

**SRTP Conference 14<sup>th</sup> June 2018  
Sustainable Radiographer Workforce Workshop Outputs**

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**Overview**

The aim of the workshop was to consider new & collaborative methods to managing work carried out by Advanced Practitioners including Reporting Radiographers in order to support the implementation of a Sustainable Advanced Practice Radiography service.

Three key themes were discussed

**1. Reporting Radiographers**

- The workshop aimed to gather ideas and options for employing and managing a sustainable model of National Radiographer Reporting on a short term pilot basis

**2. Sonographers**

- The workshop looked to map the steps required to substantially increase the number of Sonographers at pace

**3. Advanced Practice Mammographers**

- The workshop aimed to map the steps needed to quickly increase the number of Breast Advanced Practitioners

Discussion points for each are summarised below and will be used to shape and inform the associated projects.

Thank you to everyone who participated in the workshop.

<b>Topic</b>	<b>Reporting Radiographers</b>
<b>Discussion Point</b>	<b><i>If we were to pilot a service delivering consistent Radiographer Reporting:</i></b>
What would the business need be for that service (9-5, 24/7 etc)?	<ul style="list-style-type: none"> <li>• 24/7 Cover either nationally or regionally or an extended day service to cover minor injuries (8am – 10pm)</li> <li>• Wider scope of practice to include CXR, AXR &amp; DEXA, Cross sectional working (MRI Spine / CT Stroke), would make better use of Advanced Practitioner reporting.</li> </ul>
How many RR's would it take to sustain that service?	<ul style="list-style-type: none"> <li>• 180 – 200 Reporting Radiographers plus succession planning and backfill</li> </ul>
How best, would that service be organised? (Regional / National – host board / NSS)	<ul style="list-style-type: none"> <li>• Regionally organised by Population</li> <li>• Nationally (as not enough capacity to sustain a regional model), minimum number of staff would be 28, this number allows a single reporter on a rota system. Peer support also required (2 Radiologists online together)</li> <li>• Funded for backfill and would use the pre existing resources i.e. more sessions for Reporting Radiographers</li> <li>• It would include an easier training process that was simplified and condensed (quicker training)</li> </ul>

	<ul style="list-style-type: none"> <li>• It would incorporate Team Building so peer support was given to Reporting Radiographers</li> </ul>
<b>Discussion Point</b>	<b><i>Training / QA support - How best can we use the I.T solution for:</i></b>
Mentoring?	<ul style="list-style-type: none"> <li>• Share+ enables wider involvement including mentoring and 2<sup>nd</sup> reporting for Audit &amp; Q&amp;A</li> <li>• The Share+ messaging service is excellent for support / sign off / feedback</li> </ul>
Peer review?	<ul style="list-style-type: none"> <li>• Standardised system enables wider peer review</li> </ul>
Training?	<ul style="list-style-type: none"> <li>• Employed through an imaging Academy;</li> <li>• Working alongside each other for combined learning &amp; conjoint education Radiologist / Radiographer</li> <li>• Regional / National teaching files</li> <li>• Element of double reporting during training period</li> <li>• Build exam modules to be completed annually to prove competency / CPD training / assurance in the service</li> </ul>
<b>Discussion Point</b>	<b><i>Increased Numbers of Reporting Radiographers:</i></b>
What would be required to expedite a substantial increase in the nos. of Reporting Radiographers and to maintain this in order to ensure we have a reliable critical mass of Reporting Radiographers contributing to the service?	<ul style="list-style-type: none"> <li>• A National Education Strategy</li> <li>• Clinical Radiology Academies to learn alongside each other</li> <li>• A Replacement strategy</li> <li>• Increased Scope of Practice</li> <li>• Consultant Training – Leadership, Education, Research</li> <li>• National Implementation Strategy to ensure there are jobs to go to</li> <li>• Student recruitment e.g. Apprenticeships</li> <li>• Accessibility to reporting courses</li> <li>• Backfill to allow reporting Radiographers to report</li> <li>• Condensed courses</li> <li>• Mentorship</li> </ul>

<b>Topic</b>	<b>Sonographers</b>
<b>Discussion Point</b>	<b><i>Increasing Sonographer Capacity (at pace):</i></b>
How can we ensure that once trained Sonographers are maximising their contribution? E.g. no. of sessions, scope of practice	<ul style="list-style-type: none"> <li>• There should be full time Sonographers</li> <li>• That have access to the correct equipment</li> <li>• That are allowed to take adequate breaks</li> <li>• That apply appropriate techniques</li> <li>• That have a variation to their role such as ways to Vet &amp; / or Report</li> <li>• There should be general Sonographers that can develop into specialities if interested</li> </ul>
Should we be investigating the creation of a standardised National job description?	<ul style="list-style-type: none"> <li>• Yes – should be standardised, job description and grade</li> <li>• There is a natural division between general and obstetrics?</li> <li>• There should be a requirement of full time scanning</li> <li>• Develop Sonographers for advanced procedures (FNAs)</li> </ul>

In order to increase u/s capacity should we be looking at different models of working for sonographer's e.g. 7 day working until 8pm?	<ul style="list-style-type: none"> <li>• Should all SPR's be training in ultrasound if not practicing as consultants</li> <li>• Backfill is required</li> <li>• Look to the Breast model for 4 tier structure</li> <li>• Make it attractive to become a Sonographer &amp; ensure retention through a decent wage, realistic appointment list &amp; diverse lists</li> <li>• Ensure leaders for the profession – National lead for each modality to inspire</li> </ul>
Could we be looking at creating ultrasound hubs certain areas where equipment is already being maximised?	<ul style="list-style-type: none"> <li>• Band 5 Practitioners (apprenticeships) could be used in the community for a specific scope of practice – would depend on practice due to HCPC registration</li> </ul>
What other ideas are there for increasing capacity?	<ul style="list-style-type: none"> <li>• Extended days 8 -6pm 7 days (New ways of working)</li> <li>• Need more equipment (?in GP Surgeries) can do basic exams</li> <li>• Mobile – GPs could refer their work</li> </ul>
How can we use technology to change the way in which training is delivered?	<ul style="list-style-type: none"> <li>• The Academy model - group tuition and support, which although still requires a mentor is less onerous</li> <li>• Equip to simulate e.g. TV Scans using simulation</li> <li>• Simulated learning facilities- blackboard system of lectures</li> <li>• Talk to HEI for courses</li> </ul>
How can we expedite the training of Sonographers?	<ul style="list-style-type: none"> <li>• Direct entry – in England at the moment not registered in HCPC</li> <li>• Band 5 limited scope of practice</li> </ul>

Topic	Advanced Practice Mammographers
Discussion Point	<i>Increasing the number of Advanced Practice Mammographers:</i>
What is required in order to increase the number of Advanced practice Mammographers E.g. mentorship / training	<ul style="list-style-type: none"> <li>• Support to progress</li> <li>• Mentoring</li> <li>• Identified need in the workforce for Advanced Practice</li> <li>• Backfill and funds to backfill</li> <li>• Workforce planning to support full service requirements. E.g. Collective population need identified;</li> <li>• Retention of staff especially in Screening services</li> <li>• Delivery of under graduate programme done differently i.e. Academy model, virtual / digital delivery of education</li> <li>• Networked way of delivering the service</li> <li>• Promotion of Advanced Practice</li> <li>• Research &amp; Development skills</li> </ul>
What would their scope of practice include? E.g. reporting, FNA's, Biopsies	<ul style="list-style-type: none"> <li>• Same standard as a Radiologist – all procedures, stereo procedures etc.</li> </ul>

Should we be investigating the creation of a standardised national job description	<ul style="list-style-type: none"> <li>• Standardisation of 90% could be achieved but 10% would need to be based on service need</li> <li>• All Bands work to a predefined scope of practice therefore there isn't much variation between them</li> </ul>
How can we ensure that we maintain a critical mass of Mammographers	<ul style="list-style-type: none"> <li>• Apprenticeships</li> <li>• Supported backfill</li> <li>• Successful recruitment</li> <li>• Under graduate programmes in Board areas to assist with recruitment into these areas</li> <li>• Not enough sessions by Radiologists to support mentoring and sign off</li> <li>• Mentoring uptake is lacking</li> <li>• Some courses are provided exclusively in England</li> <li>• Limited education places (PG CERT)</li> <li>• High litigation area makes it less attractive</li> </ul>
Can we be utilising the skills within Breast Screening to ensure a collaborative approach to either training or service delivery	<ul style="list-style-type: none"> <li>• Locum Sonographers lead to financial issues</li> <li>• A collaborative regional approach due to staffing crisis</li> </ul>
Do we need to consider 7 day working	<ul style="list-style-type: none"> <li>• As a patient facing service so need to consider the requirements of the patient</li> </ul>
Can we use technology to aid with training, service delivery, and peer review	<ul style="list-style-type: none"> <li>• Invest in enhanced equipment</li> <li>• Support staff to develop</li> <li>• Provide benefits including opportunities for development</li> </ul>