

New Workforce Models – Keeping You Informed Edition 10

Your Guide to **SWeET** **S**trategic **W**orkforce **E**ducation and **T**raining

This edition of the ‘Keeping You Informed’ bulletin concentrates on the Advanced Practice Radiographer role introduced to help support Radiologists and improve diagnostic imaging

It’s all about the Image – Karen Moxham, Head of Imaging



The Advanced Practice Radiographer role is a nationally recognised one that involves either elements of extended clinical practice and/or clinical reporting. One of the key benefits is that it addresses the national shortfall of Consultant Radiologists by utilising and enhancing the clinical expertise we already have.

We’re very fortunate to have a number of APRs, 11 to be exact, five Reporting Radiographers which includes three in x-rays and two reporting MRI scans, five APRs in breast imaging to report mammograms including two undertaking breast ultrasound, two undertaking biopsies and one in training with a further APR undertaking fluoroscopies which is an x-ray procedure assessing swallowing. We also have 15 Advanced Practice Sonographers, the majority of whom come from a radiographer background but also include clinical technology and nursing, who undertake and report ultrasound scans.

The qualification, which requires between a year and two years’ training, including a final theoretical exam, allows the APR to undertake some of the work that would traditionally have been carried out by a Radiologist. Our Consultant Radiologists are hugely supportive of the move, which isn’t always the case nationally, and have provided much of the clinical training.

It’s great news for patients as they can support fast track and one stop clinics without the need for a Radiologist and for all APRs it supports their career development and enhances our recruitment and retention. Their training has enabled us to improve our service with new developments, for example in the breast screening department, one of our Advanced Practice Radiographers undertakes Vacuum Assisted Excision Biopsies in the department that would normally have been undertaken in a theatre which saves theatre capacity and surgeon time. It’s a fantastic initiative and wonderful to see it embraced by our colleagues within the Imaging teams.

Andrea Booth – Advanced Practice Radiographer

“This is a role that’s been around for some time and I began my training as an Advanced Practice Radiographer in Leeds in 2001 and qualified in 2002. I was in the first group of Radiographers to become qualified at the Royal and it began as a means of officially recognising us as film readers.

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Andrea Booth – Advanced Clinical Practitioner

“All breast screening mammograms have to be double read and previously this was performed by two Radiologists. To address a shortage of Radiologists the advanced practice radiographer role was introduced. By giving some of the Radiographers the qualification to read, it would allow Radiologists more time to be able to carry out the jobs that only they are qualified to do.

“It was something that we wanted to do and we were very lucky that the Radiologists were also keen for us to work towards this qualification. We had been screening since 1990 so had become quite experienced in looking at mammograms and it was a way of enhancing our role within the unit.



“The training reinforced that knowledge and added more to our skills, it was a great opportunity for us to learn more and progress our careers. It was certainly more work! The training involved looking at case studies, reporting a certain number of mammograms and completing an observational film reading exam. When I qualified there were two of us and now there are five so it’s clearly been a successful and welcome move. Over the years we have progressed the role and now have APRs performing breast ultrasound, cyst aspirations, core biopsies, wire localisations and vacuum assisted biopsies

“This role is of benefit to patients because a double reading, with an Advanced Practice Radiographer and the Radiologist, shortens the time needed to complete a report. This means that the results are available in a more timely manner. I now also carry out vacuum assisted excision biopsies, which is a process by which we can remove areas within the breast that previously required surgery, allowing it to be done as an outpatient rather than using Theatres. This is clearly better for the patient in terms of recovery time, treatment and it reduces the chance of that individual becoming an inpatient. For our consultants it gives them more time to carry out the tasks that only they are qualified to do, whilst for us we get additional job satisfaction, more experience and the chance to progress our career.

“It’s aspirational, so if a Radiographer joins us then they can see that there is a clear pathway to becoming an Advanced Practice Radiographer with the possibility of further qualifications to become a consultant radiographer if that’s where their ambitions lie. In breast screening we were the forerunners to the four tier system which includes Assistant Practitioners, Radiographers, Advanced Practice Radiographers and Consultant Radiographers. It’s a clear pathway where you can see the potential for progression.

“Though it’s not available in all areas of Radiography, if you get the opportunity to start your qualification then my advice would be to give it a try. It’s a good role to have at the Trust that is most definitely of benefit to the service.

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