

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

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Audrey M Paterson

Director of Professional Policy, Society & College of Radiographers

- Greetings from the profession in the UK
- Thank you!
- My reporting 'credentials'

- Why radiographer reporting?
- What do radiographers report?
- What *is* 'radiographer reporting'? (How?)
- When do (should) radiographers report?
- What next?
- Questions as we go along

Why radiographer reporting?

- There has always been radiographer reporting!
- Outright opposition / outlawed
- Permitted through regulation
- Recognised by professional body
- 2012: Team Working in Clinical Imaging¹

Team Working Document:

“Team working in radiological reporting usually means a multidisciplinary team involving clinical radiologists, radiographers at advanced or consultant practitioner level and, occasionally, other members of staff; for example, vascular and nuclear medicine technologists, medical physicists, midwives and speech and language therapists”

So, why radiographer reporting

- In the UK, healthcare is publically funded
- Increasing volume of work
- Expanding range of examinations/
interventions
- Examinations growing in complexity
- Workforce in short supply, both radiologists
and radiographers
- Downward pressure on finances

Also:

- Public demand for better services
- Referrer demand for better support
- A 'no wait' aspiration for both image acquisition *and* report
- Recent joint guidance² from RCR and SCoR states 2 week maximum wait for appointments and same day /next working day for reports

Yet more 'Why':

- Patient safety concerns driving 7/7 and 24/7 working
- Early diagnosis / imaging 'front loaded' in patient care pathway
- Educational development of the radiography profession over the past 3 decades
- Advanced and consultant practitioners
- Professional body standards and approval / accreditation work

Questions / Comments at this point?

Scope of Reporting Practice

- Broadly, fields where volume of work is high (e.g. Musculo-skeletal; breast; ultrasound)
- Although there are reporting radiographers in all areas of practice³ (e.g. CT Head; nuclear medicine; MSK MRI)
- Specific scope of practice clearly defined
- Post graduate education approved by SCoR essential
- NOT 'mini' radiologists

Education and Training:

- MUST include competence development and assessment
- PgC/PgD minimum level; full Master's degree preferable
- Faculty and examiners to include radiologists
- Curriculum concentrated on pathology, and on reporting in context of 'patient pathway' / referrer needs

Benefits / (Drawbacks)

- More timely and cost effective services
- Reporting 'cover' available for longer
- Improved image acquisition
- Improved multi-professional team working
- Improved morale as a result
- Increased emphasis on continuing education and personal accountability
- (Up front investment of time and money)
- (De-skilling of radiologists) (??)

Further Questions / Comments?

Nature of Radiographer Reporting

- Two distinct roles:
 - Preliminary Clinical Evaluation
 - Clinical reporting
- So far, I've been concentrating on clinical reporting
- Updated policy document⁴ earlier this year entitled "Preliminary Clinical Evaluation and Clinical Reporting by Radiographers: Policy and Practice Guidance"

Preliminary Clinical Evaluation

- “Clinical imaging examinations undertaken by radiographers ... an immediate preliminary clinical evaluation ... to assist in on-going patient management.”
- Intention to replace ‘red dot’ systems with initial opinions given in written form
- Undergraduate education develops basic knowledge and skills
- Ongoing post qualifying development essential

Clinical Reporting

“Evidence continues to confirm that properly trained radiographers reporting in defined areas of practice comply with standards equivalent to those of their radiologist colleagues. Accordingly, clinical reporting radiographers are able to make valuable contributions to delivering safely and effectively the reporting element of clinical imaging services”

What about standards?

- **Clinical Reporting:**
 - Patients and referrers must have a consistent standard of reporting practice
 - Radiographers must perform at the same standard as their consultant radiologist colleagues
 - Regular audit necessary to underpin this
- Reporting audit needs to become service rather than profession based

And PCE?

Newly qualified radiographers:

- able to assess image appearances to identify abnormalities, and describe in writing
 - competent in identifying normal image appearances, including normal anomalies
 - able to advise on further radiographic projections based on their clinical findings
- Experienced radiographers:
- be competent in undertaking and producing written preliminary clinical evaluations.

Implementation:

- Part of strategic planning for service delivery; NOT a 'nice to have' or 'optional extra to keep the radiographers happy'!
- Driven by defined service need /demand
- Skills and training needs analysis and plan
- Education and training; cont. education
- Strong clinical governance framework
 - Defined scopes of practice and protocols
 - Audit and review

Another questions break!

When?

- To some extent, I've already addressed this
- Fundamentally:
 - To improve immediate management of patients
 - To reduce the time between referral and report
- To contain costs (less out-sourced reporting)
- So, as the final part of the examination (PCE), or
- As soon as possible after examination (clinical report)

The Future??

- Always difficult to predict!
- Demands increasing; constraints worsening
- PCE and clinical reporting by radiographers here to stay
- Emerging developments include
 - Radiographer led management of whole imaging pathway (e.g. breast; minor trauma)
 - Multi-disciplinary team meetings

What about longer term?

- Hybrid and molecular imaging
- Personalised Medicine /gene based therapies
- MUCH increased complexity
- Imaging more aligned to healthcare science
- Sudden changes in imaging practice (for example, Down's syndrome/breast cancer)
- What impact on PCE and Clinical Reporting by radiographers???
- I leave you to consider!

Final Questions??

Thank you very much for listening

audreyp@sor.org

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