

## Theoretical Category 9: Professional Issues

Themes	Description	Interview Quotes
Succession planning		<p>“I mean I think you got to be right to sort of cascade and disseminate that to the team. Because it can inspire others, or it should inspire other people. You know, to think you could do something like that as well. Because that’s how it works with me sometimes. You look at somebody and think, there shouldn’t be any reason why I couldn’t do that.” (Interview 05)</p> <p>You know, I am creating a legacy.” (Interview 07)</p> <p>“Basically, when I went into the secondment I was already classed as a clinical expert in terms of reports an...but it’s all the other aspects of the job that had not developed or expanded. So, by using the secondment it has allowed me to continue doing the clinical work but also to look at the other elements.” (Interview 08)</p> <p>“ I would like to think that I’m a role model and there’s some younger people that have kind of...that wants to do advanced practice and I hope that they would kind of think, ‘Oh, yeah. I could do that one day.’” (Interview 09)</p> <p>“Yes, because we’re so poor at succession, you know. You develop yourself into this person that can do these things but you have got nobody to pass it on to. And so, you are the only one...” (Interview 11)</p> <p>“I think, has got these roles around about a person and they shouldn’t be. It should be a service need of some kind. There should be a need and people sell it, but at the moment, it’s just being...they’re having to be built around personalities and unfortunately, the way things have gone, there aren’t always those people coming through. We seemed to be going a bit backward as far...for me, anyway, as far as the extended roles in some cases. We seemed to have made a big push forward and then.... We seemed to be going backwards a little bit, certainly in my field around extended roles which doesn’t help with succession.” (Interview 11)</p> <p>“...see myself actually as probably a bit of almost just sort of transitional person, really. I mean, you know...when I get succeeded, I would hope if I’ve done nothing else but just to sort of clarify the role and, you know, build the foundations for it. But you know, I don’t for a minute think that, you know, when I, you know...whenever I finally go, retire, or whatever, that things would stay the same, but it’s just not the sort of foundation building I think at the moment, you know. These are all very new roles and, you know....you’re still, you know, finding our feet, really.” (Interview 14)</p>

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	<p>“And so in terms of succession planning for me and my role, the answer is, I would say no. But it is something that we, as a department, need to address because I’m fully aware, you know, that if I was to have some terrible accident or wasn’t able to come to work for a period of time and it would leave a huge hole in the department because there are aspects of the service which I ran solely on my own. And so it is a problem for us in a way. So it’s quite of a dilemma. And but the interesting thing is we’re being paired back and paired back and paired back in terms of reducing head count to save money because, obviously, that’s the biggest. You know, we can’t stop doing the work but we have to do the same or more work with less people. And it becomes the luxury of having succession planning and extra people to do, you know, twice as many people to do the same amount of work. It just doesn’t exist anymore. And there’s, you know, there’s huge issues around the financial constraints around service delivery and all of those kind of really important long term planning issues that we can’t address.” (Interview 16 – anti research as core domain)</p> <p>“But I think it’s very interesting with the challenges that radiology faces with the AQP, you know, any qualified provider because we have to be as competitive as we can and therefore we will not be competitive if we have excess staff...But the flipside of that also is around the department who have invested in succession planning and have invested in more advanced practitioners may be able to, to deliver a cheaper service.” Interview 16 – anti research as core domain)</p> <p>“We’ve got a breadth of knowledge that you need to pass to other people. ...It’s not just about the patients. It’s about the patients of the future. And the only way you’ll help the patients of the future is by doing research, by implementing new technologies and you know, by making sure you’re educating those that come through.” (Interview 24)</p> <p>“So, that’s why I think consultant radiographers do have a leadership role and they have an education role. Because if you don’t get that information out to people and you don’t work across disciplines or try to do something else in, we’re not bringing the consultants of the future forward.” (Interview 24)</p>
Pushing boundaries	<p>“I think radiographers are just focussed on advance practice.” (Interview 01)</p> <p>“I just don’t want them to look at me as another radiologist because I’m not that and do not want to be that. ...And I also don’t want to be a manager. So I want them to look at me in the different way, really, which I think they do now.” (Interview 01)</p> <p>“So I would like it to develop where I can be an authority on lots of things in the department and be the person that can be pushing things or driving things forward.” (Interview 02)</p>

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		<p>“I know, and I think to feel fulfilled, to feel that I’ve done my very best in my job. And I would like to do, I would like to kind of lead, I think. I would like to feel confident enough to lead on some not clinical based research in terms of actual patients. ...And I’d like to feel that I would lead on that and able to do some good bits of research, lead the team and show that it’s possible really...That you know, I think that would give me utmost satisfaction in terms of having been a radiographer. And so, actually the things that you thought to be not capable of in this role compared to medics. ...And I think that would give me a huge feeling of professional fulfilment and huge confidence booster.” (Interview 05)</p> <p>“I think there’s a difference in what the society thinks in terms of the role of a Consultant, for example, on the grounds than Management think the role of a...I am not saying that you can’t have both kind of roles but certainly, my job description would match more the society’s view of it and that’s the kind of what I hoped that I was getting myself in for because I know I’m getting one of it but I’m only 40, I’ve got another 20 years to work. I don’t want to just, over the next 20 years, just be doing clinical because, you know, I’ll get bored and you know, I’d like to do some research that affects clinical practice and you know, see some changes and improvement, because otherwise, why would you want to do the job? Because otherwise, you’re just there and I don’t know what the word is really. Just a workhorse really, turning out with the numbers. So I think management are under pressure because, you know, in terms of hitting targets, my consultant radiographer is fantastic because they just fill in all the gaps. You know, they fill in all the gaps. And I can see the need for that as well. But I think there needs to be a meeting of the ways...it’s really to fill in all the major job that an individual can sustain and because I know that my predecessor left the work. So you know, that’s not going to be considered a department in the long-term or the role of the profession if it is unsustainable.” (Interview 09)</p> <p>“I have a bit of problem with the name again because a lot of consultants...I do not know if they are now, but a lot of the people I know who have been consultants are not really consultants in true sense of the word. And so, I think if it was a true consultant post, then yes, I think it should be. I think there should be clinical specialists and there should be consultants and they should be different. And I know that a lot of consultants get wrapped up in managerial roles as well, and I think the problem is that Trusts have jumped on the name ‘consultant’ and then lumped in a load of stuff in their job role. And I suppose we as individuals or...have gone along with that so that we can get the role, and I think that is wrong.” (Interview 11)</p>
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	<p>“And I think there’s a lot of people that want to be consultants for reasons. I don’t know why they think that they, you know...they think they want to...I think consultant roles...new consultant roles need to be...I mean, it’s almost...it would almost be helpful although probably counterproductive, if the rules around consultants were absolute, either you did this or you didn’t have the role. So, either the roles have these components in it or you are not allowed to call yourself a consultant, because I don’t know what you think about it. I only talked to others and I haven’t talked to all of them. I don’t know anybody else who has a day a week, you know, like I have. So, this business is 50%, 25%, and 25%. And I know there are a lot who suffer huge from having managerial problems, you know, on them and that kind of thing. I don’t know how many are true consultant roles. And if you had it like a really tight procedure of whether this is or not a consultant role, I don’t know how many would pass that now.” (Interview 11)</p> <p>“(accreditation) ...if it’s not mandatory, then what does it mean, really?” (Interview 11)</p> <p>“So, yeah, I think a whole culture of health professional work is changing and is getting to be more acceptable, isn’t it? (Interview 12 – anti research domain)</p> <p>“I think, perhaps, we could do within the consultant group is identifying areas that we think need researching; and perhaps, getting a collaborative between several consultants from different trusts. So...that because...I know...in my situation, my patient numbers aren’t huge. Any sort of research you want to do, you’re first barrier is the fact...it’s just a small sample and you can make assumptions or hypothesis that may not necessarily be true if you did it for a couple of thousand people. So I think a bit more collaboration between centres.” (Interview 15)</p> <p>“The...accreditation for the consultants is brilliant ...it gives substance to the title and it’s transferable then if everybody’s assessed in the same way, you know that it’s one department’s consultant is similar...not necessarily the same but similar...of a similar standard, really to another department. ...For whatever...varied reasons it has been made quite difficult for the consultant post to be implemented properly, ...I don’t know who said it, there was a quote somewhere that said, “It’s relatively easy to demonstrate consultant practice; but it’s quite hard to maintain consultant practice”. ...So they can see you’re accredited at the standard and this is what I do.” (Interview 15)</p> <p>“Yes. Well certainly the aspects of my role, I think, which makes it different for me is that I...you see the contribution I make to the strategic development of the department...But in terms of the whole of radiology, then that is part of my role and I work with the service leads to develop the whole service so that tapping into my high-end kind of strategic thinking skills as well as my clinical skills. That’s what happens to a radiologist, isn’t it? They don’t just look at the little bit but they do. They look at the whole thing. And so, you know, that’s...no, that’s the really interesting part of what I do. Good quality and governance and it’s great.” (Interview 16 – anti research domain)</p>
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		<p>“And I think that reflects in what we said about square pegs and round holes, isn’t it? It’s about tailoring the needs of the role to each individual department and getting the best out of people in their role.” (Interview 16 – anti research domain)</p> <p>“I think that, you know the aspirations of the government and of the society were not at all bad, and indeed of the board here, you know, the actual hospital board, but you know, the hard fact on the ground is quite different.” (Interview 17)</p> <p>“I don’t think there is a clear solution other than the fact that we need to really get the top down appreciation of what research and things like that would do, the benefits it would bring because I don’t think there is appreciation of it right now.” (Interview 17)</p> <p>“We’re becoming, you know, very much a professional of box tickers and the patient focus is going out the window.” (Interview 17)</p> <p>“...with the NHS at the minute the pressure is on everybody and is on the top of a lean and mean service. We can’t invent time for the Trust - you can you can keep lobbying them. It’s a really important part of our work and it needs to be given priority, you know, equal priority but I’m afraid at the minute it’s not going to happen.” (Interview 20 – unsure if research should be a domain)</p> <p>“Unless we have some sort of national help, sort of research, not department research but somebody out there that we could just sort of say, “Alright, I’ve collected all this information but I have absolutely no idea what to do with it.” Is there anybody out there that can help with that?”(Interview 20 – unsure if research should be a domain)</p> <p>“I think I suppose to be known as an expert in your field, not just locally but nationally as well, because you get your opportunities then, doing it at that level.” (Interview 21)</p> <p>“...And in the end it’s dictated by what the trust wants, isn’t it, rather than what the individual wants, whereas some people have been instantly promoted to that post, haven’t they, I mean some have applied for a job nationally and got the post. And some have been ex-managers who’ve recreated their role into a consultant radiographer. It’s a big mix, but then at the same time I think why can’t it be like that as well, though. Why can’t you have a mix of people who still are consultant radiographers? Because when you look at consultant clinicians you get a mix in there, don’t you, with all consultant clinicians.....Ten years ago, when we first started talking about this, you had to have...do a job description that had to be approved by a strategic health authority. And now, that has all changed, hasn’t it, because they realised how to appoint as many as they thought they were going to. And they changed the goalposts a little bit, haven’t they?” (Interview 21)</p>
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	<p>“I would hope that anyone within the sort of role where you’re pushing boundaries and leading things forward has an astuteness that I don’t know if that would make have an inquiring mind and I think to have that inquiring mind that you’ve got to have a degree of understanding of research and the importance of critique in the research that’s out there because otherwise your, you know, someone’s not going to be telling you how to deliver your service or how better to deliver your service.” (Interview 22)</p> <p>“And I think part of that is just for us as radiographers it’s numbers. You know, it’s very difficult to, I think to have such a strong voice.” (Interview 22)</p> <p>“I’d rather be a bit of a mover and a shaker really.” (Interview 23)</p> <p>“...consultant radiographers are very good at telling people how fabulous they are. And I’m a bit sick of it and I wouldn’t be in the least bit surprised if there were a lot of other people who didn’t feel the same way. To me, it’s about putting your money where your mouth is and showing that you’re that good or demonstrating what a difference you’re making, where you’re taking the service, where you’re taking the profession. Not just keep telling everybody how fab you think you are.” (Interview 23)</p>
Traditional influences	<p>“It’s quite often radiographers I find, having been the radiographer (Laughter) are quite subservient, I think, and they don’t push themselves forward enough. I think that’s the big problem.... And in a lot of cases, we are our own worst enemy...” (Interview 01)</p> <p>“And we’ve got a non- medical research group in the trust which I attend and with the professor of nursing we’re trying to drive that forward. So we are trying. And I think, you know there are hopes that nurses and the AHPs will be seen more seriously in the research role or, you know, is part of everybody’s role and regardless of your grade, you know, we should all be looking at developing things and evidence-based and all that stuff.” (Interview 03)</p> <p>“Well, I think it’s a nationwide issue. It’s almost like moving a heavy cart slowly. Once the momentum’s going, it will be fine. I think that although we all know the consultant radiographers do “research” in practice, a lot of us a little bit stuck with it as I am from a, not from a not wanting to do it, but from clinical pressures....Problem. If it became the norm to have a protected session, and we should have a protected session. But in theory, I don’t think we do. Then, and if there’s a mass body of radiographers, consultant radiographers that become good at research and inspire others to do it, I think you will find that once it becomes the norm for that to happen on regular basis and publish the proof that it happens, then that should get started a bit more. ...It’s critical numbers, isn’t it? Once you’ve got the critical mass of people moving ahead, the rest of the sheep follow, don’t they?” (Interview 04)</p> <p>“So, that’s the thing that people forget. It’s actually not a quick fix overnight. That actually, it does come with a long trajectory.” (Interview 07)</p>

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		<p>“You know, for most radiographers they’re the junior partner. If actually the word partner can even exist in the same sentence as radiologist and radiographer....And radiographers do work very much more in isolation no matter how we much say it’s a team. They very much see career progression and personal progression as an individual and don’t work collaboratively as much. It’s not in the ethos really in diagnostic.” (Interview 07)</p> <p>“...often the radiography is very much relegated to the button pusher role.” (Interview 07)</p> <p>“No matter what we do in terms of raising profile of the department, of the job profiles, it still is very difficult for people to figure out how they can map a career that way. I think it’s easier in therapy. I think it’s difficult in diagnostic and I think there’s a perception that unless you go into academia, that research isn’t going to be something that you’ll do....Yet, when you get to consultant level, it is expected to be in there. So, that’s the difficulty. You sort of drumming out of them for a long period and then suddenly, they’re expected to be competent. Yeah. I mean, it’s not been an easy ride to this point.” (Interview 07)</p> <p>“We’re sitting at the back, no. The physios are sitting at the front. ...and it is very difficult to change it.” (Interview 11)</p> <p>“...there’s a lot of politics there, isn’t there, with the other professions and sort of making sure that you’re...you’re positioned in a place to make your voice heard. And certainly, you know, I think as radiographers, not necessarily from the SCOR, but just on the ground, you know, I think as radiographers, we’re not always making sure that we’re on the sort of committees and things that actually help to dictate policy, you know. We...I think we’re quite reckless in that we let things happen to us, almost.” (Interview 14)</p> <p>“(without the four domains)...we would always be perceived as just radiographers or just whatever you are or just a nurse, whatever, if you’re not perceived to be making a difference to the service. And I don’t mean just you know, that you’re just there doing the graft.” (Interview 23)</p> <p>“You know, like people might have an idea of what you think you’re going to be but actually that’s up to you to set the parameters. You can tell them what you think it is really. They don’t really know. It’s up to you to define what the role is. The difficulty is we are not radiologists but then we are not really radiographers in the conventional sense either.” (interview 23)</p> <p>“...everything’s protocolised and set in stone. And you report to somebody else. Occupational therapists and physiotherapists have always had autonomous clinics really doing work. And we’ve never had that till now.” (Interview 24)</p>
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		<p>“And when in the old days, you didn’t question because you were just the radiographer. Who are you to question a doctor? But if people learn to question doctors, it might make also them more keen to do research because we keep asking them questions. They’re going to have to be able to provide the answers...But we’re not just yes men.” (Interview 25)</p>
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