Expanding the diagnostic imaging workforce: how assistants are supporting UK service delivery

By Prof. B Snaith

Demand for imaging continues to grow, fuelled by the development of new technologies and population health screening strategies. With imaging providing both diagnostic and therapeutic interventions the opportunities to influence the future of medicine are potentially limitless. However a factor likely to affect the future delivery of such current and new services is the ongoing challenge within the workforce. Capacity issues are affecting all professions involved in service delivery, radiologists, radiographers and nurses, although some countries are more affected than others. This article explores how the UK has expanded its imaging capacity through the implementation of assistant roles to undertake some tasks previously undertaken by radiographers.

WHY ASSISTANTS?

At the turn of the century, the UK formally considered how radiographer roles could evolve to take on greater responsibilities within the imaging department, supported by expansion of the role of support staff. Following pilot projects in England this national strategy set out a plan to expand imaging capacity and provide a more challenging career for radiographers [1]. Initially scoped for breast screening and general x-ray (as well as radiotherapy) the principles were established regardless of setting.

Assistant Practitioner (AP) roles were to perform protocol-limited clinical tasks under the direction and supervision of a State-registered practitioner [1]. The new workforce was drawn from those in previous imaging support roles as well as new entrants to the speciality with individuals undertaking both academic and workplace training [2,3]. As the role has a limited scope they are based within a single modality or clinical area, e.g. breast, x-ray, MRI, undertaking image acquisition and support functions. In comparison to a radiographer, APs usually only work with non-complex adult patients, although they may assist a radiographer with examinations that are outside of their agreed scope.

WHAT MAKES THIS MODEL WORK?

This move to introduce assistants was underpinned by the move of the UK radiography profession to Bachelor's degree entry in the 1990s to the associated growth of post-graduate education provision. This standardization at European qualifications framework (EQF) level 6 confirmed the expectations of a graduate radiographer [4]. This also helped the implementation of the role from a radiographic perspective, as they were delegating tasks that previously only a registrant radiographer could perform. The exact qualification the AP undertakes varies across the UK, but they are usually at EQF level 5, which also should enable individuals to continue their education and graduate as a radiographer.

The AP role was not introduced in isolation; the strategy also included the formal development of a four-tier structure including new role for radiographers at senior clinical and leadership levels. It was recognized that radiographers can improve their skills to act as gatekeepers [5] and undertake higher level clinical tasks including some procedural studies and reporting [6,7]. Although, like the assistant role, their scope is very narrow and limited. This whole system approach did ease the introduction of the AP, although opportunities at all levels have not been consistently implemented, which itself has caused some dissatisfaction [2,8].

THE IMPACT

With increasing workloads and expansion of health screening programmes there is an ongoing and urgent need to grow all imaging professions. As technology becomes more

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complex there are also facets of activity which lead themselves to straightforward and repetitive tasks, but which require high precision and good patient care skills. It has been these areas which have been the fertile ground for implementation of new roles. Although APs require supervision by a radiographer the expansion of the team has provided additional capacity and a new route into the radiography profession.

The most successful departments have been those which have embedded the four tiers, using the AP role to backfill radiographer duties and enabling them to take on new skills. The assistant was never a replacement for radiographers and in many departments the role has provided an opportunity for many to enter a professional arena undertaking studies which may not have been possible otherwise. As such, the post holders are often locally based and are committed to the region assisting in the retention of staff.

THE CHALLENGE

The developments have involved a collaboration between a range of governmental, educational and professional bodies, ensuring that the interests of the health service, employers, patients and radiographers have been considered. Key to the success of the role is national agreement on the scope of practice and expectations on how they can contribute to service delivery. Although there is national guidance issued by the radiography professional body, there was always an expectation that the local implementation would respond to clinical needs.

Although the role of radiographers in advanced practice, particularly reporting may remain controversial to some, the practice has been in place for over two decades. The same nervousness radiologists may feel towards radiographers has been replicated at the assistant level, both from the radiographer and assistant perspective. Previous research [2,8] confirms that there are many who embrace the assistant role and perceive themselves to be a valued team member, but role overlap with radiographers and scope creep has left many APs feeling exploited, particularly where departments are short staffed.

A premise of the national strategy was to provide a career escalator with assistants able to step onto the undergraduate radiography training courses, fulfilling their role aspirations. Although this remains an aspiration, it is a difficult process for many, exacerbated by funding and academic hurdles [2].

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WOULD THE MODEL FIT IN EUROPE?

There is increasing standardization of the radiographer training across Europe with adoption of EQF level 6 qualifications by many countries [4].This work is being championed by the European Federation of Radiographer Societies (EFRS), bringing together national professional bodies to work collaboratively on such issues. Some radiography programmes are still at EQF level 5, the same academic level of the AP in the UK with a plethora of role titles and acceptance [9]. Indeed, the radiographer title is translated as 'assistant' in a number of countries which must lead to a disparity in professional recognition.

Probably the biggest challenge to adoption of the role internationally is the current limited opportunities for clinical radiographer career progression. Whilst UK radiographers have been afforded opportunities to develop their skills and have taken on clinical and leadership roles supported by EQS level 7 and 8 qualifications, this is not widespread elsewhere, despite the aspiration of many [10]. This disparity has led some to question whether the radiography profession is stagnating and the lack of clinical and educational advancement may result in a 'dying profession' [10].

Although some countries may not face a shortage of radiographers, indeed some have a surfeit, others are experiencing acute and chronic workforce gaps [9] and supplementing the radiographer role with trained assistants under the direction of radiographers is an attractive proposition. However, this requires careful consideration to ensure that any proposals do not undermine the integrity of the radiography profession and in particular decrease the quality, and safety, of current services.

FUTURE DEVELOPMENTS

2019 sees a pilot of a European Diploma in Radiography [10]. designed to provide a standardised assessment for the profession, but the diploma will currently not provide a transferable qualification. It may be in the future that international credentialing of the assistant, radiographer and advanced level skills may be possible, linked to professional qualification in own country. This would provide a more mobile and flexible workforce.

With the continued growth of imaging there is a need to consider whether the current workforce model is appropriate and is the development of new, adjunct roles would provide greater opportunities to utilise radiographers at a higher skill level. The future is unclear, but the debate will continue…

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