

Appendix 7: Sample of post interview memos

Interview 21 – 27/04/12

Trainee post.

Wanted to be an expert in the field with national recognition.

Has MSc but didn't really enjoy it. Didn't really feel this up skilled and gave confidence in research.

Research is in JD as desirable rather than essential. Job plan is 50% clinical and then 50% for the other core domains but this is governed by patient workloads.

Told that writing a chapter for a textbook does not count as meeting publication objectives.

Has done audit and service evaluation and has seen changes in practice as a result.

Yes should be a core domain but Trusts need to want it there and value it.

Culture – not there. Do regular journal clubs and have research radiographers but research is still lacking.

Facilitators – structured time in weekly timetable; more knowledge on getting funding; identifying valuable areas to be researched, needs to be a benefit.

Barriers – time; lack of confidence, getting involved initially and meeting others; need to be a clinical expert first and then this can take over.

What could SCoR do? – better network to dip into nationally for support; break down myths around research, make it friendlier, understanding of career pathways for researchers.

I had a very strong feeling throughout this interview that the interviewee felt a lack of confidence and support in doing research

Interview 22 – 02/05/12

In post in 2005

Gradual shift from earlier career. Gap in the service and wanted to impact on the patient pathway.

Research is in role and has protected time one day a week for all paperwork and research.

Has autonomy to do research when sees fit. Has jurisdiction over own job plan. Research is in JD but no weighting given.

Has MSc. Gave confidence as did have a fear of research. Steep learning curve. Enthused by MSc. Fascinating.

Has done presentations and publications.

Has advanced practitioner working with her so there is some flexibility of cover and succession planning is in place.

Research should be a core domain because need the ability to undertake research which needs to be serviced driven. Provides improved outcomes in a cost effective way. Need to be able to evaluate research and appreciate what is good and bad practice. If in a role which should be pushing boundaries then should have an inquiring mind and appreciate the importance of critiquing what is out there.

Would expect consultant radiographers to be doing research which changes practice.

Supportive cohesive team

Facilitators: having a manager who is forward thinking and allows autonomy. Engaging those around you.

Barriers: with “an intelligent overview” you can get around these! There is flexibility and you can get around time. Is aware should be applying for funding but a little unsure how to go about this.

Potentially money could be more of a barrier in the future.

Research culture: very hot and keen to have non medical person as PI.

SCoR: Probably biggest issue is to address managers and how these roles need to be implemented. Consultant radiographers need opportunities and if they are not doing the core domains then would question if they should be banded as such.

Research should be integral and part of the development of the role.