

Role of the Consultant Radiographer: the experience of appointees

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Abstract

Aims

The role of the consultant radiographer was proposed in 2001, and the first candidates were appointed in 2003, but posts were slow to be established and there were just thirteen by the spring of 2005. A full evaluation of the role has not been published. This paper investigated these early appointments from the setting up of posts and compliance with the official guidance to comparison of the job descriptions. Postholders were asked about their appointment process, understanding of their roles, and views on the success, challenges, and training implications inherent in their posts.

Method

The research cohort consisted of ten of the first twelve postholders (the researcher is the thirteenth) appointed to consultant radiographer roles. This was a three-part evaluation. i) Job descriptions were compared to one another and to the official guidance on the setting up of the roles. ii) A self-completion questionnaire was sent to each participant to obtain background information on them and the context of their roles, academic achievements and future training requirements. iii) Using a telephone interview all participants were asked their views on their achievements, success' and challenges, and views on training and education for aspirants to the role.

Results

All posts had been established in accordance with the Department of Health guidance, and the job descriptions were very similar, allowing for the different clinical components. The roles had been well supported by management and accepted by the majority of staff, although some early difficulties had to be overcome. The postholders were very positive on the personal success of

their roles. They were able to demonstrate strong clinical roles, effectively taking the place of medical staff. Improvements had been made in the standards of individual patient care, and shortening of the patient pathway was evidenced. While there was strong team leadership, and education support to a wide cross section of NHS staff, the number of postholders working at strategic level within Trusts or at a national level was noticeably low. The number of published papers and amount of research being undertaken was disappointing. All had postgraduate qualifications but few held a full Masters degree. The majority were working to complete these, and two were registered on doctoral programmes. A concern was the pressure beginning to be placed on at least one postholder to change the focus of their role to enlarge the direct clinical commitment to the detriment of the other domains of practice. This was due to a change in management and increased focus on financial and waiting list targets.

Conclusions

While the research cohort was small it comprised most of the early appointees. Their experience was that the consultant radiographer role has achieved demonstrable success. This is strongest in the expert clinical practice element of their roles (approximately 50%) with much of it directly related to individual patient care. Within the other domains of practice leadership of professional teams was evident, and education and training was well supported within a narrow clinical context. The strategic element of roles, with involvement at regional and national level, was not well addressed although there were some notable exceptions. The amount of research currently undertaken is low, and most study relates to individual continuing professional development. All postholders felt that any discussion on the requirement of a doctoral qualification for future candidates for these posts was unrealistic. They were concerned that the nature of consultancy was poorly understood by others in the profession.

The emphasis of these posts was on the clinical aspect of working, unlike in nursing where leadership was the dominant feature. There was also less evidence of the creation of innovative roles as seen in nursing. The future of

this initiative in radiography is not assured, particularly if the current shortage of radiologists is overcome. With changes in management and/or the drive to deliver on financial and waiting list targets pressures may be placed on postholders to increase the clinical element of their roles. Unless the consultants themselves become more proactive in all elements of their domains of practice, and resist these management pressures, there is the possibility that the roles will become little more than those of advanced practitioners.