

CONSULTANT RADIOGRAPHER IN BREAST IMAGING: ENTRY INTO A GROWING ROLE

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Background

There is an established workforce crisis in UK breast radiology.¹

Contributing factors include:

- Increased workload/ rising demand for breast services,
- Retirements
- Local and national funding shortfalls.
- Recruitment challenges on a worldwide scale, including shortfall in training and availability of breast radiologists.²

The most recent Workforce Census once again identified breast imaging as having the greatest shortage of radiologists, with a 9.3% unfilled vacancy rate.¹

Rising costs in radiology across all specialty areas are associated with outsourcing/insourcing of work to ensure diagnostic imaging and reporting is completed within cancer waiting time targets. It was estimated that £165 million was spent on this in 2018.

To help maintain breast services, there has been a move to developing existing Allied Health Professionals (AHPs) into Consultant Radiographer roles. However, the route to Consultant Radiographer is not always clear, and for Trusts developing this role for the first time it can be a challenging process.

History of the role

The role of Consultant AHP Practitioners was born from the Department of Health publications “*Meeting the challenge: a strategy for allied health professions (2000)*” and “*The NHS plan*”.^{3,4} Both documents proposed developing areas of responsibility for Consultant AHP Practitioners, defining the role as a multidimensional position encompassing the core functions of consultant practice: expert clinical practice, professional leadership and consultancy, practice and service development, research and evaluation, education and professional development.

Route to role

The traditional approach to a Consultant Radiographer trainee role in breast imaging is to recruit a radiographer, typically from a mammography background and develop appropriate advanced clinical practice skills, including ultrasound/intervention, research, audit, and teaching, ultimately completing postgraduate qualifications to the desired level (e.g. an MSc specific to the departmental role).

However, alternative routes to this role are possible. Advanced practitioners from a radiography background specialising in ultrasound offer an excellent alternative. Given the nature of the work as a consultant radiographer in breast imaging, the skill set and postgraduate qualifications held by an advanced practitioner in ultrasound are very useful as a foundation to the Consultant Radiographer role.

We describe our experience of recruitment and training of a radiographer from a general sonography background into a consultant breast radiographer role.

Reference

1. The Royal College of Radiologists (2018) *Clinical Radiology UK Workforce Census 2018 Report*. pp. 3-15.
2. Lowes S, Bydder M, Sinnatamby R (2017). A national survey exploring UK trainees' perceptions, core training experience, and decisions to pursue advanced training in breast radiology. *Clin Radiol*. 72(11):991.e1-991.e13. doi: 10.1016/j.crad.2017.06.013.
3. Department of Health (2000). *Meeting the Challenge: A Strategy for the Allied Health Professions*. London: Her Majesty's Stationery Office, pp.10-41.
4. Department of Health (2000) *The NHS Plan: a plan for investment, a plan for reform*.

Experiences

The **previous senior sonographer AHP role** held by our candidate had involved independent scanning, reporting, and basic ultrasound-guided interventions. Therefore, solid foundations in ultrasound technique, aptitude, and diagnostic decision making skills were already in place and were transferable assets to breast imaging. This was considered a reasonable starting point for entry into the trainee role, despite the lack of previous mammography experience.

Aspects of the training and development into the role that went well:

- Focused mammography image interpretation sessions with an experienced radiologist (15 hours per week).
- Hands-on scanning and interventional time in one stop and assessment clinics was readily available
- Structured timetable allowing for self directed study.
- Willingness to learn by trainee consultant radiographer
- Support from senior management and guidance on role development.
- Clinic room availability, at that time, allowed for semi-independent lists to be carried out within the department

Various challenges were faced during the training and development of this role:

- Direct integration into a new team from a different training background
- Varying teaching standards and working routines among trainers
- Trying to train/learn effectively in busy working clinics
- Training can be time consuming and lengthen normal tasks
- Lack of a standardised training programme for the Consultant Radiographer role in breast imaging
- Difficult to ascribe timescales to completing training in a new role

Staff group	Experiences
Radiologists	“The unknown of how successful this role would be and what was expected from the trainee made training to an end goal challenging.” “Impressed with how quickly the trainee developed, I feel coming from a independent reporting background had a major bearing on this.”
Senior management	“There was a lot of pressure around this role being a success as it was our first consultant AHP within the department and we hadn't recruited from the typical background.”
Trainee consultant radiographer	“Training was challenging at times with some associated pressure as I feel not all staffing groups were sold on this post.” “Having an experienced radiologist spending 15 hours a week tutoring me mammogram image interpretation was a huge advantage. I don't know whether other departments would have that capacity luxury.”

Conclusion

Overall the experiences and training outcomes of this new post within our unit have been positive. We now have a member of staff covering a range of clinical and educational commitments, contributing to self and departmental development.

Our positive experiences from this process have reinforced the idea that AHP's from a non-mammography background can successfully navigate a route to a consultant radiographer role in breast. However, setting a structured training/competency plan with timescale goals is a challenging task. Our experience has found that training plans need to catered to the individual and the department. Strategies such as an open competitive interview process for the formal consultant radiographer role, in addition to interview to recruit to the trainee consultant radiographer role (to parallel radiology SpR and consultant posts) may be useful.

A standardised training programme for the Consultant Radiographer role in breast imaging would be beneficial in the future. The new National Breast Imaging Academy will almost certainly help address some of the challenges in training future Consultant Radiographers.