**NES AHP Contribution to Public Health**

Meeting with Louise McKendrick, Lecturer in Diagnostic Imaging, Glasgow Caledonian University

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**Summary of profession and key populations**

Diagnostic radiographers are the ones who do the MRI scans, CT scans, X-rays whereas therapeutic radiographers are those who deliver the radiotherapy for patients with cancer. They are very separate professions and students are taught through very separate courses, although there are a couple of shared modules. The NHS employs 90% of diagnostic radiographers but some work in private healthcare companies and some sonographers might have their business doing 3D scans of babies.

Louise felt that, historically, diagnostic radiographers have struggled to find their role within health promotion and Public Health. However, because therapeutic radiographers have a very specific job with a very specific population, they have found ways to teach their patients about the importance of exercise during cancer treatment and some of them have specialised in counselling patients during cancer treatment so are able to contribute to Public Health in those ways. In diagnostic radiography, it's a bit trickier, because patients come from a wide variety of backgrounds and radiographers spend very little time with them - it's a case of they are in for the scan, and then they are out. It is a struggle for diagnostic radiographers to see where they fit into health promotion. They don't really feel that they have opportunities to be involved in health promotion. When teaching students health promotion, one of the things they will say is, “how can I actually get time to do this when I am out on placement?”

**Contribution to health protection**

Radiographers do play a big role in screening e.g. breast screening. Sonographers are a subset of radiographers and are often involved in abdominal aortic aneurysm screening and pregnancy screening for foetal anomalies. Would be involved with targeted screening for people at high risk of certain conditions.

Radiation protection is also a huge component of role. Louise hadn’t really considered this as part of Public Health because it is so inherent and built into the radiographer’s role. Radiation protection is essentially ensuring that radiographers comply with certain principles, e.g. the ALARA principle, delivering radiation that is as low as reasonably achievable. It is making sure that the dose of radiation given to patients through an X ray or CT scan is justified and the least amount possible to still obtain a diagnostic image. Additionally, measures will be put in place to limit the dose of radiation e.g. ensuring there is enough distance between the source of the radiation and the patient and using lead shielding if appropriate. However radiation protection is different for therapeutic radiographers as they are delivering targeted doses of radiation to a specific area of the body to treat cancer cells.

**Contribution to health improvement**

Louise feels that lack of time is a perceived limitation on the radiographer’s part but not necessarily an actual limitation and that things could be done even in the short space of time that radiographers have with patients. There is some time when patients are getting on to the MRI bed or are getting positioned for their X-ray. It has to come out at grassroots level where radiographers start to see their role as being important within health improvement and health promotion. Every patient is so different and radiographers don't always have a full clinical history about why are patients attending, just know why they are coming for their X-ray so it would be hard to target health promotion to each individual patient.

**Contribution to wider determinants**

In terms of making services more accessible to certain populations, radiographers will go out in vans to rural populations. Louise is aware that uptake of breast screening has been lower in certain ethnic minority groups so there has been a campaign to improve this.

**Contribution to population healthcare**

Early diagnosis and interventions – radiographers are involved in diagnosis of lots of conditions. Breast screening, those at higher risk of bowel cancer, DEXA screening for women who have had breast cancer and may be at higher risk of osteoporosis due to their treatment, those at higher risk of AAA are invited for a screening and if there is a concern, will have intervention to prevent it from rupturing.

In therapeutic radiography, there is more emphasis on encouraging patients to self manage and giving them the tools to do that. More common in therapeutic radiography than in diagnostic.

**Any barriers that are currently preventing radiographers being more involved in Public Health?**

Louise highlighted that she was only able to talk about her experiences and that there may be quite a lot of diagnostic radiographers that are involved in Public Health and she is just not aware of them. However she feels that the major barrier is just finding your place within it in and having time to have that as part of your role. There is such a shortage of radiographers and there there's such a pressure on the service so it is really hard to get time to do any sort of CPD never mind developing your role within Public Health. Being able to see where you can help or where you could make a difference would be a barrier as well.

**What could support diagnostic radiographers to become more involved in Public Health?**

The pre-registration curriculum is supporting radiographers to see their place in Public Health. Louise reflected that from being in clinical practice for 10 years and then coming into the university, she has learned so much about what she could have done as radiographer to have greater involvement in terms of health promotion and Public Health. These are things she wished she had a greater awareness of when she was a radiographer. Louise questioned what “Making Every Contact Count” means for radiographers. Is it a case of just signposting people to different services or giving them a leaflet about stopping smoking if they're still a smoker and they're coming for a chest X-ray? What practical things can radiographers do in the short period of time that they have with a patient? Some radiography departments will have health promotion leaflets scattered on a table but Louise was unsure if patients would actually be signposted to them.

**How does pre-registration curriculum support radiographers contribute to Public Health?**

There is an interprofessional module in each year of the course and the second year one in particular has quite a focus on the social determinants of health, teaching students about what contributes to health inequality. Students work with students from other professions including nurses, physiotherapists and dietitians and so they learn about each other’s role and what other professions can do to support patients.

A new module will be introduced next year called Patient Centred Care. Therapeutic and diagnostic radiographers will be taught together and it is about health promotion and ensuring patients received the care they deserve regardless of all the different inequalities. It includes health literacy and supported self management.

**Practice Placements**

It is a four year course and placements occur in all four years. Only on placement for 18 days in first year and then it increases throughout the years. Aim to provide a well rounded experience but COVID-19 has made this more difficult e.g. access to wards, shadowing nursing staff, going into care homes. Not aware of any radiography students specifically spending time with in a Public Health directorate as part of their placement.

**Professional body support**

Society of Radiographers have recently brought in Inclusive pregnancy status guidance Previously radiographers would only ask people who they thought were female if there was any chance they could be pregnant before having their X ray or CT scan. Now the guidance is that everyone should be asked regardless of how they may appear as someone could potentially appear to be male as a trans male, but have the capacity to carry a child. The profession is looking at how they can be more inclusive in that sense.

**Staff well-being schemes within radiography**

There is a lot of reflection, a lot of team meetings and group activities to support each other.

**Impact of COVID-19 on profession**

There is a significant backlog for imaging in particular and there is a lack of radiologists as well to read the scans so waiting times are going to be a big problem for all of diagnostics including for diagnostic radiographers. This is a significant challenge facing radiographers at the moment.

**Sheila Wilson**

**17 February 2022**