support of new and established roles* [1], suggests strategies to support trainee and consultant practitioners. The results of this survey and comments provided by participants will inform an update of the guidance, which is due to commence in March 2019.

Trainee consultant and consultant radiographers are encouraged to join the SCoR online consultant practitioner network. For the establishment of any new roles, practitioners and managers are encouraged to contact SCoR for advice with regard to trainee posts, job planning, job descriptions, etc. For all enquiries please contact [pande@sor.org](mailto:pande@sor.org)

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## Introduction

This document presents the results of a survey, the intention of which was to provide an overview of trainee consultant and consultant radiographer roles in the UK. The data that the participants provided presents a picture of current roles, training, banding, areas of practice and intention to retire. The survey is the first of its kind facilitated by the SCoR and aided by contributions from an online community of trainee and consultant radiographer practitioners. It is proposed to repeat the process in two years' time (2020) to allow for comparison and identification of evolving practice/s.

## Background

The Department of Health [2, 3], in its original guidance for non-medical consultant roles, stated that posts should have a minimum clinical element of 50%. Clinical practice within the context of these posts was not confined to direct patient contact sessions. Radiographer clinical practice may consist of a myriad of elements, for example: 1) direct patient contact, including clinic sessions; 2) examining patients; 3) undertaking imaging tests on a 1:1 basis; 4) portal imaging review; 5) discussing sensitive news and shared decision-making with patients; 6) reporting and administrative work associated with these sessions; 7) active participation in, or chairing, multi-disciplinary team meetings where patient diagnosis and treatment is discussed; 8) case discussion on individual examinations/fractionations; 9) support and advice to other staff, including supervising other practitioners while they are providing direct patient care; 10) advice to carers; 11) collaboration and discussion with colleagues to enhance an individual patient's journey; 12) arbitration of cases in mammography; 13) diagnostics serious case reviews.

The role of a consultant radiographer is thus variable, but a common thread is that all practitioners are members of teams in clinical imaging and radiotherapy departments, where they work to innovate, motivate, and influence local and national agendas. The SCoR facilitates a consultant radiographer network group that provides an important forum for consultant radiographers to develop and share the requisite skills, evolve best practice, develop strategies, promote innovations

and overcome barriers through discussion and shared knowledge. Fundamental to the group are the four core elements of the consultant role, originally described by the Department of Health in England [2]:

Expert clinical practice;

Professional leadership and consultancy;

Education, training and development, practice and service development;

Research and evaluation.

Fulfilling the role of expert clinical practice is imperative and integral to the profession at consultant level; however, if it is undertaken to the detriment of the other domains, practitioners may not be operating at consultant level [4]. The four elements, or pillars, form a focus for the consultant radiographer network group and are not only the central tenets for discussion, but also the basis for educational and training events. Research is of paramount importance to consultant radiographers, who must be actively involved in developing practice and promoting research across the profession. Previous research demonstrated that consultant radiographer practitioners perceived that a lack of allocated time, lack of skills/experience and clinical workload were barriers to the domain of research and evaluation [5]. Members of the group are proactive in their education and training roles; many also regularly speak at national and international conferences and provide articles for publication in a wide range of journals and publications. The action of members inherently raises the profile of consultant radiographers and, more widely, Allied Health Professionals (AHPs).

One way in which consultant radiographer practitioners collaborate is via an online platform called Glasscubes. Glasscubes provides a space to post messages and contribute to discussions, and also to communicate with the SCoR Consultant Radiographer Advisory Group (CRAG), and upload and share documents. New trainee and consultant practitioners are encouraged to email [valeriea@sor.org](mailto:valeriea@sor.org) to join the SCoR contact list and [tracyo@sor.org](mailto:tracyo@sor.org) for access to Glasscubes.

In the UK, national work is under way with regard to consistency and defining levels of practice in advanced and consultant roles for Nurses, Midwives and Allied Health Professionals (NMAHPs). Health Education England is proposing the formation of a national academy for advanced and consultant level NMAHP practitioners. There are currently a number of documents available in relation to multi-professional advanced and consultant level practice for UK countries [6-9]. However, in undertaking this survey, the SCoR sought to provide evidence not of levels but of the minutiae of current practice, by asking participants questions about scope of practice, pay banding, job plans, etc.

## Aim

The aim of this work was to provide a snapshot of the current practice of trainee consultant radiographers and consultant radiographers. The objective of the survey was to provide an overview

of a variety of issues relating to that practice, including length of training, scope of practice and pay banding.

## Method

Online SurveyMonkey® software was used in this instance. Survey questions were developed in consultation with SCoR professional officers and SCoR CRAG. Following a pilot with three practitioners, the survey was open from the last week in April to the first week in November 2018, a six-month period. The survey design was not changed post piloting of the survey; the data from the pilot survey is included in the results.

## Participants

The survey was open to all members of the Glasscubes workspace for trainee consultant and consultant radiographer practitioners. The membership consisted of 142 practitioners in November 2018. The number of practitioners completing the survey was 97, which equates to a response rate of 68%. Further participant information is provided via the answers to three questions, presented below.

### 1) Participant geographic work region

ANSWER CHOICES	RESPONSES	
Northern Ireland	2.06%	2
Scotland	8.25%	8
Wales	2.06%	2
Eastern	11.34%	11
London	9.28%	9
Midlands	20.62%	20
North West	12.37%	12
Northern	4.12%	4
South East	7.22%	7
South West	15.46%	15
Yorkshire & North Trent	7.22%	7
Channel Islands/Isle of Man	0.00%	0
<b>TOTAL</b>		<b>97</b>

Figure 1 Percentage responses per work region

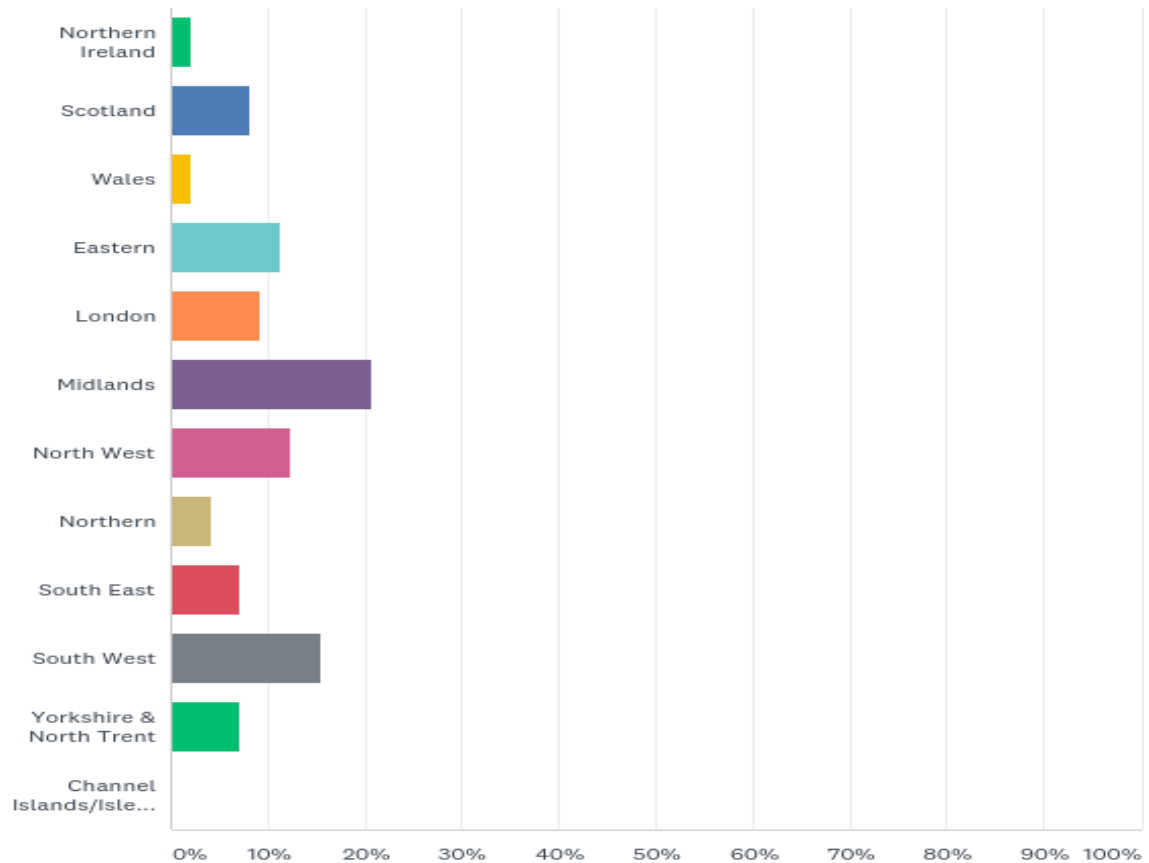


Figure 2 Geographic work region of respondents

The participant trainee consultant and consultant radiographers were employed across all geographic work regions of the UK apart from the Channel Islands/Isle of Man.

## 2) Participant employment sectors

ANSWER CHOICES	RESPONSES	
Public	95.83%	92
Independent	0.00%	0
Both Public and Independent	4.17%	4
<b>TOTAL</b>		<b>96</b>

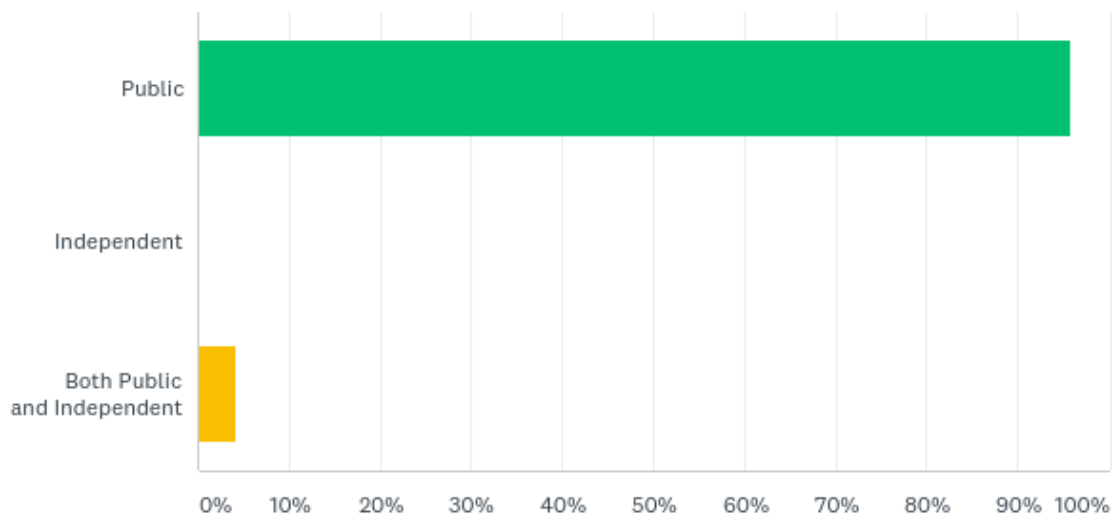


Figure 3 Work sector

The UK National Health Service (NHS) employed the majority of survey participants. Just four per cent of participants worked for both the public and independent sectors. No trainee consultant or consultant radiographer worked for the independent sector alone.

### 3) Participant area of practice

ANSWER CHOICES	RESPONSES	
Diagnostic Radiography	73.96%	71
Therapeutic Radiography	26.04%	25
<b>TOTAL</b>		<b>96</b>

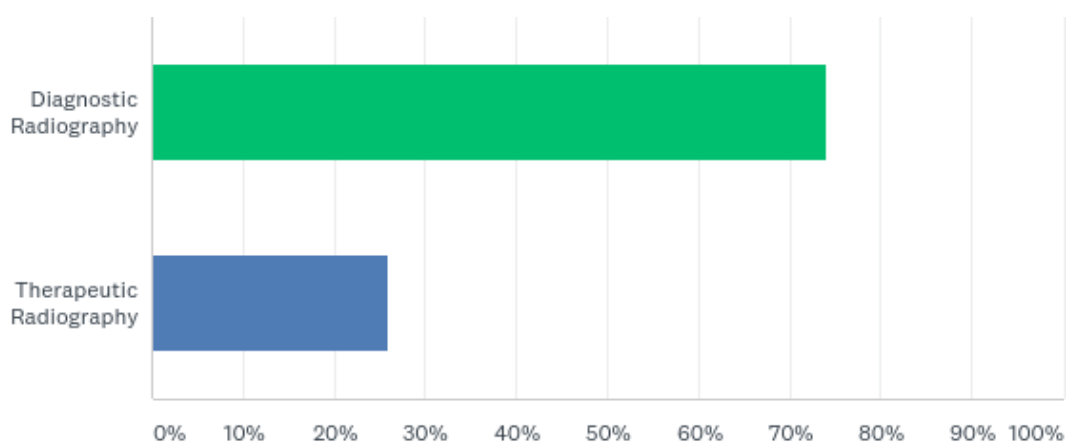


Figure 4 Work area



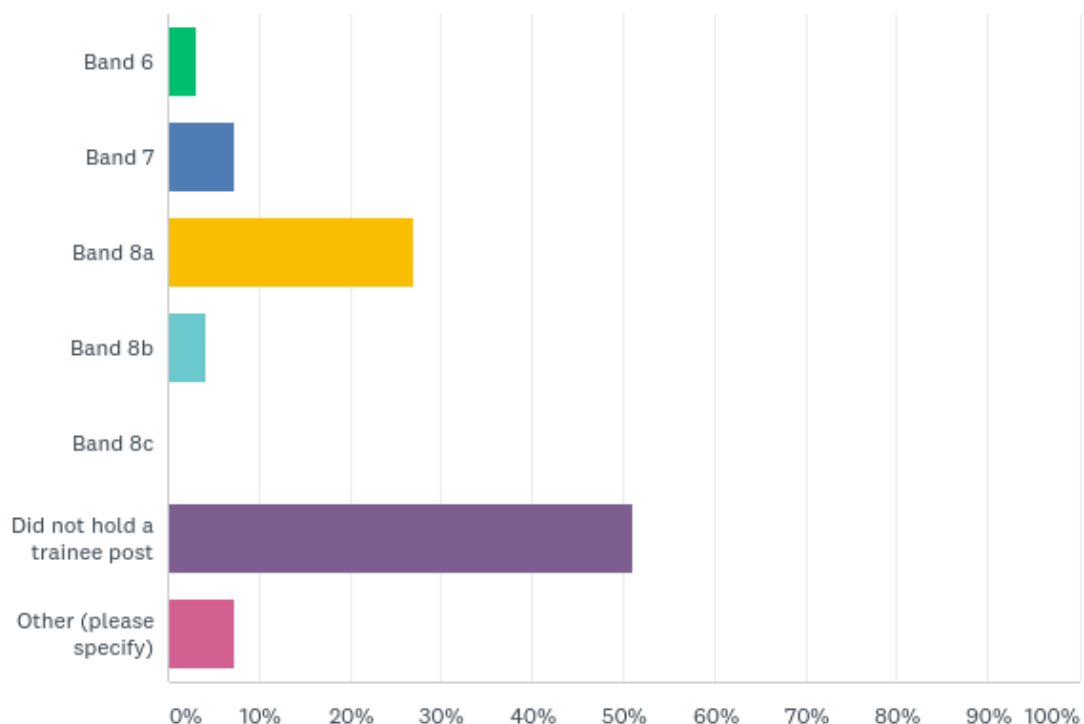
The majority of participants were diagnostic radiographers, which reflects the higher proportion of diagnostic radiography workforce compared to therapeutic radiographers who are registered with the Health and Care Professions Council (HCPC) in the UK.

## Results

The participants were asked nine further questions relating to their trainee consultant and consultant level practice. The findings are presented below.

### Question 1: Trainee post banding

ANSWER CHOICES	RESPONSES	
Band 6	3.13%	3
Band 7	7.29%	7
Band 8a	27.08%	26
Band 8b	4.17%	4
Band 8c	0.00%	0
Did not hold a trainee post	51.04%	49
Other (please specify)	7.29%	7
<b>TOTAL</b>		<b>96</b>

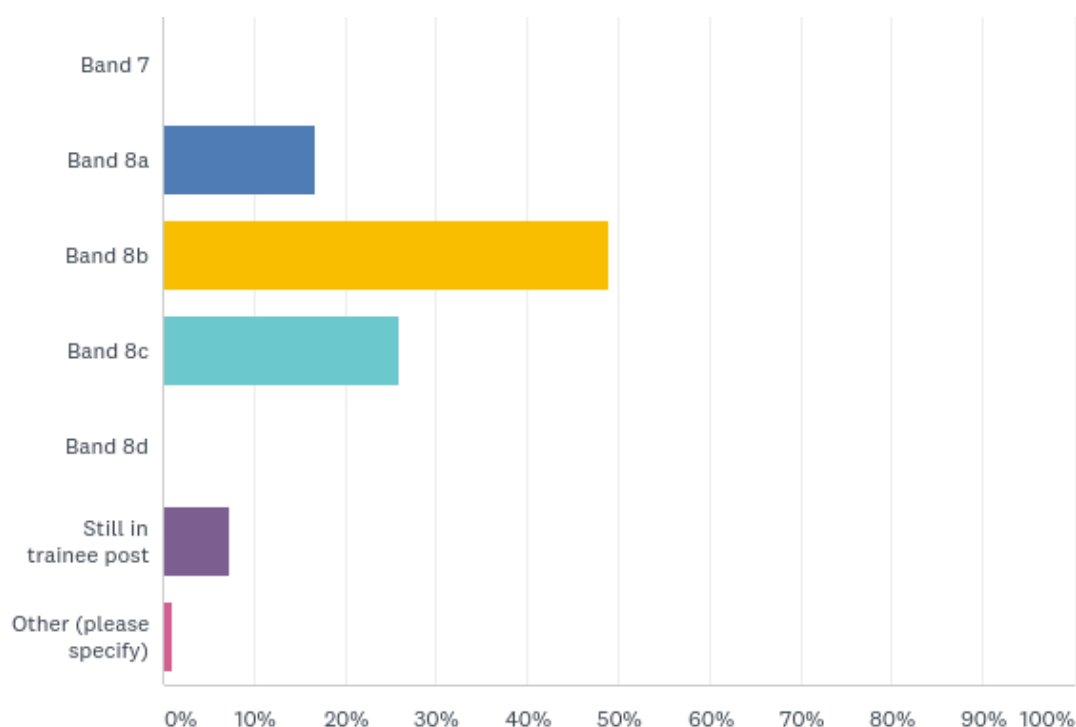


**Figure 5 Banding of trainee consultant post**

Just over half of participants (51%) were employed as consultant radiographers without a prior trainee consultant radiographer post. For those participants who had undertaken a formal training post, the majority were paid at AfC band 8a for the duration of their training. A small proportion of participants were paid at AfC band 6 during their training (3%), while the highest paid trainee posts were paid at AfC band 8b (4%). Therefore, there is evidence of inequity for consultant radiographers between the availability of training posts and levels of trainee consultant pay banding. In the category 'other', three participants commented that they had not held a training post, and four that they were appointed at 8b and paid under Annex U of AfC until their training period was completed.

**Question 2: What is your current consultant practitioner AfC pay banding or equivalent?**

ANSWER CHOICES	RESPONSES	
Band 7	0.00%	0
Band 8a	16.67%	16
Band 8b	48.96%	47
Band 8c	26.04%	25
Band 8d	0.00%	0
Still in trainee post	7.29%	7
Other (please specify)	1.04%	1
<b>TOTAL</b>		<b>96</b>

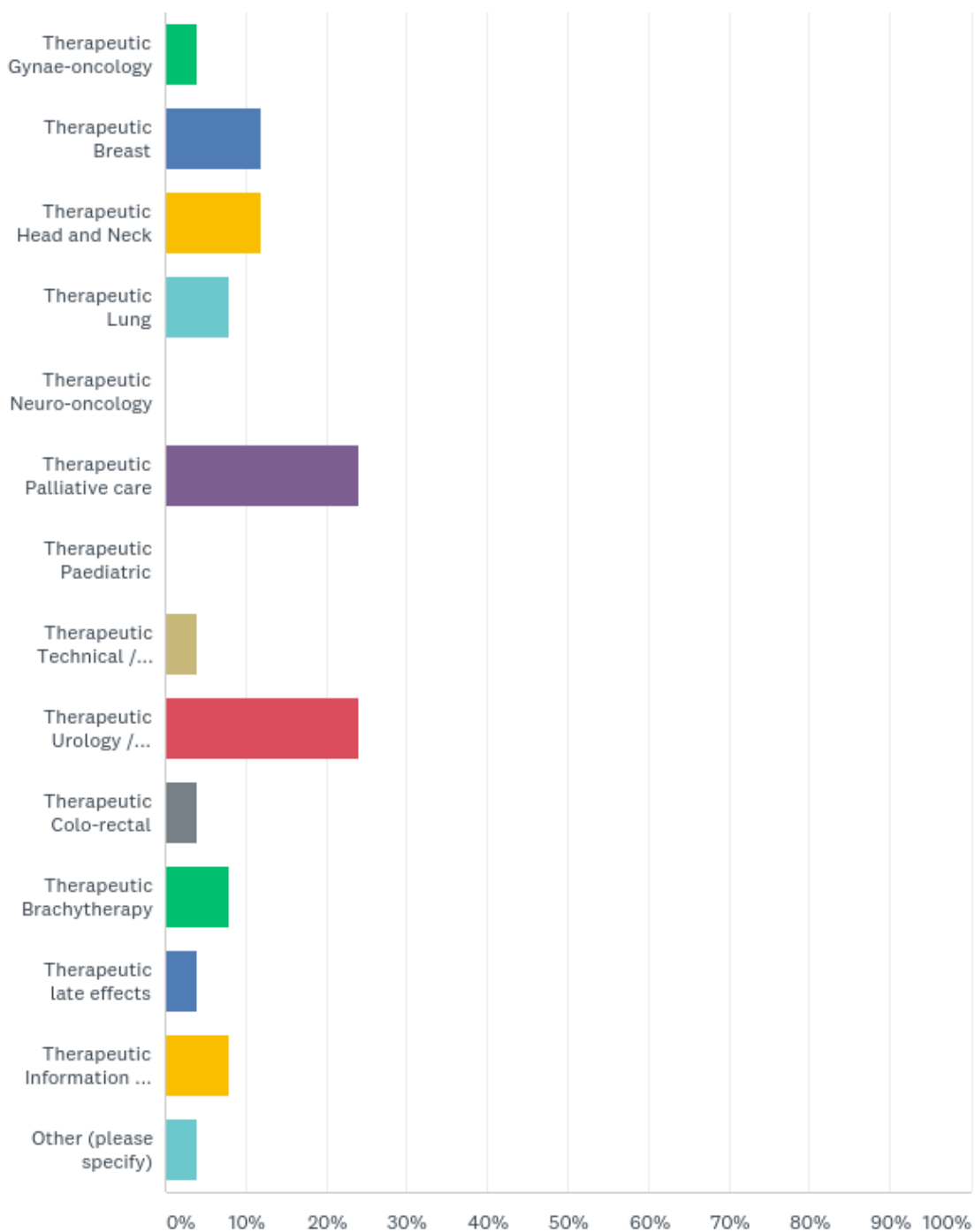


**Figure 6 Current consultant practitioner banding or equivalent**

One participant answered this question with a response 'other' and specified that their pay level during this period (2018) was not under AfC banding. The average participant was paid at AfC band 8b. The lowest AfC banding for a full (not trainee) consultant radiographer post was band 8a (16% of participants). The highest reported banding was AfC band 8c (26% of participants).

Question 3a: Areas of consultant practice, Radiotherapy & Oncology

ANSWER CHOICES	RESPONSES	
Therapeutic Gynae-oncology	4.00%	1
Therapeutic Breast	12.00%	3
Therapeutic Head and Neck	12.00%	3
Therapeutic Lung	8.00%	2
Therapeutic Neuro-oncology	0.00%	0
Therapeutic Palliative care	24.00%	6
Therapeutic Paediatric	0.00%	0
Therapeutic Technical / Treatment specialist	4.00%	1
Therapeutic Urology / Prostate	24.00%	6
Therapeutic Colo-rectal	4.00%	1
Therapeutic Brachytherapy	8.00%	2
Therapeutic late effects	4.00%	1
Therapeutic Information and Treatment Review	8.00%	2
Other (please specify)	4.00%	1
Total Respondents: 25		



**Figure 7 Current areas of consultant practice, Radiotherapy & Oncology**

Radiographer consultant practice in radiotherapy is evident across a variety of areas. The highest numbers of practitioners worked in therapeutic palliative care (24%) and therapeutic urology/prostate (24%). None of the participants in this survey, however, worked in therapeutic neuro-oncology or therapeutic paediatric areas.

Question 3b: Areas of consultant practice, Diagnostic

ANSWER CHOICES	RESPONSES	
Diagnostic Breast Imaging	66.20%	47
Diagnostic Ultrasound	15.49%	11
Diagnostic MR	1.41%	1
Diagnostic CT	0.00%	0
Diagnostic Gastro-Intestinal Imaging / Fluoroscopy	1.41%	1
Diagnostic Endovascular Imaging	0.00%	0
Diagnostic Paediatrics	11.27%	8
Diagnostic Reporting A&E / Trauma MSK	18.31%	13
Diagnostic Reporting A&E / Trauma Chest	15.49%	11
Diagnostic Reporting A&E / Trauma Abdomen	11.27%	8
Diagnostic Reporting Primary Care MSK	18.31%	13
Diagnostic Reporting Primary Care Chest	12.68%	9
Diagnostic Reporting Primary Care Abdomen	9.86%	7
Diagnostic Reporting DXA	2.82%	2
Diagnostic Reporting In-patient MSK	19.72%	14
Diagnostic Reporting In-patient Chest	15.49%	11
Diagnostic Reporting In-patient Abdomen	11.27%	8
Interventional Imaging / Treatment	7.04%	5
Other (please specify)	7.04%	5
Total Respondents: 71		

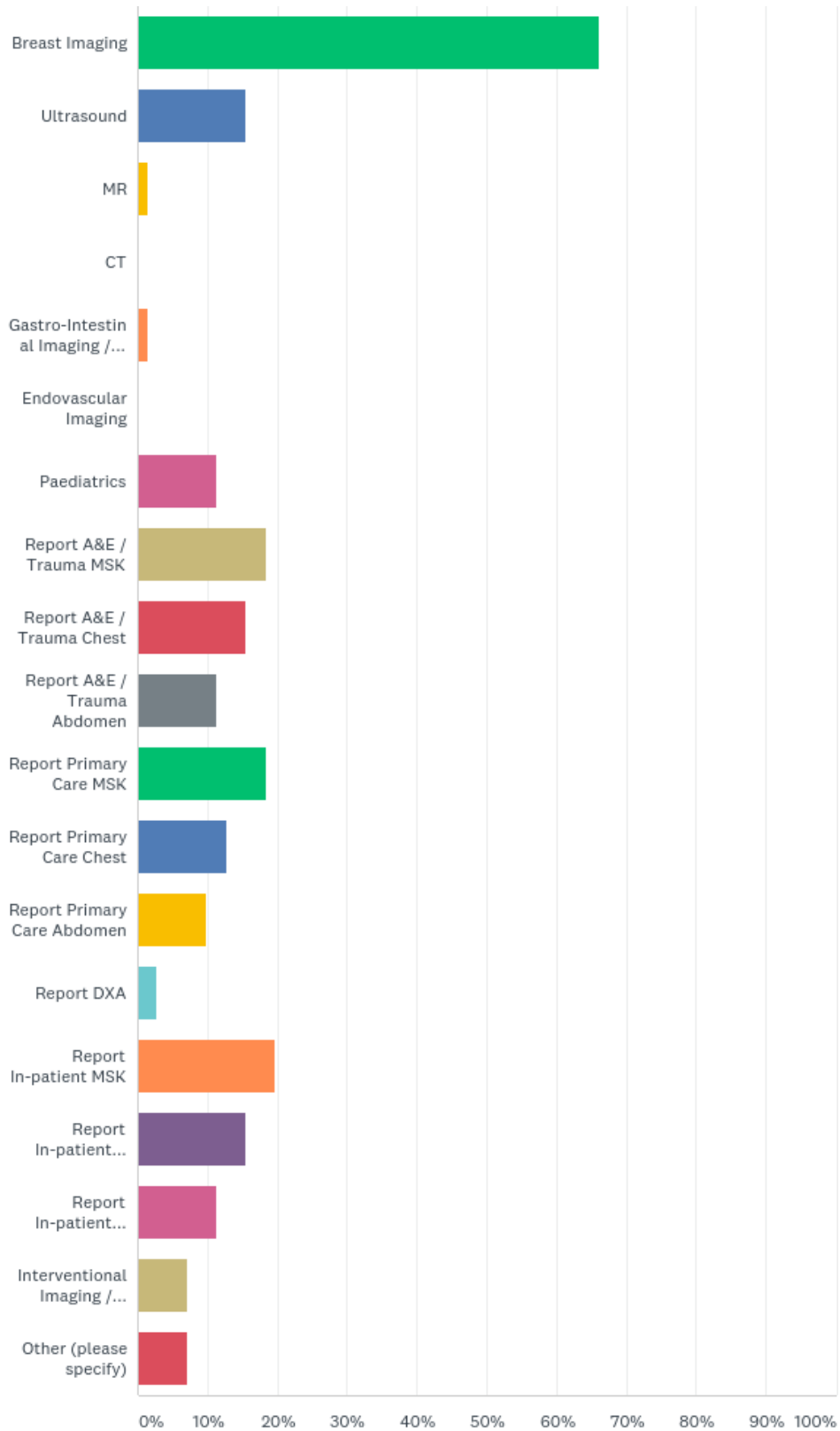


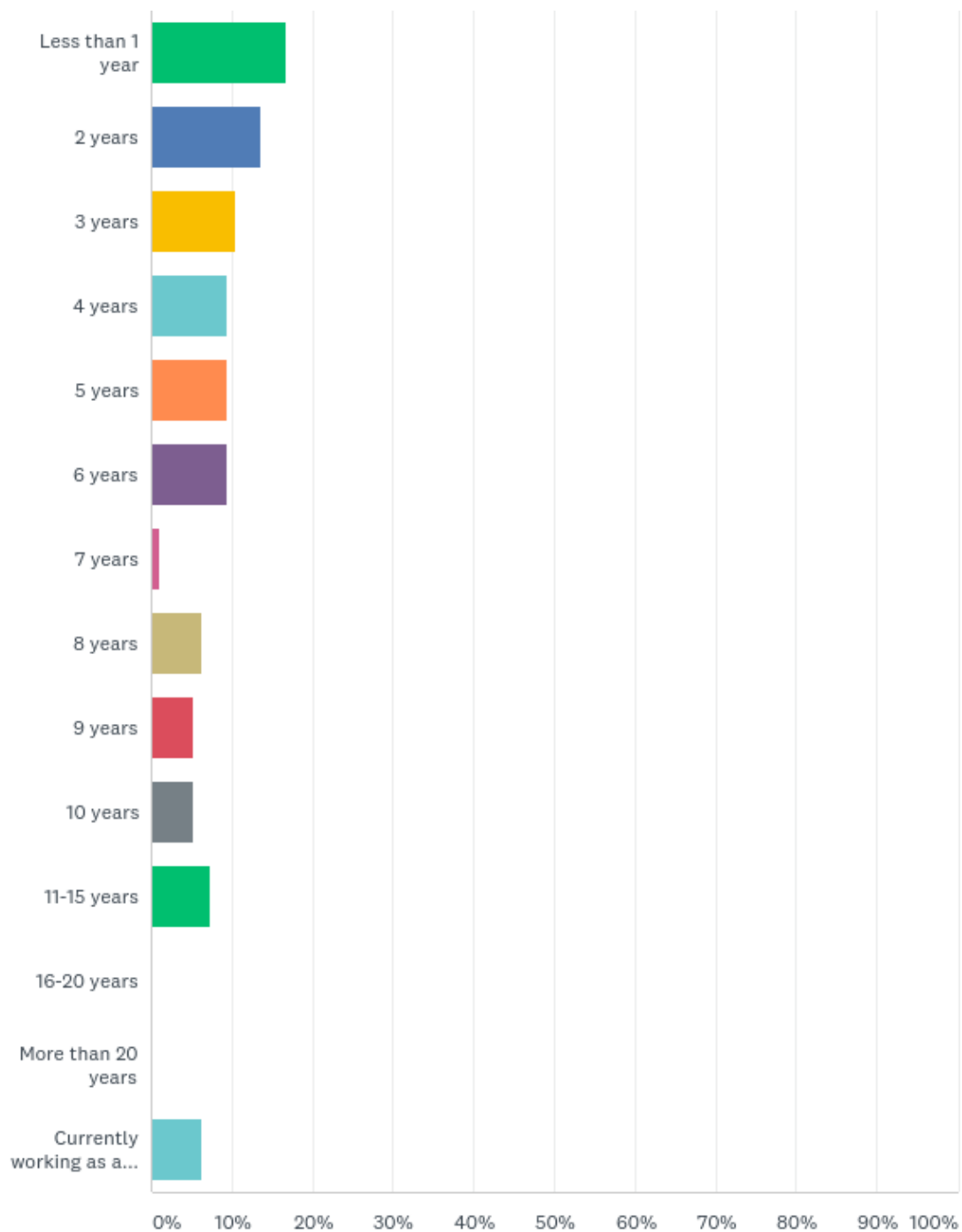
Figure 8 Current areas of consultant practice, Diagnostic

The majority of participant trainee consultant and consultant radiographers worked in diagnostic breast imaging (66%). None of the participants reported that their area of practice included CT or endovascular imaging. The responses to 'other' areas of practice were: paediatric, rheumatology, orthopaedic, colonoscopist, outpatient MSK/CXR/AXR, neonatal chest and abdomen, outpatient MSK (rheumatology and orthopaedics).

#### Question 4: Number of years working as a consultant practitioner

ANSWER CHOICES	RESPONSES	
Less than 1 year	16.67%	16
2 years	13.54%	13
3 years	10.42%	10
4 years	9.38%	9
5 years	9.38%	9
6 years	9.38%	9
7 years	1.04%	1
8 years	6.25%	6
9 years	5.21%	5
10 years	5.21%	5
11-15 years	7.29%	7
16-20 years	0.00%	0
More than 20 years	0.00%	0
Currently working as a trainee consultant practitioner	6.25%	6
<b>TOTAL</b>		<b>96</b>





**Figure 9** Number of years working as a consultant practitioner

Fifty-two per cent of consultant radiographers had been practising for 5-15 years. Sixteen per cent had been practising as consultant radiographers for less than one year. None had been in post for more than 15 years.

Question 5: Do you have a job plan?

ANSWER CHOICES	RESPONSES	
Yes	65.63%	63
No	34.38%	33
<b>TOTAL</b>		<b>96</b>

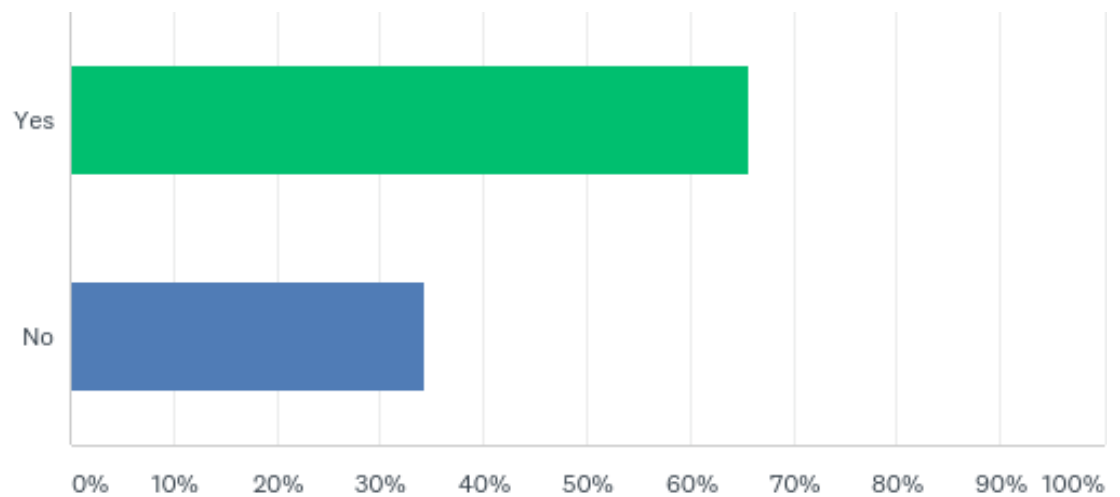


Figure 10 Number of practitioners with a job plan

SCoR [1] and regional country guidance [4, 5, 7] advises consultant radiographers to have a job plan in place to guide their role. Thirty-four per cent of participants did not have a current job plan.

**Question 6: Number of years working as a trainee consultant practitioner prior to full consultant post**

ANSWER CHOICES	RESPONSES	
Less than 1 year	3.16%	3
1 year	3.16%	3
2 years	12.63%	12
3 years	9.47%	9
4 years	2.11%	2
5 years	2.11%	2
Still working as a trainee consultant practitioner	11.58%	11
No training post prior to full consultant post	55.79%	53
<b>TOTAL</b>		<b>95</b>

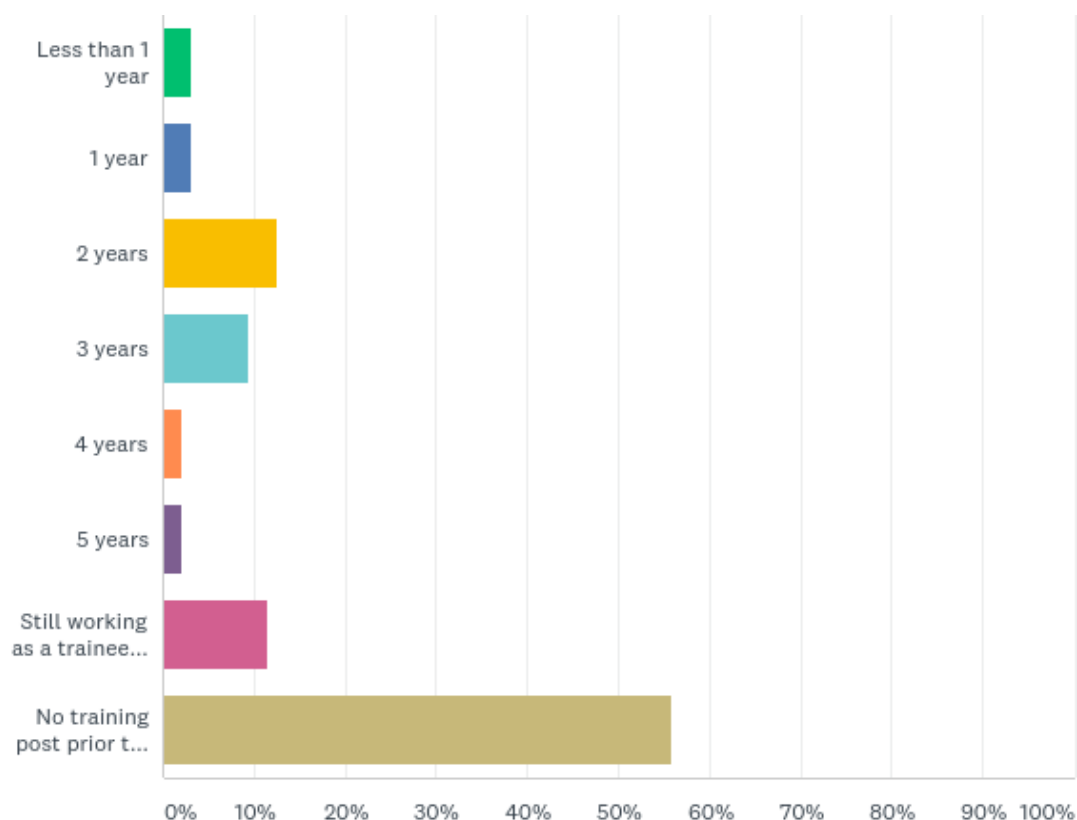


Figure 11 Number of years working as a trainee consultant practitioner

Fifty-five per cent of consultant radiographers did not hold a trainee post prior to commencing their role. For those who did have a trainee role, most undertook their trainee post for two years (12%) or three years (9%).

### Question 7: Predicted period of retirement (when you plan to retire)

ANSWER CHOICES	RESPONSES	
2018-2020	7.53%	7
2021-2025	21.51%	20
2026-2030	26.88%	25
2031-2035	7.53%	7
2036-2040	15.05%	14
2041-2050	16.13%	15
>2051	5.38%	5
<b>TOTAL</b>		<b>93</b>

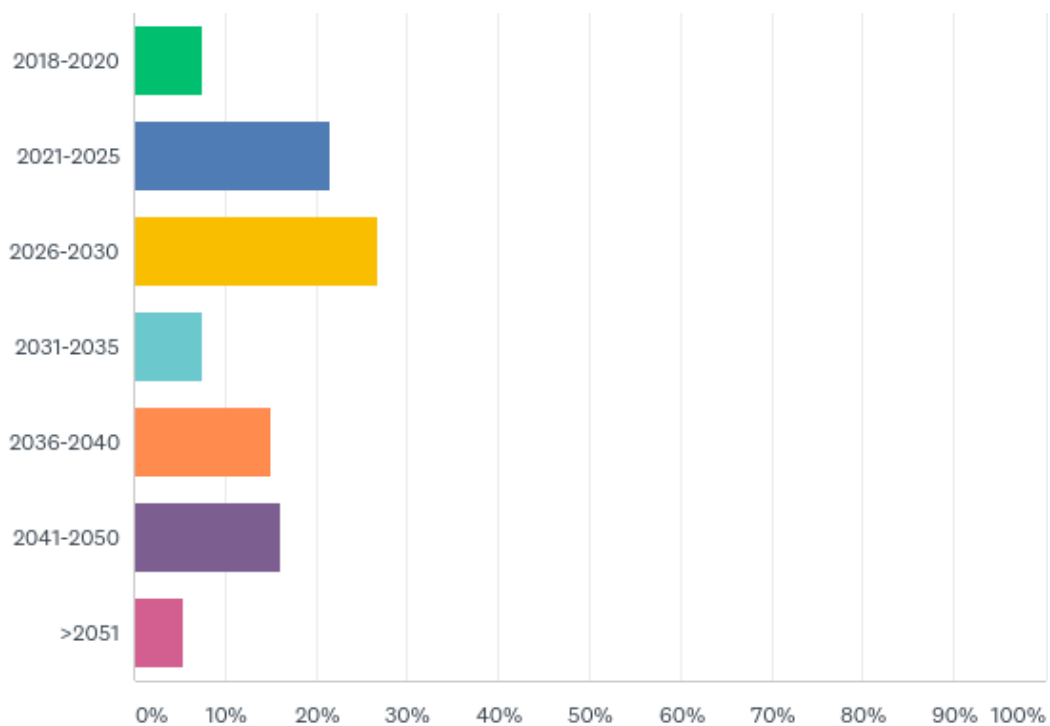


Figure 12 Predicted period of retirement

Fifty-six per cent of respondents (52 of 93 practitioners) predicted that they will retire in the next twelve years.

### **Question 8: Estimated percentage of time spent on four core domains of consultant practice**

Participants' estimates provided a wide range of time percentages spent on the four core domains of consultant level practice. Variations reflect factors including annual variation, such as conferences that take place every two years, job role and scope. All participants estimated that they spent time carrying out expert clinical practice; professional leadership and consultancy; and education, training, practice and service development in their core roles. For the domain of research, however, nine participants reported that they spent zero per cent of their time on this core pillar of advanced and consultant level practice. This finding mirrors a previous study of consultant radiographers, which concluded that research was not fully embedded into the roles of all consultant radiographers. There is an urgent need to integrate the domain alongside clinical practice [5].

### **Question 9: If there are any barriers to spending time in any of the four core domains of consultant practice, can you tell us about them?**

Participants in the survey described expert clinical practice as central to their role but, paradoxically, seventy-four per cent of practitioners regarded expert clinical practice to be a barrier to the remaining domains of consultant practice. The demands and pressures of clinical workload were reported as major barriers to fulfilling the remaining three core domains of consultant practice. Twenty-eight per cent of participants considered that a lack of time was a barrier. Eight per cent reported a lack of staff or low staffing levels.

### **Question 10: Please use the box below to add any comments that you would like to make**

Sixteen participants provided comments about a range of issues. Combined into themes, the comments related to: lack of time for domains other than clinical practice; lack of parity of pay banding across radiographer and also NMAHP roles; staffing levels and succession planning; ability to perform the four core domains of practice in relation to perceived barriers; the importance of the support of service and divisional managers to enable the four core domains of practice.

The comments provided by participants in this section (Questions 8, 9 and 10) will be used to inform updates to CRAG guidance in 2019.

### **Summary**

The results of the survey offer information that may be used as evidence when developing roles, writing business cases, succession planning, planning for substantive posts, training and development. Of particular note, in addition to the evidence in this survey, is that advice is available for members from the SCoR Consultant Radiographer Advisory Group (CRAG). An example of recent guidance is available via this link: <https://www.sor.org/learning/document-library/consultant-radiographer-guidance-support-new-and-established-roles>

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