


# Supporting Cancer Pathways: Radiographer Role Innovation

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# **hello** my name is...  


DR NICK WOZNITZA  
CONSULTANT RADIOGRAPHER



@xray\_nick

nicholas.woznitza@nhs.uk

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- Where we need to go
  - What is ideal?
  - How do we get there?

# Where we need to go

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- Diagnostic capacity recognised barrier to improved cancer outcomes
- Workforce shortages have a significant impact
- Many departments cannot meet current need, unable to redesign for optimal pathways
- Operational pressures hamper staff development

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- Where we need to go
  - **What is ideal?**
  - How do we get there?

# What is ideal: Maximising Imaging Workforce

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- Staff are largest cost & biggest asset
- How can contribution be maximised?
- Everyone operating at **TOP of SCOPE of practice**

# What is ideal: Maximising Imaging Workforce

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Healthcare Support Workers (radiology assistants)

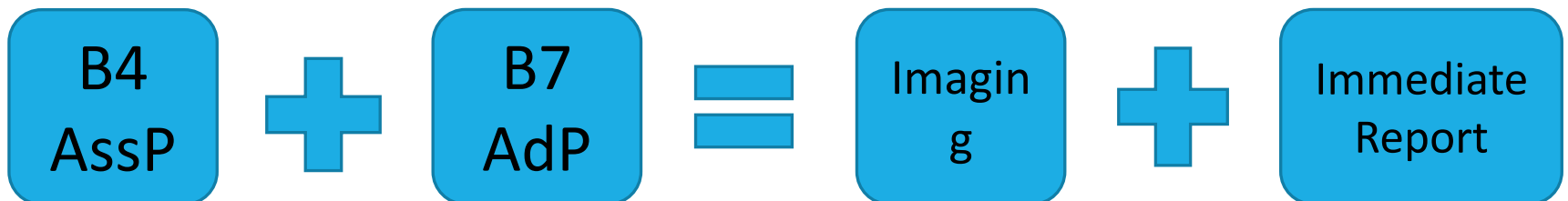
- Cannulating patients (CT/MRI)
- MRI safety checks
- Assisting with US & CT interventions

# What is ideal: Maximising Imaging Workforce

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## Assistant Practitioners

- Perform imaging, under supervision, within scope of practice
- The 'ideal combination'?





**2013-14**

**3**

**Consultant  
Radiologists**



**2015-16**

**6**

**Consultant  
Radiologists**



**2014-15**

**4.5**

**Consultant  
Radiologists**



**2016-17**

**6.5**

**Consultant  
Radiologists**

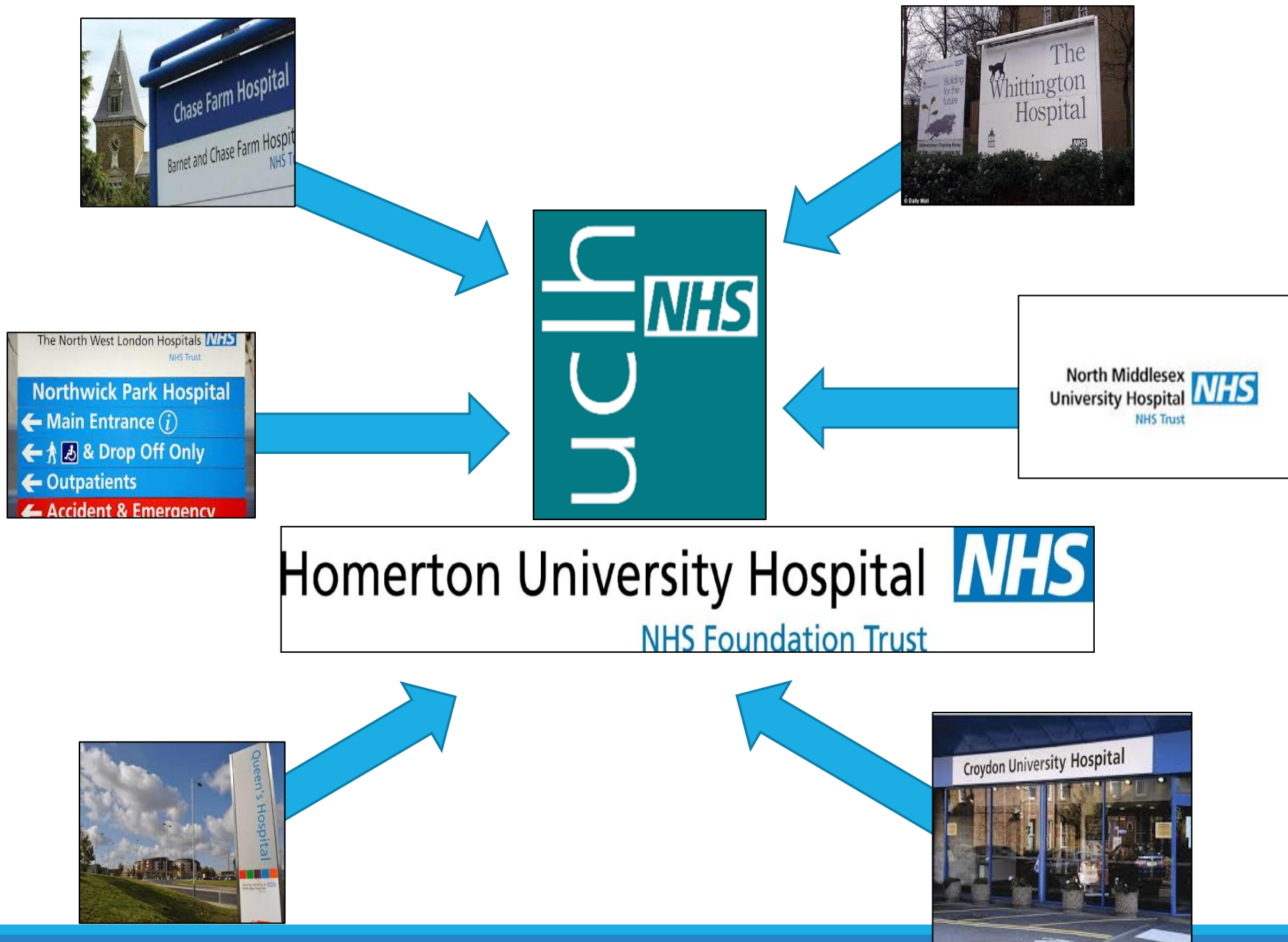


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- Where we need to go
  - What is ideal?
  - **How do we get there?**

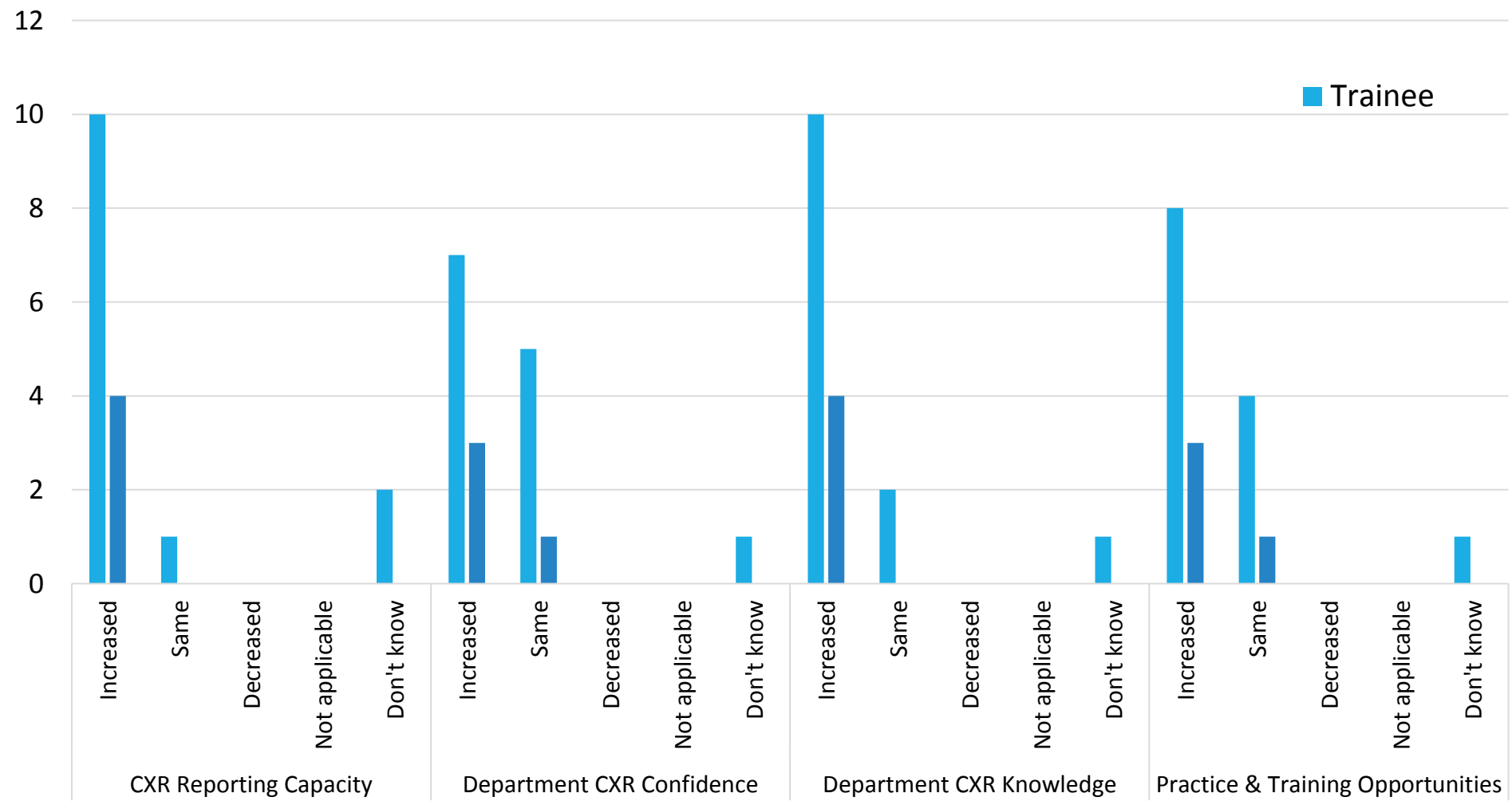
# How do we get there: Optimising training

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- High performing departments often have embedded workforce and service improvement programmes
- Departments with capacity & service pressures often lack established team
- Negative loop: Unable to train future workforce



# Impacted on capacity and confidence in chest X-ray reporting



Content from the tutorials has been broad and very well taught

Group tutorials with different experienced tutors, it helped gain valuable reporting styles and methods of learning

Opportunity to gain experience from a wider range of practitioners than from a single site. I found the talk from the chest physician especially enlightening.

Regular sessions allow students to remain engaged with the course and protected time to attend is vital to ensuring success.

Just difficult to make some tutorials due to staff shortages and meetings etc

Difficulties have arisen with tutorials in the middle of the day as 2 clinical staff are lost

This course and the layout have been far superior to what I have experienced before. More resources, more learning, more tutors.

Developed a much wider understanding of reporting chest x-rays, and also understanding outside the topic

The centralized tutorials have given me a better understanding of how various already qualified professionals review and report x-rays.

The shared learning has fixed dates in my diary and enabled me to organize my study time with my department.

There was one tutorial that was too far away for me to attend without losing a significant chunk of my study time to travel

An intimate environment gives a more one to one feel with the tutor.

# How do we get there: Optimising training

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8 clinical sites, 14 trainees

- Traditional model (1hr/week): 348 hours
- Centralised model (2hrs/fortnight): 48 hours
- Travel and logistics a factor

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- Diagnostic capacity & reporting backlogs barriers to improved patient experience
  - Radiographers can effectively & efficiently increase capacity
  - Support for service development/improvement can be centralised
  - Implementation of Optimal Cancer Pathways could improve outcomes

