**Title:**

**Assistant Practitioners (APs) in Radiography: An exploration of perceptions and experiences related to role development and impact.**

**Key words:**

Assistant Practitioner, Interviews, Role Development, Supervision, Experiences.

**Introduction**

The role of the Assistant Practitioner (AP) in radiography was introduced at the turn of the century to create a supportive workforce within radiography. Staff shortages were responsible for strategic redesign1 of the existing workforce to enable adequate service delivery. No study has evaluated the perceptions and experiences of the APs in radiography. Recent studies2 have shown the importance of gathering information from APs to gain insight into the improvements to embed the role of the AP effectively. The configuration of a four-tier structure allowed APs to take on some roles that were previously performed by radiographers3. The Society and College of Radiographers (SCoR)4,5,6,7,8,9 have produced a range of publications that focused on the scope of practice and educational requirements for these new AP roles. However, no studies have explored how these guidelines have informed practice and role development for the AP workforce in radiography, from the perspective of the AP.

**Study background**

An overall mixed methods study design was utilised where the preceding quantitative national survey10 on APs in radiography demonstrated that AP practice varied across departments and identified that some APs were performing roles considered to be outside their scope of practice. The follow-up qualitative semi-structured interviews findings are presented in this paper.

**Aim**

To explore APs’ perceptions and experiences of their role development and integration into the radiography workforce.

**Method**

A qualitative approach built on the earlier national survey findings10. Face to face, semi-structured interviews were conducted early 2010. The researcher was responsible for the design of the semi-structured interview schedule, conducting interviews and data analysis. Semi-structured interviews allowed the researcher to gather rich data from the participants11. The interview schedule content was informed by survey questionnaire findings and pilot interviews (Figure 1).

Purposive sampling was used to select a sample of APs for interview12 from a sampling pool of questionnaire respondents who were willing to be interviewed. Sampling criteria ensured representation of diagnostic and therapeutic AP roles, diverse national geographical regions, NHS and independent status hospitals, single and multiple departments as well as gender. Based on these criteria, the final sample of 38 APs were selected.

Ethical approval was gained through the National Research Ethics Service (NRES) and Site Specific Approval was gained from the relevant Research and Development offices at each NHS Trust. Written informed consent was obtained from each participant to ensure their rights were protected. Interviews were conducted in the workplace settings, audio-recorded, transcribed and checked. Thematic analysis allowed the researcher to report experiences, meanings and the reality for APs, through a process of identifying, analysis and reporting patterns13. Credibility of the findings was enhanced by reviewing the original text to make sure that all conclusions were grounded in the data or explained by the researcher’s interpretive scheme. Dependability was ensured through followed up and clarified the meanings11. The language and concepts used in the design and analyses were consistent with the epistemological position of the research14. Trustworthiness (rigour) was maintained by keeping a reflective journal to ensure a verifiable audit trail15.

**Results**

Three main themes and eight sub-themes emerged from the data analyses which are presented below. Interview extracts are presented using direct, anonymised quotations which are presented separately in Table 1,2 and 3.

***Theme 1 - Trajectory of the AP role***

This theme described the timeline of personal and general role development for the AP.

Sub-theme 1.1: The need for change

According to participants, staff shortages and changes in technology were the main factors responsible for the role introduction. RS18, 1-5

Job opportunities were often discovered by chance and not as result of an active recruitment initiative. RU12, 5

Sub-theme 1.2: Confusing boundaries

The delay in the release of the Scope of Practice5,6 caused confusion where roles and responsibilities were often driven by service needs. RQ25, 28

Participants were aware of the diversity in practice across departments and hospitals. Striking differences were noted in participants’ experiences. RX17 & RK13.

Sub-theme 1.3: Uncertain futures

Development opportunities were limited for APs, and their collective experiences with regard to future employment suggested uncertainty. Participants felt the future of the AP workforce was at risk without career progression. RH13, 74

***Theme 2 – Self Evaluation***

This theme includes collective views of participants as they reflected on their own abilities in practice and factors which influenced self-worth, belonging and acceptance.

Sub-theme 2.1: Changing nature of acceptance in the workforce

Participants expressed feelings and perceptions in terms of their role rather than as individuals. RJ39, 32

Positive contribution to the department workflow and their practical skills enabled acceptance. RB59, 24 & 28

Their positive feelings meant they felt part of the radiography team. RB37, 44

Sub-theme 2.2: Skills in practice

Participants considered their work to be of high quality and identified specific areas of strengths. RU12, 71-74

The areas in which APs operated were considered to be of the same standard as that of a radiographer and required recognition for these skills. RY53, 52

Where experience and competence were not acknowledged they felt frustrated especially in relation to supervision. RY20, 66

***Theme 3 – Facilitating and Constraining Factors in Practice***

This theme explored scenarios in which the AP operated and distinguished the internal and external factors that influenced their working practices.

Sub-theme 3.1: Internal factors

Factors such as management and supervision influenced AP roles. Personal recognition and acknowledgement were highly valued. RK24, 102

Diversity and inconsistencies in supervision practices left participants feeling frustrated.

Some were unclear about whether direct and indirect supervision applied to certain clinical scenarios. RL50, 28 Clear guidance in terms of direct and in-direct supervision was required by the APs. RU12, 58. Other participants felt supervision constrained their practice. RH26, 56

Sub-theme 3.2: External factors within wider healthcare

In some departments participants felt less valued. RJ39, 95

Pay progression and financial reward was important for participants. Some believed that they were doing work equal to that of a radiographer. RB48, 121

SCoR influence was identified but uncertainties remained around their future role. RS29, 29

Health and Care Professions Council (HCPC) was mentioned by few participants. RK13, 64

**Discussion**

The original ‘Scope of Practice’ for APs in Clinical Imaging5 and that of Radiotherapy6 was intended as a guidance document that would underline the importance of new roles in the clinical department whilst assisting in service delivery; neither compromising the safety of the patient nor the quality of the care. Guidance5,6 was only released 7 years after the introduction. Assumptions were made that defining work roles in practice were clear-cut. However, findings of the present study revealed the AP workforce is characterised by diverse practices. APs continuously felt challenged because staff were not all informed of the limitations and boundaries of their role. Guidance at introduction could have included a list of tasks that may be performed by the AP to all staff to ensure that responsibilities were delegated consistently, effectively and safely16.

Skills for Health17 proposed that APs would be able to undertake clinical work in domains that had previously only been within the remit of registered professionals. Core standards indicates that APs should be acting at the appropriate level on the career framework, implying that their role should be managed under guidance, through standard operating procedures and protocols. APs across England might be working according to departmental protocols and procedures, however findings from this study have revealed that these are not standardised within the clinical department or, that potentially APs are not fully informed with regards to protocols. These new findings reinforce the need for more standardisation to ensure transferability of skill, whilst allowing some flexibility to ensure the service needs of the local department are met.

Other AP studies have debated whether competence in practice meant being able to carry out specific tasks or whether it was a state of being, involving attitudes and values18. New findings from this study suggest that for APs, competence means being trained and experienced to perform certain procedures. APs were proud of their expertise and skills and findings emphasised a need for the recognition of competence by supervisors, as it aids in developing confidence in practice. Some APs found it difficult to demonstrate their competence due to the limitations associated with their role and uncertain boundaries. A study19 highlighted the importance of identifying competencies especially in areas where boundaries were unclear. Others20 claimed that AP training enabled development of confidence, understanding and acceptance of practice boundaries, and promotion of patient safety. Findings also suggested that ‘competence’ is more than just being able to perform the role but also includes the attitude of the AP. The SCoR21 supports this finding by requiring APs to demonstrate accountability, encompassing ability, authority and acceptance to perform tasks within their job description, organisational policies and protocols.

Present findings showed that even though APs were adequately trained to perform their roles, uncertain role boundaries existed in certain areas of practice and that competence and confidence were closely linked to the supervision or the delegation of duty from the Radiographer. The more recent Scope of Practice9 described direct supervision as working alongside a registered Radiographer or other registered practitioner where legal responsibility remained with the supervising Radiographer. Indirect supervision implied that the supervising Radiographer delegate the appropriate examination to the AP. The Radiographer is not required to oversee the procedure but retain responsibility for the act of delegation.

Not all APs were able to clearly define or separate their role from that of a basic grade Radiographer. In areas of practice where flexible boundaries were evident the level of competence required was also confusing, resulting in a lack of accountability as shown in other studies18 where gaps in current legislation were problematic for APs. The SCoR5,6,9 recommended that a framework for supervision be used to ensure patient safety during their development and on-going practice. However there was no evidence in this study to suggest that APs were aware of a supervision framework. The supervision framework21 claimed clinical supervision to be a formalised means of improving and monitoring practice but did not specify the AP role within the framework or suggest how supervision might differ for APs. The aim of a supervisory framework is to enhance skill and improve patient care with structured relationships and regular interaction with a more skilled practitioner. Supervision however is a two-way process in which both the AP and the supervisor have to ensure that safe, effective practice is carried out at all times. The responsibility for ensuring the quality and standard of the ‘episode of care’ remains with the Radiographer with no delegation or transference of care to APs5,6,9. Furthermore, it is the responsibility of the APs to alert the supervising Radiographer to situations where they do not have the competence or confidence to undertake a task16 and employers and supervisors to ensure APs do not undertake tasks for which they are inadequately trained. The recent scope9 provides some principles of delegation and guidance in terms of supervision.

Independent practice allowed APs to assess whether they were comfortable in performing certain examinations without assistance thus increasing confidence. Yet the nature of the AP role is that of support worker rather than independent practitioner, justifying the need for job descriptions to identify the areas in which they are required to perform tasks independently yet under supervision. Findings from this study showed that even though direct and indirect supervision were defined within the Scope of Practice for APs5,6 these terms varied in their interpretation across clinical departments and were often adjusted by supervisors to meet service needs.

Supervision includes defined mentorship and support for AP roles, which are essential for AP training in the clinical environment22,23,24. SCoR guidance21 suggests flexible approaches to the supervision model. However, results from this study not only confirmed the need for mentorship and support but showed the necessity for supervisory support to be standardised. Even though findings suggested that APs were supported in their role, the level and degree of supervision were inconsistent. Key principles for supervision require a system for training supervisors and subordinate staff as well as adequate resources21. Mentorship is crucial to the development of the AP in radiography as it enables them to become part of the team and feel valued25. The role of the mentor is often to deal with other staff’s perceptions and attitudes towards the APs23. According to APs in this study staff were often confused and ill-informed about the AP role. Therefore increased mentorship could support the integration and acceptance of the AP in radiography. Core standards for APs require them to contribute to the effectiveness of teams17 and ensure that they contribute to a positive and safe working culture all of which can be achieved through standardised supervision and mentorship guidance.

In conclusion findings have identifed a need for supervisory adjustments and guidance necessary to support the evolving role of the AP in radiography.

**Recommendations**

 (i) Findings provide empirical evidence that could inform the redesign and development of future AP practice. Consideration should be given to areas of practice where skilled APs can be acknowledged for additional skills.

(ii) Current supervision practices need to be adapted according to an updated framework (including direct and indirect supervision) to ensure standardisation for all areas of practice.

(iii) Further research is recommended to explore the impact on patient care and patient experience to substantiate the continuing need for an AP workforce.

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