



SoR 100
YEARS
THE SOCIETY OF RADIOGRAPHERS

SOCIETY OF RADIOGRAPHERS TRAINEE CONSULTANT AND CONSULTANT RADIOGRAPHER SURVEY RESULTS 2020

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EXECUTIVE SUMMARY

During the period September to December 2020, the Society of Radiographers (SoR) facilitated a survey of trainee consultants and consultant radiographers, the second time SoR had surveyed the group. The aim of the original 2018 survey (1) had been to identify consultant radiographers' scope of practice, pay banding, and to explore factors associated with consultant practice. The survey results presented in this 2021 publication provide updated information and a means to track trends and developments in the intervening period.

Participants were again recruited from SoR trainee consultant and consultant radiographer network. Recruitment was online via SoR consultant radiographer workspace and email prompts. There were 107 responses to the survey. The response rate was therefore 80% of network members. A number of respondents did not answer all questions; the details of proportion of responses for each individual question are included in the report. Results are presented in graphical and numerical form. Findings of particular note were:

- Participants were located across all nations of the United Kingdom (UK) but did not include the Channel Islands or Isle of Man.
- The majority of consultant radiographers (97 participants) worked solely in NHS public practice.
- 60% of participants worked in diagnostic radiography and 40% worked in therapeutic radiography services.
- 67% of consultant radiographers had spent time as trainee consultants, the majority of whom had spent two years in their postgraduate trainee consultant post.
- 60% of trainee posts were graded at Agenda for Change (AFC) band 8a. On completion of the trainee role, the majority of posts were banded at AFC 8b (48%) with a range between 8a and 8d.
- The highest percentage of therapeutic radiographer consultants worked in therapeutic breast services (26%).
- The highest percentage of diagnostic imaging radiographer consultants worked in diagnostic breast imaging (62%).
- 80% of participants had a job plan agreed with their employer and in place. A further 9% were in the process of negotiating a job plan with their employer.

The SoR Consultant Radiographer Advisory Group (CRAG) have published guidance for the support of new and established radiographer consultant roles (2). The guidance is available via SoR online document library and is currently (2021) under review. All trainee consultant and consultant radiographers are encouraged to join the SoR consultant network. Prior to the development of new roles, managers and practitioners are encouraged to contact pande@sor.org to discuss trainee posts, job descriptions and job plans.

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INTRODUCTION

The survey was the second of its kind facilitated by SoR, with contributions from an online community of trainee consultant and consultant radiographers. This document presents descriptive results of the survey. The survey was intended to provide an overview of trainee consultant and consultant radiographer roles in the UK in 2020. The data that the participants provided presents a snapshot of training, roles, pay banding, intention to retire and range of practice. It is expected that the survey will be repeated for a third time during the period September – December 2022.

BACKGROUND

The Department of Health (3, 4), in 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:

- Direct patient contact including clinic sessions;
- Examining patients; undertaking imaging tests on a one to one basis;
- Portal imaging review;
- Discussing sensitive news and shared decision making with people;
- Reporting and administrative work associated with sessions;
- Active participation in or chairing multi-disciplinary team meetings where patient diagnosis and treatment is discussed;
- Case discussion on individual examinations / therapeutic radiation fractionations;
- Support and advice to other staff, including supervising other practitioners while they are providing direct patient care;
- Advice to carers;
- Collaboration and discussion with colleagues to enhance an individual patient's journey;
- Arbitration of cases and / or Serious Case Review.

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

promote innovations and overcome barriers through discussion and shared knowledge. Fundamental to the group are four core elements of the consultant role (3, 5–7):

- 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 of radiography at consultant level. However, it is a requisite that the other domains are all encompassed within the person's job plan, as without these components, practitioners may not be operating at consultant level (8). The four elements, or pillars, form a focus for the consultant radiographer network. They are 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 reported that consultant radiographer practitioners perceived that a lack of allocated time, skills/experience and high clinical workload were barriers to the domain of research and evaluation (8).

Members of SoR consultant radiographer network are proactive in their education and training roles; many regularly speak at national and international conferences, provide articles for publication in a wide range of journals and publications, act as expert witnesses, and advise government groups and so on. 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 Synapse. Synapse provides a space to post messages and contribute to discussions, also to communicate with the CRAG, upload and share documents. New trainee and consultant practitioner members of SoR are encouraged to email pande@sor.org to join that network.

More widely in the UK, development of 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 centre for advancing practice and a framework for consultant level NMAHP practitioners. There are currently a number of documents available in relation to multi-professional advanced and consultant level practice from the UK devolved nations (3, 5–7). However, in undertaking this survey, the SoR sought to again provide evidence, not of levels, but of the breadth of current practice. This was achieved by asking participants questions about scope of practice, pay banding, job plans, etc. The survey also invited participants to describe any changes to their job role and scope of practice during the 2020 period of the Covid-pandemic.

METHOD

For the original 2018 Survey (9), questions were developed in consultation with SCoR professional officers and SoR CRAG. Following a pilot with three practitioners in 2018, the original survey was open from the last week in April to the first week in November 2018, a six-month period. Online SurveyMonkey® software was used to collect data in that instance. The 2018 survey design was not changed post piloting of the survey; the data from the pilot survey was included in the results. The 2020 survey was a repeat of those questions but it was performed using online Alchemer® survey software following SCoR change of contract and in line with SoR principles for participant anonymity.

Prior to release of the 2020 survey, members of the SoR consultant network suggested that three questions were added in addition to those used in 2018:

- 1) Any changes to role and scope of practice during the 2020 pandemic;
- 2) Reasons if considering changing post (other than retirement);
- 3) Any extension of practice or changes to working practice post completion of a trainee post.

The Alchemer® software automatically generated a descriptive report in the form of the graph and bar chart diagrams that are presented in the results below. The responses to free text questions were coded thematically by an officer of the SCoR. The themes were discussed with members of the consultant

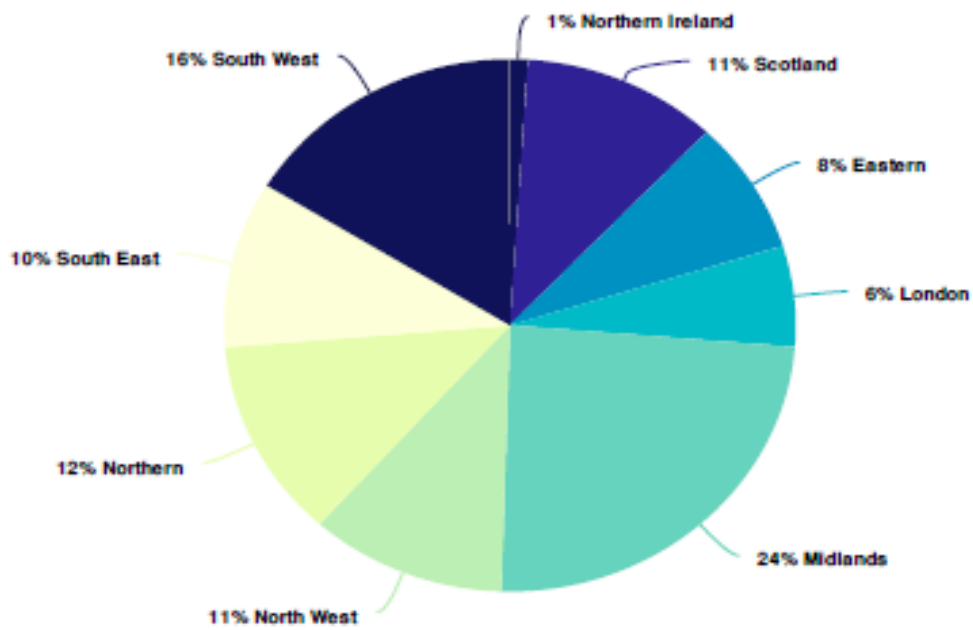
radiographer advisory group, who agreed that the information presented was an accurate and fair summary of the data that participants had kindly provided.

PARTICIPANTS

The survey was open to all members of the consultant radiographer network. In December 2020 the network had 133 members with access to Synapse. Following a series of email prompts, the members were able to achieve a response rate of 107 survey participants (80%). 77 participants completed the full set of questions, 30 did not – for transparency the details of response numbers for each specific question are included in the survey report below.

SURVEY RESULTS

1. Participant geographic work region



Value	Percent	Responses
Northern Ireland	1.0%	1
Scotland	11.1%	11
Eastern	8.1%	8
London	6.1%	6
Midlands	24.2%	24
North West	11.1%	11
Northern	12.1%	12
South East	10.1%	10
South West	16.2%	16

Totals: 99

Figure 1 Participant geographic work region

The survey respondents were employed across all geographic work regions of the UK apart from the Channel Islands / Isle of Man.

2. Participant employment sector/s



Value		Percent	Responses
Public		98.0%	97
Both public and independent		2.0%	2
			Totals: 99

Figure 2 Participant employment sector/s

The UK National Health Service (NHS) employed the majority of survey participants. Just two per cent of participants worked for both the public (NHS) and independent sectors. This was a reduction from four percent in 2018. Comparable with the 2018 survey, no trainee consultant or consultant radiographer respondent worked for the independent sector alone in 2020.

3. Participant's regulated title



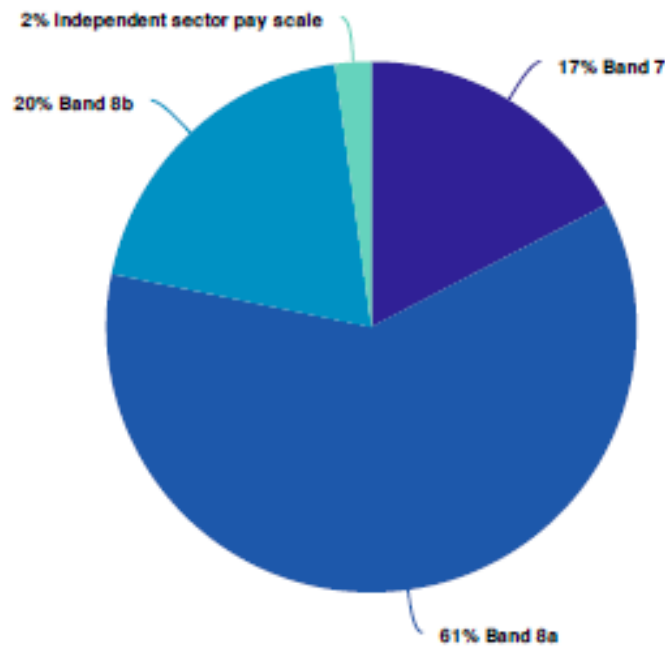
Value		Percent	Responses
Diagnostic Radiographer		60.2%	59
Therapeutic Radiographer		39.8%	39
			Totals: 98

Figure 3 Participants regulated title

The majority of participants were diagnostic radiographers. This 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. The results suggest that trainee consultant radiographer and consultant radiographer positions have equal uptake in terms of development of these roles in diagnostic and therapeutic radiography.

4. For respondents who are trainee radiographers or were trainees, what AFC banding is / was that at?

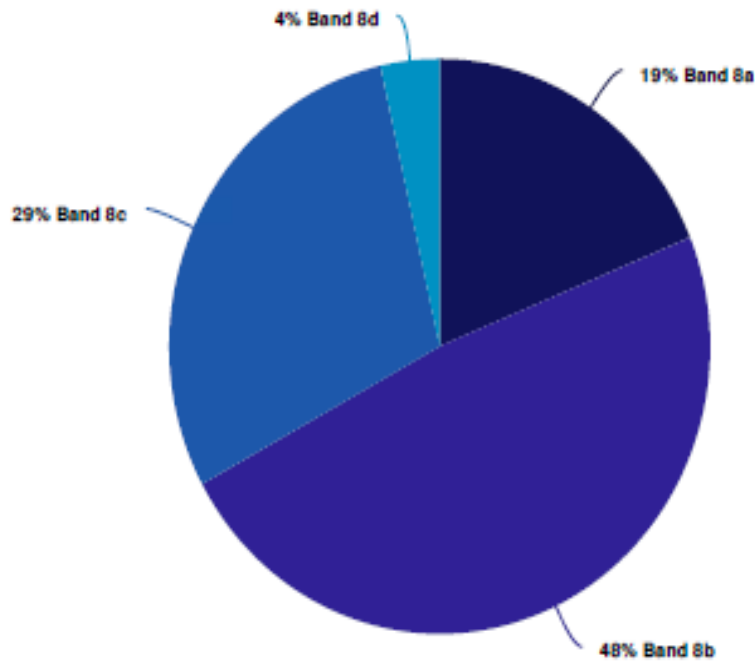


Value	Percent	Responses
Band 7	17.4%	8
Band 8a	60.9%	28
Band 8b	19.6%	9
Independent sector pay scale	2.2%	1
Totals: 46		

Figure 4 Trainee consultant radiographer AFC banding

For those participants who had undertaken a formal training post, 60.9% were paid at AfC band 8a for the duration of their training.

5. For participants who have completed training, what is your consultant practitioner banding?



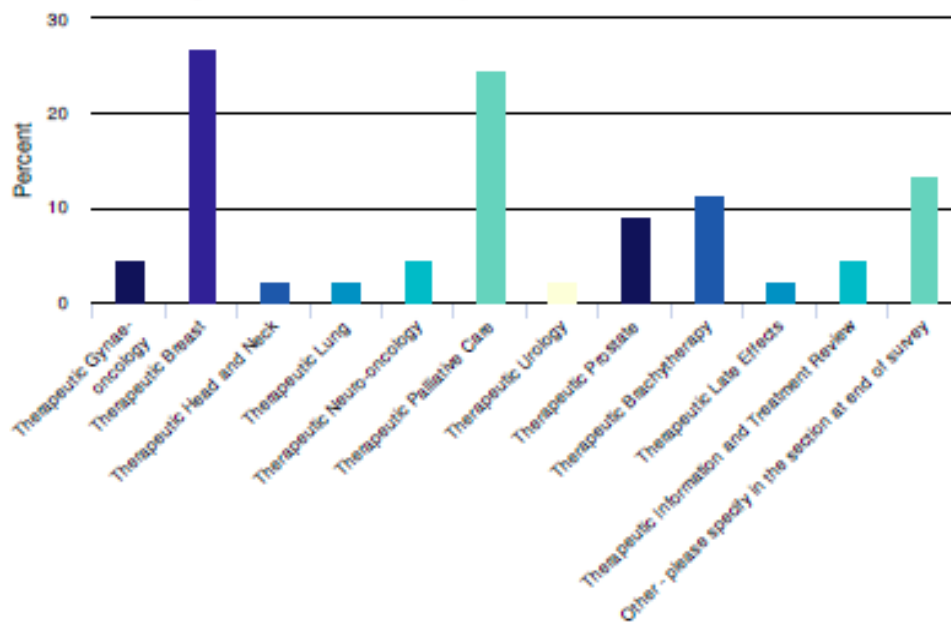
Value	Percent	Responses
Band 8a	18.8%	16
Band 8b	48.2%	41
Band 8c	29.4%	25
Band 8d	3.5%	3

Totals: 85

Figure 5 Consultant radiographer AFC banding

48.2% of participants were paid at AfC band 8b. The lowest AfC banding for a full (not trainee) consultant radiographer post was band 8a (18% of participants). The highest reported banding was AfC band 8d (3.5% of participants).

6. Please tick your areas of practice

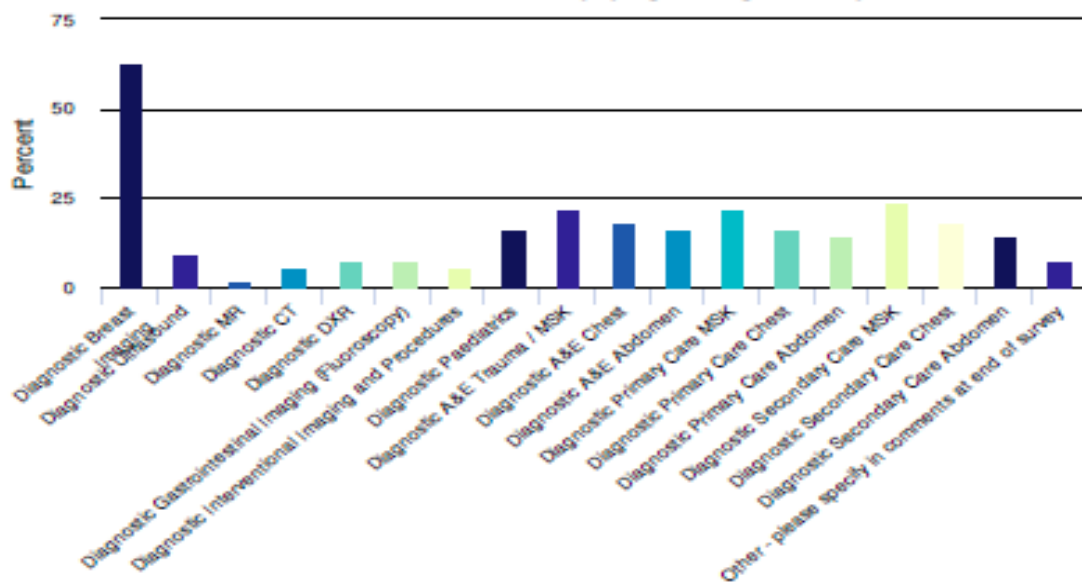


Value	Percent	Responses
Therapeutic Gynae-oncology	4.4%	2
Therapeutic Breast	26.7%	12
Therapeutic Head and Neck	2.2%	1
Therapeutic Lung	2.2%	1
Therapeutic Neuro-oncology	4.4%	2
Therapeutic Palliative Care	24.4%	11
Therapeutic Urology	2.2%	1
Therapeutic Prostate	8.9%	4
Therapeutic Brachytherapy	11.1%	5
Therapeutic Late Effects	2.2%	1
Therapeutic Information and Treatment Review	4.4%	2
Other - please specify in the section at end of survey	13.3%	6

Figure 6 Trainee consultant and consultant therapeutic radiographer

Radiographer consultant practice in radiotherapy spanned a variety of areas. In 2020 the highest numbers of practitioners worked in therapeutic breast radiotherapy (12 responses) closely followed by therapeutic palliative care (11 responses). The total number of responses demonstrate that some practitioners work in more than one area.

7. Please tick the boxes that apply to your practice

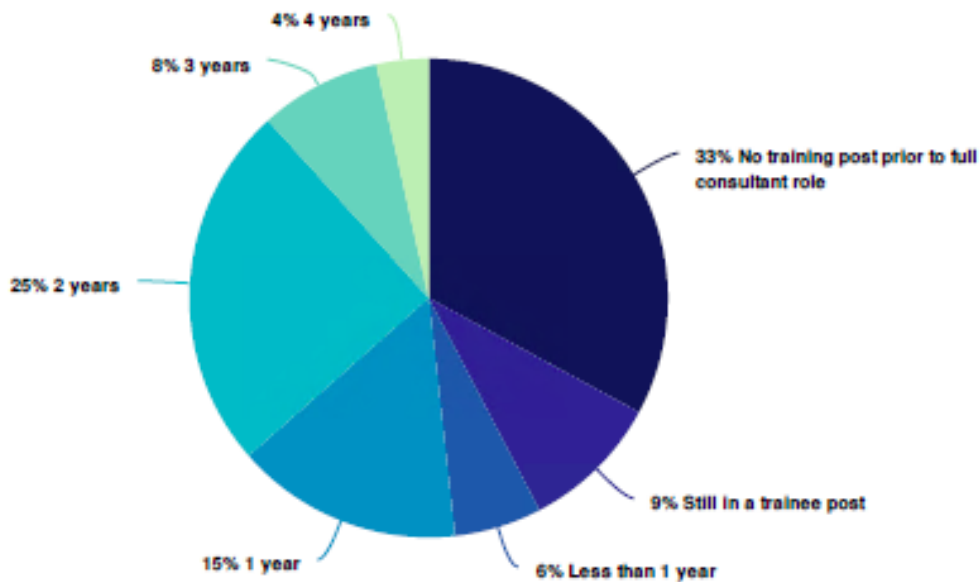


Value	Percent	Responses
Diagnostic Breast Imaging	62.5%	35
Diagnostic Ultrasound	8.9%	5
Diagnostic MR	1.8%	1
Diagnostic CT	5.4%	3
Diagnostic DXR	7.1%	4
Diagnostic Gastrointestinal Imaging (Fluoroscopy)	7.1%	4
Diagnostic Interventional Imaging and Procedures	5.4%	3
Diagnostic Paediatrics	16.7%	9
Diagnostic A&E Trauma / MSK	21.4%	12
Diagnostic A&E Chest	17.9%	10
Diagnostic A&E Abdomen	16.7%	9
Diagnostic Primary Care MSK	21.4%	12
Diagnostic Primary Care Chest	16.7%	9
Diagnostic Primary Care Abdomen	14.3%	8
Diagnostic Secondary Care MSK	23.2%	13
Diagnostic Secondary Care Chest	17.9%	10
Diagnostic Secondary Care Abdomen	14.3%	8
Other - please specify in comments at end of survey	7.1%	4

Figure 7 Diagnostic radiographer

Similar to the therapeutic consultant responses, diagnostic radiographer consultant practice spanned a variety of areas. In 2020 the highest number of practitioner responses indicated work in diagnostic breast imaging.

8. Number of years working as a trainee consultant practitioner prior to full consultant post?

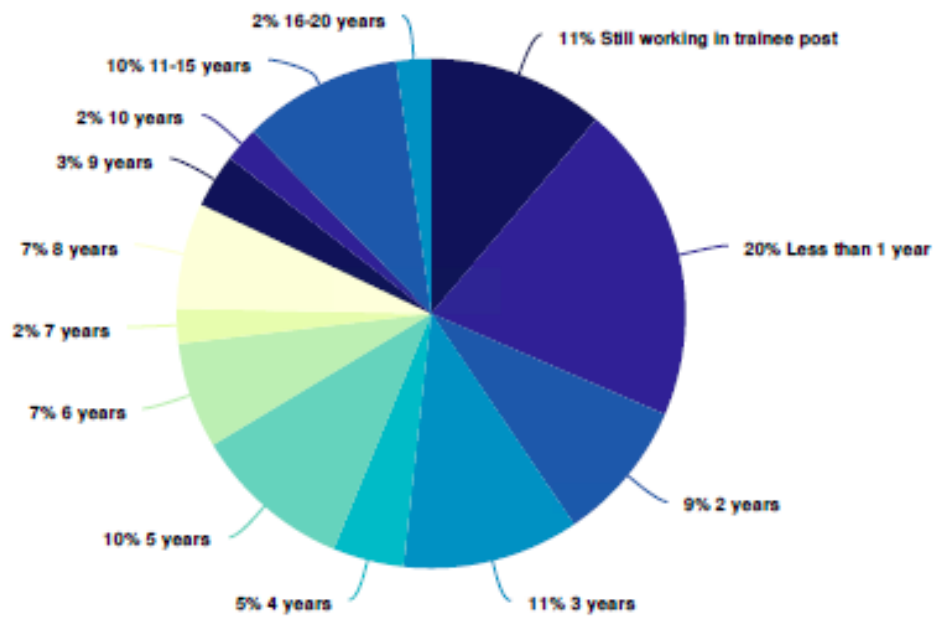


Value	Percent	Responses
No training post prior to full consultant role	32.9%	28
Still in a trainee post	9.4%	8
Less than 1 year	5.9%	5
1 year	15.3%	13
2 years	24.7%	21
3 years	8.2%	7
4 years	3.5%	3
Totals: 85		

Figure 8 Years in trainee consultant post

67% of consultant radiographers held a trainee consultant post prior to commencing their full consultant radiographer roles. The time spent in the trainee post ranged from less than 1 year to 4 years.

9. Number of years working as a consultant radiographer

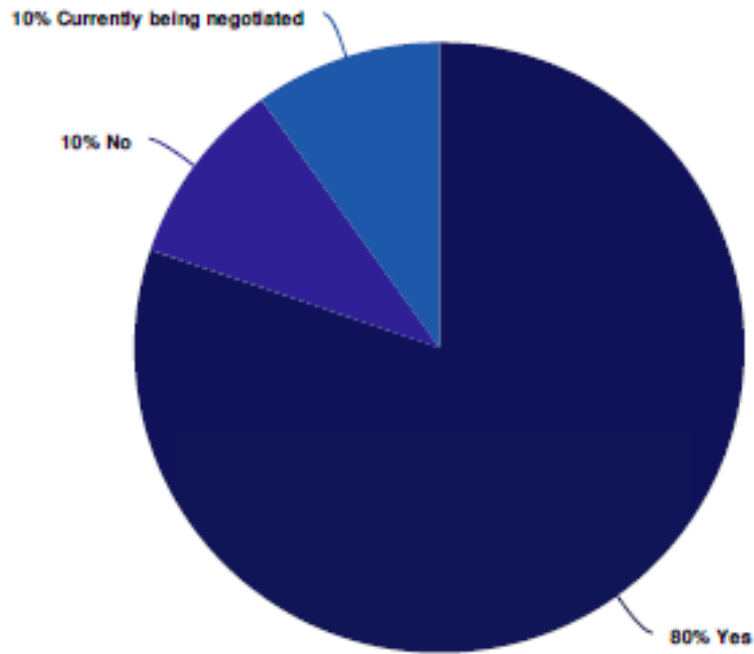


Value	Percent	Responses
Still working in trainee post	11.2%	10
Less than 1 year	20.2%	18
2 years	9.0%	8
3 years	11.2%	10
4 years	4.5%	4
5 years	10.1%	9
6 years	6.7%	6
7 years	2.2%	2
8 years	6.7%	6
9 years	3.4%	3
10 years	2.2%	2
11-15 years	10.1%	9
16-20 years	2.2%	2
Totals: 89		

Figure 9 Years spent in consultant post

20% of consultant radiographers who responded to this question had been employed in their full post for less than a year. Just 2% of the respondents had been in post for between 16 and 20 years.

10. Do you have a job plan?



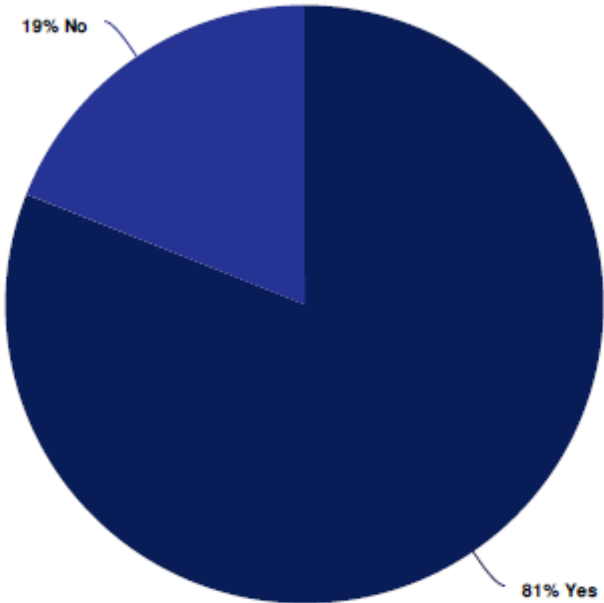
Value	Percent	Responses
Yes	80.2%	73
No	9.9%	9
Currently being negotiated	9.9%	9

Totals: 91

Figure 10 Practitioner job plan

10% of consultant radiographer participants did not have a job plan. 90% either had a job plan or were in the process of negotiating one.

11. If you have a job plan, are you generally able to work to to it?

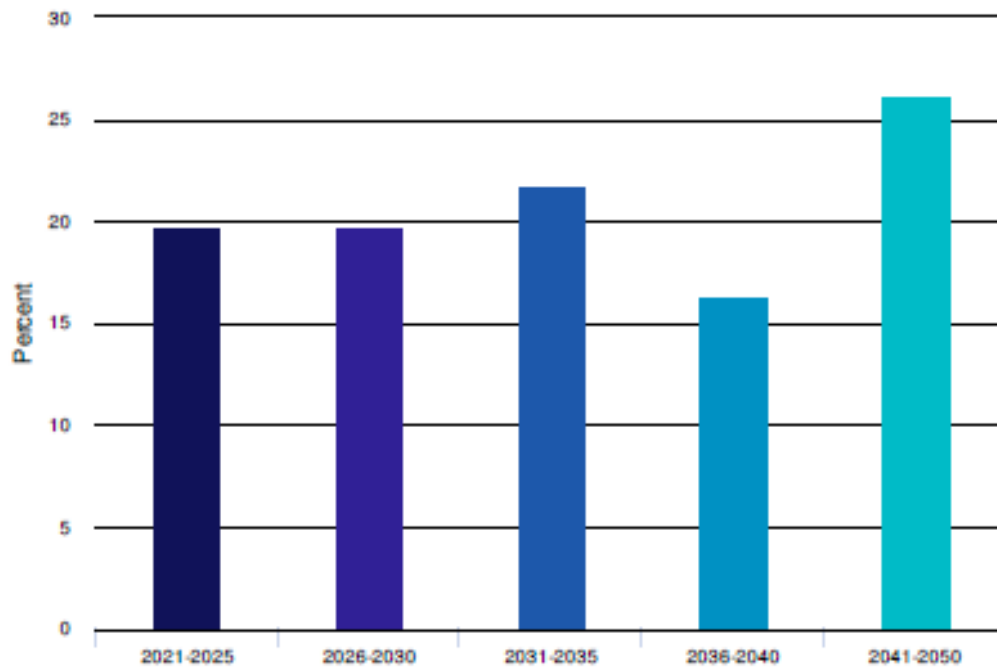


Value	Percent	Responses
Yes	81.0%	64
No	19.0%	15
Totals: 79		

Figure 11 Job Plan Implementation

19% of people with a job plan were generally not able to work to that plan.

12. When do you plan to retire?



Value		Percent	Responses
2021-2025		19.6%	18
2026-2030		19.6%	18
2031-2035		21.7%	20
2036-2040		16.3%	15
2041-2050		26.7%	24

Figure 12 Estimated year of retirement

There were a total of 95 respondents to this question. In the period 2041-2050, the largest percentage of the 2020 consultant radiographer workforce plan to retire (26%) but this does cover a larger timespan. There is generally steady retirement expectation over all periods until 2041 onwards. The results therefore suggest that ages are evenly matched and there needs to be an appropriate succession plan to replace posts in the 5 year blocks on a regular basis.

13. Do you currently plan to remain in the role of a consultant radiographer until your retirement?

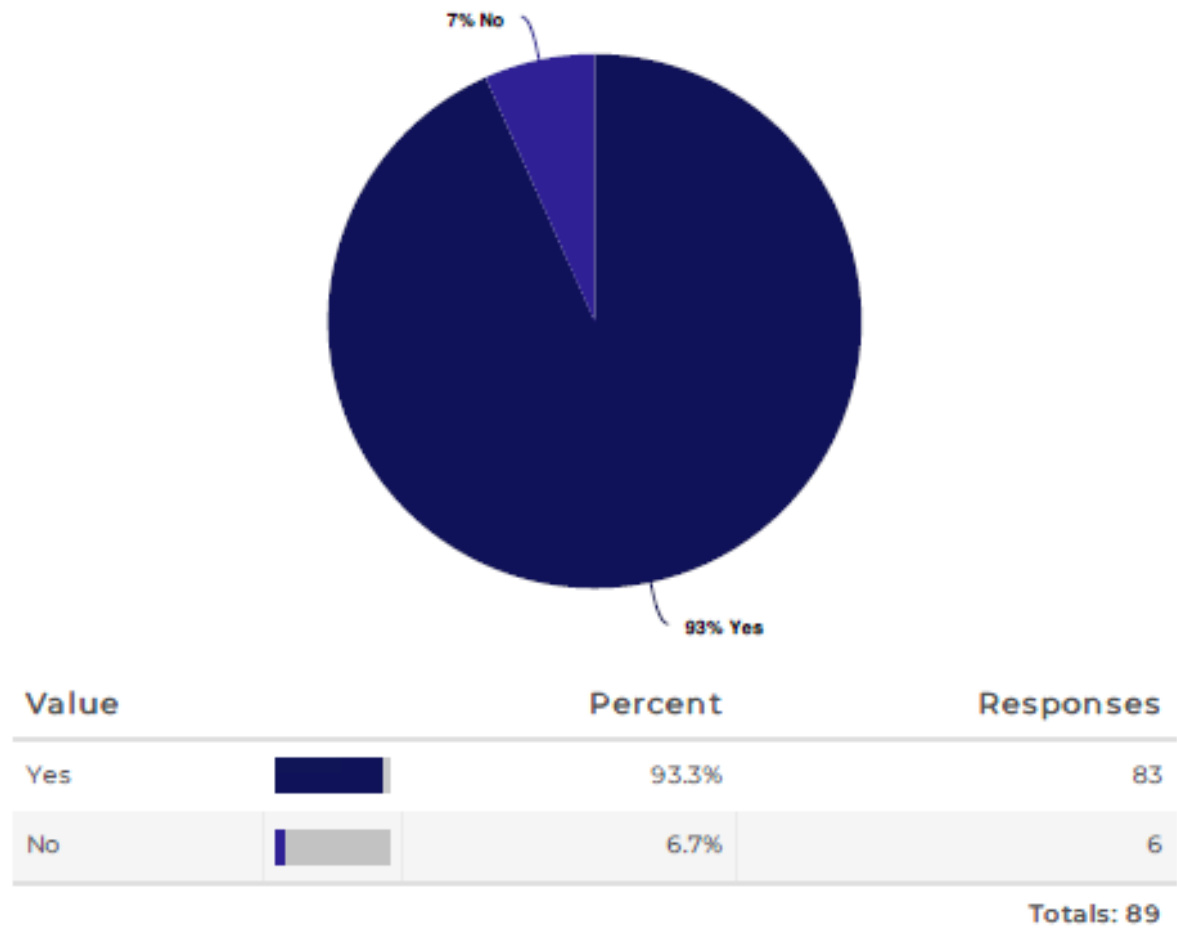


Figure 13 Intention to remain in post

7% of consultant radiographers indicated that they did not intend to remain in a consultant radiographer post until their retirement.

14. If you are considering a change from your role as a consultant radiographer, other than retirement, can you provide some information to help us understand why - for example, family commitments, stress, change of career?

Reasons for participants considering a change from their role were provided as open responses that may be themed as:

- Stress
- Workload / time constraints
- Lack of support in role
- Repetitive Strain Injury
- Lack of pay progression
- Lack of career progression
- Departmental and Organisational barriers to fulfilling all core domains of consultant practice
- Move to a new role or new career closer to home

15. Time spent on four core domains of consultant level practice. A rough estimate of your time percentage spent on 1) Clinical practice (including audit); 2) Consultancy & Leadership; 3) Education; 4) Research and Service Evaluation.

Participants' estimates provided a wide range of time percentages. Variations are likely to reflect factors including annual variation, for example, mammography conference which takes place every two years, individual job roles and scope of practice.

All participants estimated that they spent time on the core domains of 1) expert clinical practice; 2) professional leadership and consultancy; and 3) education, training, practice and service development in their core roles.

For the domain of research, one participant reported that 0% of time was spent on this domain. One participant reported just 1% of time spent on research. 15 participants reported that approximately 5% of their time was spent on research. The remaining participants were able to spend more than 15% of time on research.

16. If there are barriers to spending time in any of the four core domains of consultant practice, can you tell us about them?

There were 63 individual responses to this question, 58% of participants. Participants in the survey described expert clinical practice as central focus to their role but this provided an obvious tension. 74% of practitioners (79 respondents) felt that their workload in clinical practice was a barrier to performance in other domains of consultant practice. It is possible to infer from that result that insufficient resource is available for services

being led by trainee consultant and consultant radiographers. Alongside the demands and pressures of that clinical workload, 28% of participants (29 respondents) also considered that a lack of time was a barrier and 8% (9 respondents) reported lack of staff or low staffing levels. One participant commented that annual leave had an effect because when advanced practitioners were on the leave the participant had to focus specifically on clinical practice, not the wider domains of consultancy. 3 respondents (3% of participants) noted that the Covid pandemic and associated workload had been a barrier.

One participant felt that access to infrastructure to support research was lacking for those who do not work in large teaching hospitals. Similarly, one participant cited lack of links with academia as having an effect on the domain of education. Research culture was also mentioned by a participant who noted that little research or audit among the consultant radiologists in the team had a negative effect on departmental research culture.

17. If there are factors that facilitate spending time across the four core domains of consultant practice, can you tell us about them?

A number of themes were evident across 28 responses to this question (26% of participants):

- Current focus on multi-professional frameworks for advanced clinical practice have made the core domains more explicit / achievable for consultant practice.
- Having a job plan in place and active support from the department / colleagues / managers / clinicians.
- Adequate staffing to allow participants to work to their job plan.
- Control of clinical rota and fair allocation of clinical work.
- Flexible working and working from home.
- Effects of the Covid pandemic – workload in some areas reduced therefore leaving time to concentrate on research, audit and service evaluation.
- Strong research networks and infrastructure.
- Links with academia.
- Professional body support for leadership and education domains.
- Grant money and awards to enable research activity.

18. Since your initial posting as a trainee consultant or consultant radiographer, have you extended your role / changed working practice? If yes, can you tell us about that please?

A range of themes were presented across 65 responses to this question:

- Evolving due to medical staff shortages, increased service demand, changes to clinical practice and procedures.
- Non-medical prescribing.
- Service lead role.
- Increasing clinical scope of practice. For example, reporting across an increasing number of modalities in region specific area: MSK plain imaging and CT, Breast plain imaging and MR, Thoracic interventional procedures.
- Expansion of scope to cover multiple systems, for example, bone and brain metastases with development to palliative lung, rectum, bladder, prostate, lymphadenopathy. Extension of palliative radiotherapy sites.
- Radiotherapy plan approval, target volume delineation, complex volume delineation and prescribing radiotherapy.
- Service evaluation, service development, improvement and service innovation.

- Management of patients' systemic treatments beyond radiotherapy, for example, Endocrine and Bisphosphate treatment.
- Advice and leadership to AHPs beyond direct patient contact.
- System wide leadership and education for colleagues across a specified patch.
- Honorary contract as a visiting lecturer.
- Increasingly complex referrals.
- Consultancy with professional body, government and education bodies.
- Supervision of consensus and MDT / MDM.
- Referrer for radical and palliative radiotherapy.
- Commencement of NIHR clinical doctoral fellowship.
- Palliative care paracentesis.

19. Considering changes to your job role and scope of practice during the Covid-pandemic. How did the pandemic influence the ways that you work? For example, did your service design alter, did you learn new skills or did your focus of work change?

79 participants responded to this question. 12 participants reported that there had been no changes, their role carried on as normal. A range of themes were provided in the responses from the other 58 participants:

- Effects on study, research and audit time dependent upon specialist area. For example, reduced amount of study time available for trainee and consultant posts in general imaging, increased time for study, research and audit reported in some screening services.
- The development of new skills. For example, tele-assessment, triaging patients, swabbing for Covid, running follow-up clinics.
- Trainee and consultant radiographers required to spend larger proportions of time directly on the 'shop floor'; increased clinical workload and focus.
- New approaches to work facilitated by software, for example, virtual MDT, reporting from home.
- New ways of providing patient care and services, with alterations to usual diagnosis and treatment pathways, for example one-stop imaging and changes to treatment protocols.
- Increased pressures during 'peaks' of Covid patients and also with relaxing of UK lockdown rules, for example, extra evening and weekend clinics.
- New skills to provide person-centred care in the context of changing care pathways and design, for example, telephone triage & video calls, shared decision making and risk stratification.
- New skills related to Covid, for example, identifying patterns of Covid using ultrasound and performing thoracic interventional procedures.
- Increase in managerial responsibilities, reviewing and updating policies, new ways to provide services, streamlining pathways, keeping up with changing guidance and best practice, strategic work to facilitate safe working practices.
- Focus on teaching, for example online tutorials & face to face practical skills teaching, how to recognise Covid signs on imaging, how to perform chest drains and aspirations.
- Increased need for leadership function in times of uncertainty and pressurised working environments.

20. Finally, are there any comments you would like to make, further information you would like to add, or any areas that we should be asking about?

Sixteen participants provided comments about a range of issues that concerned them.

The participants' comments related to:

1. Lack of parity of pay banding across radiographer and also NMAHP consultant roles.
2. Lack of parity in job plans between similar consultant roles.

3. Low staffing levels and lack of succession planning;
4. Ability to perform the four core domains of practice in relation to perceived barriers.
5. Lack of time for domains other than clinical practice.
6. The importance of the support of service and divisional managers to enable fulfilment of the core domains of consultant radiographer practice.
7. Lack of understanding of NMAHP roles from the wider healthcare workforces.
8. Inconsistent application of Annex 21 AFC to trainee consultant roles.
9. Recognition for accredited consultant status.
10. Intention to complete doctoral level study.
11. Guidance around capturing impact of consultant radiographer roles.
12. Need for face to face networking opportunities in the wake of Covid.
13. Effects of independent non-medical prescribing on ability to extend clinical practice.
14. Guidance specific to trainee consultant roles and portfolio development.
15. Protected use of the title 'Consultant Radiographer'.

SUMMARY AND ACTIONS

The survey results and consultant radiographer experiences should be used when developing trainee consultant and consultant radiographer roles, for example, writing business cases and developing job plans. The data can inform succession planning, planning for substantive posts and to plan training and development for trainee consultant and consultant radiographers and clinical imaging and therapeutic radiography workforces.

A subgroup of CRAG will work on a discussion paper that will consider the descriptive findings contained in this survey report and identify potential links between results. This ongoing work of CRAG is intended to guide approaches to meet service demand in the future.

In addition to the use of survey evidence for those purposes, there is also advice available for professionals from the SoR Consultant Radiographer Advisory Group (CRAG). A guidance publication from CRAG is available for the support of trainee consultant and consultant roles, situated in SoR online document library. The guidance update will be available in late 2021. Information obtained in this survey will be used to inform that guidance update.

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