
Abstract 13:3

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Radiographer reporting in the UK: the why, what, how and when

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Historically and almost since the discovery of X radiation, radiographers in the UK have contributed to the interpretation and reporting of images, although it is really only in the past four decades that this has become acceptable to some extent to our closest colleagues, radiologists.

The reasons why reporting by radiographers is now part of the recognised scope of practice of the profession will be discussed, concentrating on the major contributing factors of increasing volume and diversity of workload in imaging services; chronic shortage of radiologists; educational development of radiographers and the emergence of advanced practice; and public demand for much shorter waits for examinations and reports. The fact that healthcare in the UK is almost wholly publically funded and free at the point of need was and remains an important environmental factor that enabled radiographer reporting to become established.

It must be recognised that reporting radiographers are not and never can be direct replacements for radiologists. Radiologists are medically qualified doctors who have specialised in radiology, while reporting radiographers have developed their scope of practice and undergone additional education and training to enable them to report imaging examinations within a defined scope of practice. In doing so, radiographers are able to make significant contributions to the workload of a department, with benefits to patients, their radiologist colleagues, and to referrers. There are also other benefits; for example, improved team-working, better staff morale, and cost savings. Reporting radiographers contribute to almost all aspects of reporting but none are able to report all examinations (nor are they expected to), with the largest numbers to be found in ultrasound, muscular-skeletal and trauma imaging, and breast screening. Chest imaging, head CT (computed tomography) and musculo-skeletal MRI (magnetic resonance imaging) are growing areas of reporting practice, with a few radiographers reporting nuclear medicine studies and CT colonography examinations.

In the UK, two distinct forms of 'reporting' by radiographers are recognised; preliminary clinical evaluation which has evolved from 'red dot' signalling systems, and clinical reporting which must be equivalent to and indistinguishable from reporting by radiologists. The differences between these will be described, as well as how and when these may be implemented, and how they contribute to effective service delivery and patient care. The importance of education and training, clear protocols and systems of work, and proper attention to clinical governance will be discussed.

Finally, consideration will be given to how reporting radiographers' roles may change over the next decade, particularly how radiographers may integrate their current image acquisition and reporting roles into wider clinical management / care pathway roles.