

# Barriers and facilitators to advanced practice

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This presentation seeks to explain how advanced practices can be implemented more easily into clinical routine and also what factors can retard or inhibit its uptake. The presentation will draw on published material generated from within the UK and America, paying particular attention to radiography per se rather than purely nuclear medicine. The reason for this is that there is a wealth of experience from radiography that we can learn from. In addition to this literature, personal experiences will be shared to outline how the implementation of breast-related advanced practices have progressed within the routine work of Judith Kelly, a Consultant Radiographer (Chester, UK).

Since around 1990 UK radiographer and radiologist literature has seen a marked increase in the number of articles published about the types of advanced clinical work that radiographers are engaged with. A high proportion of this literature is empirical in nature and as such it seeks to convey objective data on how well an advanced competence can be carried out on comparison with a radiologist. Alongside this are more descriptive pieces about novel advanced practices that are being conducted by radiographers. More recent literature has progressed beyond basic inter-professional comparisons because as radiographer advanced roles became more embedded in their work it became apparent such comparisons were too simplistic and did not establish the true value of advanced practices, also it became apparent that radiographers had started to perform certain roles to a higher standard than radiologists, creating a new gold standard professional for certain responsibilities. Also some inter-professional comparisons became impossible because for certain roles some radiologists had started to move on from roles – comparisons therefore became impossible.

On examining the literature a number of factors conspired to ease the path for implementing advanced practices, for instance:

Shortage of radiologists

Junior doctors working having to work less hours (EU Directive)

The UK Government changing law to allow non-doctors to take on doctors roles

Effective academic, political and educational leadership

The provision of evidence to indicate that advanced practices have value to the patient, both in terms of outcome and process

Suitable educational provision

A clinical 'need' for the advanced practice

With the above in mind we shall now consider two advanced roles that Judith Kelly has adopted into her professional role as a Consultant Radiographer. Before we do this it might be worthwhile noting that in her clinical work she is personally and independently responsible for:

Interpreting mammographic images

Performing and interpreting breast ultrasound

Performing image guided biopsies

Performing image guided localisations prior to surgery

Performing clinical examinations of the breast

Interpreting MR images of the breast

**Ultrasound guided biopsy** was easy to implement into clinical practice because there were not enough radiologists to meet the demand and there was much published evidence to indicate that radiographers could do this role competently. A suitable educational programme was available locally. **Interpreting MR images of the breast** was written into an external quality assurance report and the hospital managers and radiologists in reading this report implemented an internal training programme immediately. This internal training programme also extended to the radiologist who worked within the breast imaging department. Evidence that supported this role increase was related to service continuity, from the patient point of view.

Interestingly external and internal audit has verified that for all roles Judith performs similar or better to radiologists employed within her hospital. It might be worth noting that for breast screening all UK healthcare staff (including doctors) have to participate in internal and external audit.

Effective leadership is worthy of special note because this has been pivotal in moving the agenda forwards. It has involved various organisations and Government agencies working towards a common ambition of improving

patient services through the more effective use of the healthcare team's potential. Professional bodies, such as the Royal College of Radiologists and the College of Radiographers have produced separate and joint vision and policy statements that have been used to inform clinical practice. The Government, again provide clear leadership, in response to public / patient opinion and healthcare worker opinion have worked with professional and scientific bodies to remove legal and policy barriers that have inhibited advanced practices. Locally, within hospitals, leadership has time and time again been demonstrated through Radiology Managers, radiologists and radiographers taking the initiative to implement advanced practices. Clearer professional regulation has been introduced too, the focus of this being to protect the patient / public. Professional accountability for radiographers and others has placed a clear emphasis in making the individual personally accountable to a national body; hiding behind a doctor is no longer possible within the UK.

Worthy of note are the factors which can inhibit the implementation of advanced practices, and this is particularly important that these are considered because failure to do so can stop the agenda moving forwards. Inhibiting factors include

Fear of the unknown

A need by some to defend ones own professional roles in favour of professionally-focused rather than patient-focused reasons

A fear that certain professional groups may loose financially if advanced roles are implemented into another professional groups sphere of responsibility

A lack of ability to value and use published research evidence about advanced practice

All known reasons why people resist change generally, as consistent with this particular body of literature

Initially when Judith was trained to conduct breast ultrasound she was not allowed to do it. This was because she was one of the first to be trained in this role within the UK (no precedence) and perhaps because at that time (cira 2002) the local radiologists were resistant to that particular change. Today (2010) this particular practice is widespread within the UK.

### **Suggested Reading**

R.C. Price, S.B. Le Masurier. Longitudinal changes in extended roles in radiography. A new perspective. Radiography. Volume 13, Issue 1, February 2007, Pages 18-29.

Richard C. Price, Hazel M. Edwards. Harnessing competence and confidence: Dimensions in education and development for advanced and consultant practice. Radiography. Volume 14, Supplement 1, December 2008, Pages e65-e70.

Maryann Hardy, Jeffrey Legg, Tony Smith, Borgny Ween, Imelda Williams, Jenny Motto. The concept of advanced radiographic practice: An international perspective. Radiography. Volume 14, Supplement 1, December 2008, Pages e15-e19.