

# An investigation into the perceived value of the College of Radiographers voluntary accreditation scheme for advanced and consultant practitioners in breast imaging

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## ABSTRACT

**Introduction:** A voluntary accreditation scheme has been introduced, requiring advanced (AdP) and consultant practitioners (CP) to submit several pieces of work to the College of Radiographers (CoR). However, few individuals have opted to become voluntary accredited. This study investigated the reasons behind becoming voluntary accredited, the value that was gained and why there appears to be a lack of support for the scheme.

**Methods:** An online electronic survey was conducted using a mixed methods approach. Open questions enabled individual opinions and thoughts to be expressed, Likert scale style questions allowed further understanding of the level of agreement and closed questions identified the support for and against the scheme.

**Results:** A total of 55 respondents participated, including 18 AdPs, 25 CPs, 1 consultant trainee practitioner, 5 practitioners and 6 listed as 'other'. Forty-four participants were non-accredited, citing too much clinical work; no recognition from employers and too much effort for little reward. Motivations for joining the scheme were to improve the profession; help create a new consultant post and protect the non-clinical element of the consultant role.

**Conclusion:** The CoR voluntary accreditation scheme has a small perceived value but overall, the majority of respondents believed the scheme did not warrant the work needed to apply. Concern was raised about the risk of creating a two-tier profession by the scheme's instigation. The results of this study suggest that the CoR's voluntary accreditation scheme would need to address these barriers before more practitioners would apply.

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## Introduction

In 2000, the Department of Health<sup>1</sup> acknowledged the need for allied health professionals (AHPs) to expand their role into the four core domains of higher- level practice consisting of expert clinical practice; professional leadership and consultancy; education, training and development; practice and service development, research and evaluation. Since then, radiographers' progression into advanced and consultant practice has become well established with many diverse roles being created.<sup>2–4</sup> In 2010, the Society and

College of Radiographers (SCoR) Education and Professional Development Strategy (EPD): New Directions<sup>5</sup> established accreditation of both AdP and CPs to achieve several standards ensuring support for this diversification.

Since then, a voluntary accreditation scheme was introduced by CoR that requires evidence to be submitted by individuals, relating their practice to the four core domains of higher- level practice. In addition to providing role clarification, it was suggested that joining the voluntary accreditation programme would also lead to improvements for the patient experience, as well as providing confidence in the treatment or imaging procedure they were undergoing.<sup>6</sup>

The field of breast imaging was chosen for this research as the progression into AdP and CP roles was especially noted in the breast imaging sector, in part owing to the expansion of the national

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breast screening programme.<sup>2,3</sup> At the beginning of this research project August 2016, there were 7 AdP and CPs from the field of breast imaging that were accredited under the voluntary scheme. However, a greater number of individuals were listed as breast imaging consultants on the CoR Consultant Radiographer group website. No exact number of individuals working as a CP could be ascertained, matching previous research that could only estimate the numbers of CPs using this title.<sup>7</sup> Nevertheless, the difference between the number of accredited practitioners and those working as either AdP or CPs suggests a disparity between the CoR's belief in the benefits for becoming voluntary accredited and the views of those still remaining non-accredited. This study aims to investigate the opinions of breast imaging AdP and CP radiographers about voluntary accreditation to generate an insight into opinions surrounding the CoR's voluntary accreditation scheme and establish the value for joining the scheme.

The project was undertaken to fulfil the requirements of an MSc dissertation, funded by the Shrewsbury and Telford Hospital NHS Trust, with the following aims and objectives:

To establish the value of the CoRs voluntary accreditation scheme.

To understand the decisions for becoming accredited.

To understand the barriers to becoming accredited.

To provide evidence about opinions surrounding the voluntary accreditation scheme from both accredited and non-accredited individuals.

To reach a conclusion about the reasons for the low uptake of the scheme.

## Literature review

A literature search was conducted to establish whether opinions of radiographers had been previously explored concerning the voluntary accreditation scheme. This produced scant information so a wider search was conducted to understand the effectiveness of accreditation practices in other areas. Searches for literature were restricted to the last ten years thereby improving the quality of this paper by insuring evidence was current. However, exceptions were made for some papers concerning role extension that were older than ten years, if they contained pertinent information that was still relevant. Databases such as Medline, ScienceDirect, CINAHL, Google, the Society and College of Radiographers (SCoR) and evidence.nhs.uk websites were targeted using search terms of accreditation; voluntary accreditation; advanced practice; consultant practitioner; barriers to accreditation; AdPs, CP's, AHPs and nurse practitioner. Boolean operators were used to combine the search terms to improve the quality of appropriate literature, concentrating on this study's particular theme.

### Accreditation

There was no literature that was evidenced to support the introduction of the CoRs' voluntary accreditation scheme. However, it was suggested that becoming voluntary accredited would lead to improvements for the patient experience whilst providing confidence in the treatment or imaging procedure they were undergoing.<sup>6</sup> The effectiveness of accreditation to ensure high quality care and provide a value that would be recognised by both service users and patients, is well documented.<sup>8–12</sup> Studies into non-health accredited practitioners found that individuals were more readily engaging in all aspects of the advanced roles when compared to non-accredited individuals.<sup>13</sup> Application of accreditation schemes within public relations were reported to enable individuals to obtain more advanced positions than those who were not accredited.<sup>14</sup> However concern was raised, that in the act of striving

for an accreditation goal, the potential to produce a distinct division between the two groups could be a consequence.

### Advanced and consultant practice

The struggle for role recognition and acceptance of new skills within radiography has been highlighted in previous studies.<sup>4,15</sup> Defining advanced practice in nursing has already proved challenging and inconclusive.<sup>16–18</sup> Confusion was felt to be created when trying to identify which tasks, skills and competencies were needed for the CP role.<sup>19</sup> To combat some of this confusion, accreditation is used in Australia, distinguishing the radiographer advanced practitioner role from both an academic and clinical perspective.<sup>11</sup>

Previous studies have found limited literature to describe in detail the role of a CP and its impact in breast imaging.<sup>2</sup> Price and Edwards<sup>20</sup> defined advanced practice as having a specific focussed knowledge and expertise associated with postgraduate education, whereas consultant practice requires greater expertise and greater strategic acumen and vision. More recently, Rees<sup>15</sup> describes the CP role as adding flexibility by their specialist skill set, but still seeking advice for difficult cases from experienced radiologists. Price and Miller<sup>21</sup> felt that CPs themselves were convinced their role brought improvements to service delivery. Likewise, nurse consultants perceived their impact as positive but Kennedy et al.<sup>22</sup> found the evidence supporting this conclusion to be weak. Gardner et al.<sup>23</sup> described advanced practice as a “confusing array of practice profiles, titles and roles,” p.61. Therefore, clarifying the role, one of the accreditation goals of the EPD Strategy, would appear to have value, advocating the endorsement for a voluntary accreditation scheme.

## Method

This study used an online questionnaire via an electronic survey tool (Bristol Online Survey®). A mixed methods approach was used as it could achieve both qualitative and simple quantitative data.<sup>24,25</sup> This permitted an appropriate evaluation of the data by using a qualitative analysis for opinion-based responses and a quantitative analysis to demonstrate measurable data.<sup>26</sup> This form of research approach allowed different perspectives to be gained from the study.<sup>25</sup> A mix of open and closed questions encouraged interest and would permit the respondent to make comments. This approach would allow an exploration of concepts and experiences to be explored, as the views gained from the respondents would be their own views, which would be identified within quotation marks.

Likert scale questions, multiple choices and short answer responses were used to avoid tedium from respondents. The questionnaire was split into two groups after the generic section. This allowed only those answering yes to being accredited to have access to the section which investigated the accreditation application process and experiences post- voluntary accreditation and similarly for the non-accredited respondents. This would reduce errors and give credibility to the responses.

A pilot study using a small number of radiographers local to the researcher was conducted November 2016 and resulted in minor changes to some of the questions, due to misunderstandings from the phrasing, thereby increasing reliability and validity. The questionnaire was also sent to the SCoR Professional Officer for Education and Accreditation for confirmation of the accuracy of the content, before the survey was piloted, ensuring validity.

Ethical approval was granted via the University of Salford (HST1617-203).

There was no contact database available to the researcher listing AdP or CPs working in breast imaging, so recruitment was via editorial advertisement in Synergy News publication January 2017. Social media was used with Twitter® feeds and email publicity was

promoted via the SCoR Professional Officer for Education and Accreditation. The closing date was March 2017. Confidentiality was ensured by anonymising the answers using random identification numbers within the BOS® software. The contact email details for both the researcher and university project lead were provided, as well as access to further information to reduce any potential risk of misleading information and uncertainty for participant involvement. Participants consent was deemed to be achieved by the action of submission of the survey electronically.

The data was analysed using the BOS® software to demonstrate percentages identifying demographic and consensus data from the collated responses to the statements. Bar, pie charts and graphs were used to display the quantitative data to enable salient points to be highlighted, but the individual responses were quoted within the text, highlighting opinions so that interpretations could be made.

**Findings and discussion**

*Demographic*

The total of fifty-five respondents identified themselves according to their job role (Fig. 1).

The six respondents who indicated ‘other’, did not stipulate what role they held, although subsequent comments provided to answer further questions suggested roles encompassing management and educational fields. This variety of roles lends support for the EPD strategy accreditation goal to ensure transferability and clarity of these roles. Gardner et al.<sup>23</sup> identified confusion about the use of different roles and titles after discovering many different titles in use. This was also highlighted by Milner and Snaith<sup>27</sup> and was felt to lead to misunderstandings and numerous misconceptions.<sup>17,18</sup>

At the time of this study, nine out of the fifty-five respondents indicated that they were voluntary accredited (three AdP and six CPs) with two respondents in the process of applying. Out of the forty four non-accredited respondents, seventeen were thinking about joining the voluntary accreditation scheme with five stating they would not apply. These findings appear similar to research conducted by Milner and Snaith<sup>27</sup> into reporting advanced practitioners, which found that although 55.4% had heard of the voluntary accreditation scheme, only 2.9% were accredited.

**Non- accredited findings**

The forty four respondents were asked to indicate the reasons for why they had not applied for voluntary accreditation (Fig. 2). Respondents could indicate multiple reasons.

The main themes were:

- Not understanding the value of becoming voluntary accredited
- The perception of too much work needed to apply
- Not finding the time to apply

“Work time is spent mostly in clinics, so I would have to use my own time to come up with the necessary documentation” (19171982)

“Accreditation + CPD (which I regularly undertake) + research (ditto) = too much time” (19162492)

Pressures on individuals to cover clinical practice, may mean that the four core domains cannot be fulfilled. This could mean, therefore that the CP role is not being fully practiced according to the national guidelines. This would suggest that employers are employing individuals to fulfil local clinical needs, awarding them the title of CP but not supporting the non-clinical aspects of their role. This limits their ability to apply for and acquire voluntary accreditation:

“Difficulty in achieving all 4 pillars of accreditation for consultant practice as do not really have research element in my role” (19318398)

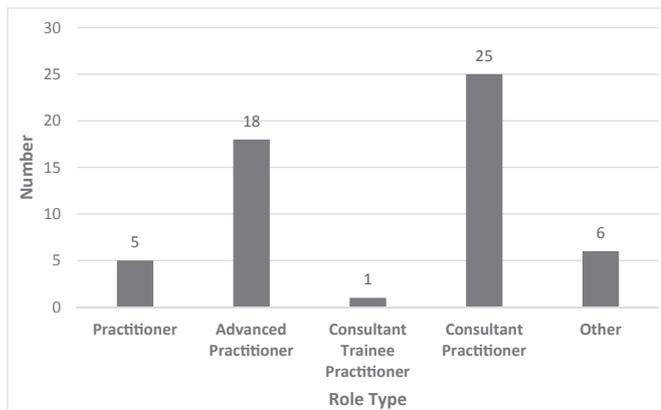
Several respondents questioned the need for further voluntary accreditation, when they were already required to gain accreditation through mandatory education to become an AdP or CP:

“Is it beneficial or just a paper exercise. Having obtained an MSc why do we need to do more accreditation?” (19317079)

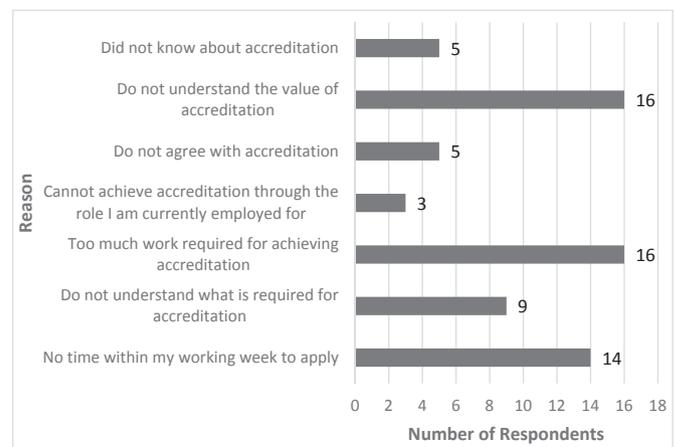
This response represented a typical argument. The qualifications obtained to become either an AdP or a CP were accredited through the university that awarded them. Therefore, the concept of a “double accreditation” might make the scheme unpopular.

“I was appointed through a rigorous and lengthy process ... applying for accreditation invalidates this and belittles the amount of work I had to do to achieve my position” (19353551).

“Having strived hard over a number of years to achieve advanced practice in order to offer excellent patient care, and to be recognised by my team, why do I need extra stress of accreditation ... ?” (19318070).



**Figure 1.** Number of participants by role.



**Figure 2.** Reasons for not becoming voluntary accredited.

Overall voluntary accreditation was not viewed as a clarification of skills already gained, but rather as an additional, duplicate level of assessment to be achieved.

**Accredited findings**

Motivations for gaining voluntary accreditation varied amongst these respondents (Fig. 3):

These motivations were adapted from the EPD strategy goals for accreditation as well as from opinions provided during pre-project research. When evaluating the reasons behind why some individuals possess the motivation for becoming accredited, intrinsic characteristics could be an influence in directing the respondents' behaviour.<sup>28</sup> Professional pride and pushing for greater achievement were also identified by other researchers as associated with the characteristics of CPs. Henwood and Booth<sup>7</sup> in 2016, surmised that "motivation was clearly an essential element of achieving and sustaining consultant practice" (p.36) although CPs were felt to be unaware of these attributes.<sup>29</sup>

Although these responses corroborate the EPD strategy to establish accreditation, it appears that becoming voluntary accredited also has its restrictions:

"I believe this enables me to demonstrate to my patients and my employer that I strive to maintain my standards and to improve myself. However I am not sure either of these is aware of the

scheme nor its purpose. I am unconvinced it is recognised outside of the society" 19172994

"It is no secret amongst my consultant colleagues and the SoR that I strongly believe employers need to be targeted in getting on board with recognising accreditation. Only then will it be a truly useful tool for Cons practitioners in safeguarding banding, providing evidence of working at the required level. I don't think we're there yet with this" 19189799

Overall, the accredited CP's believe voluntary accreditation supports their expectations as well as the non-clinical elements of the role.

"Undertaken to demonstrate non-clinical elements of a consultant role and provided evidence to protect these within my job plan" (19166694)

"Apart from evidencing my commitment to improve myself I do not believe it makes any difference to my patients ... (or) ... they would recognise what it was" 19172994

This evidence suggests that although voluntary accreditation is believed to be worthwhile, respondents do not believe it holds enough recognition and value beyond the CoR:

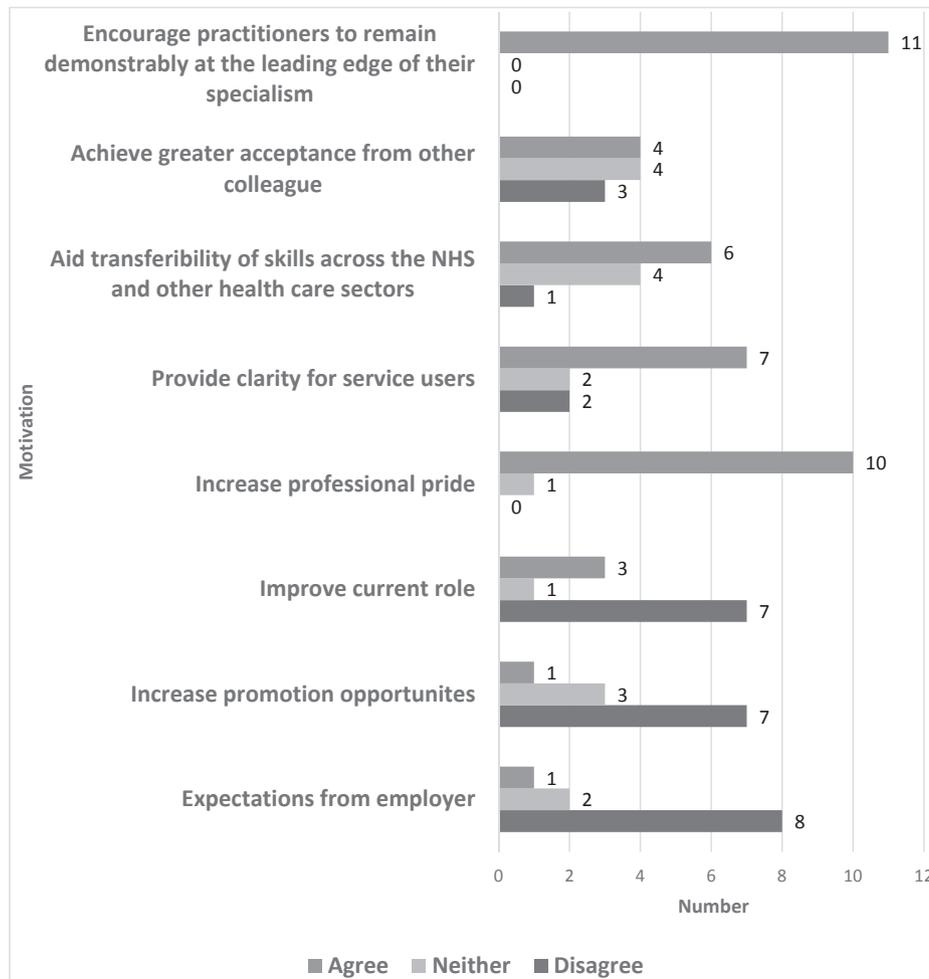


Figure 3. Motivations for becoming accredited.

“I was surprised it did not gain more recognition from my employer at that time. Peers were impressed however felt it unnecessary additional work for them to do the same” (19470252)

**Impact of becoming voluntary accredited**

The impact of becoming voluntary accredited was varied. Eight respondents believe that professional pride is increased, with six respondents noting a positive impact on their profession. Also three respondents felt improvements to their role, which given the struggle for role recognition,<sup>4,15</sup> indicates value for the voluntary accreditation scheme. Achieving voluntary accreditation and acceptance for the role by the CoR, would provide evidence and official recognition that employers would be hard pushed to dispute.

The positive impact for supporting the non-clinical element of the role was again reiterated:

“I have used my accreditation to support my case for the non-clinical components of my role, but I had to ‘tell’ my Trust about accreditation. I have never been asked to demonstrate it. I also used my accreditation for re-banding and to successfully support my compliance with my job description. In my opinion it has the potential to be a very useful tool but is very little understood” 19172994

This demonstrates that when used in the right way, an acknowledged accredited assessment from a recognised professional body, has a value to certain groups who understand what voluntary accreditation means.

**Core domains**

Demonstration of all four core domains of higher-level practice is required to gain voluntary accreditation. However, more than half the respondents spent less than 10% on the three non-clinical core domains, similar to the findings by Booth et al.<sup>30</sup> (Fig. 4). This would reduce the amount of evidence that respondents would be able to collect to satisfy the criteria and therefore may provide insight into a motive for not becoming voluntary accredited.

The data from the respondents, demonstrated little time was provided for the non-clinical domains overall. This could offer a possible reason why accreditation is difficult to complete. However, the four domains are part of the role for CP and AdP practice and are expected to be fulfilled. Milner and Snaith<sup>27</sup> suggest that many believe they are working at CP level, but not understanding that without the four domains, they are in fact not fulfilling that role.

**Voluntary accreditation expectations**

Respondents were asked about their expectations surrounding the attainment of a master's qualification for AdPs and a doctorate for CPs (Fig. 5). They were asked to indicate whether each qualification was either unrealistic or realistic, and also if it was unachievable or achievable. More than 68% of respondents felt a doctorate was an unrealistic expectation with 22.2% feeling it was unachievable. Not one respondent felt that a doctorate qualification was a realistic goal for consultant practitioners. A master's qualification was believed to be achievable by 29.5% of respondents but 44.3% still thought it was an unrealistic expectation.

Comments highlight financial and time constraints as barriers:

“NHS cannot afford resources in terms of time and money to support all to study for Masters/Doctorate. If I HAD to have a Masters to continue Advanced Practice I would give up this aspect of my role and revert to being a mammographer. This would be a significant loss to my department and its ability to meet targets/standards” 19183568

“The doctorate may be achievable in the future provide it is support by the employing Trusts. It is also a change in the original KSF outline which does not say a doctorate is required. Many Trusts including my own see no benefit to allowing me the time or funding to undertake a doctorate. Better pathways will need to be in place to make this a reality” 19172994

“A cons post is not a purely academic post therefore a doctorate seems unnecessary. Can achieve all core domains without this” 19189799

Service constraints on budgets for external training and courses could make academic attainment unachievable. Harris and

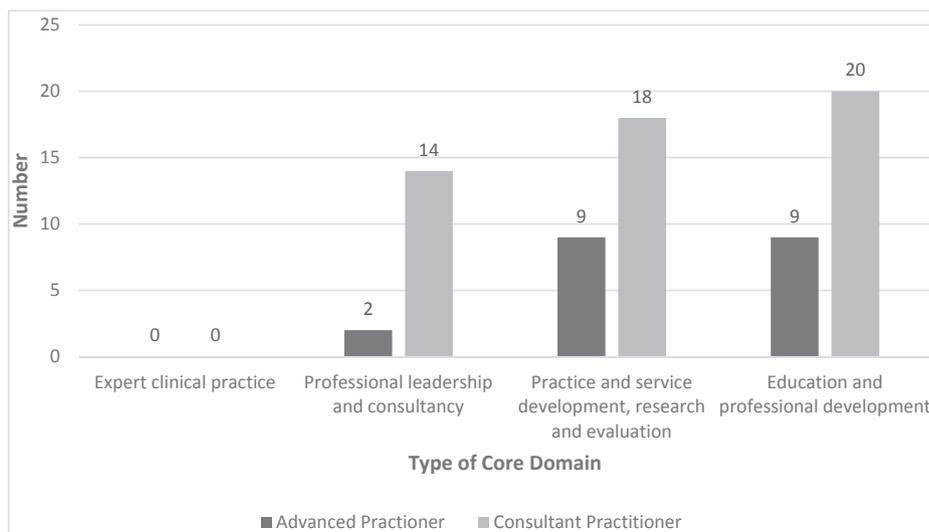


Figure 4. Number of AdP/CP with < 10% time.

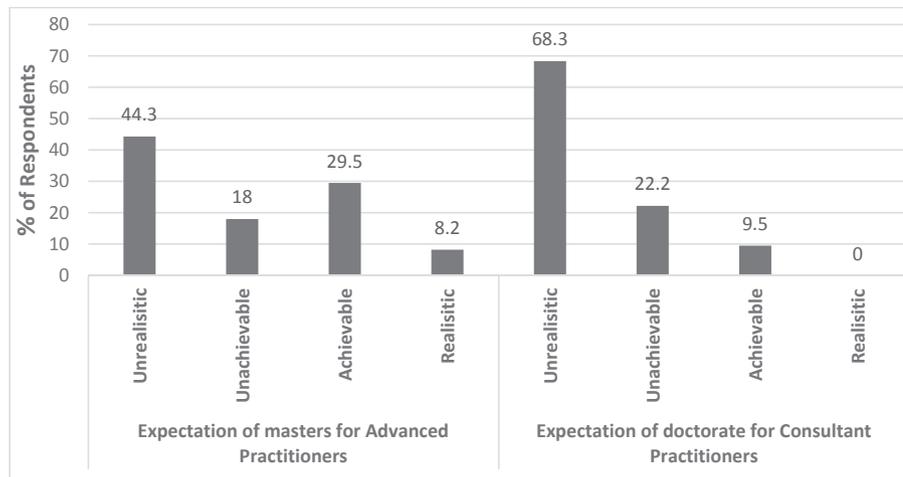


Figure 5. Accreditation qualification expectations.

Paterson<sup>31</sup> found that some consultant radiographers had not achieved a master's qualification even though the need for this has been stressed in several policy and government papers.<sup>32–34</sup> Forsyth and Maehle<sup>35</sup> found that a lack of degree-based consultants could affect research opportunities, although the radiography profession surpasses the nursing profession for the number of master's qualified consultants. Although the level of graduate education is fairly high for nursing professionals, Gardner et al.<sup>23</sup> found only 39% were at master's level. Here, it is suggested that a master's qualification would be insufficient preparation for the core functions of being a consultant, advocating the need for doctorate accomplishment.

The numbers of radiographers acquiring doctorates has slowly been increasing according to research Snaith et al.,<sup>36</sup> who concluded that this demonstrated radiography as a research active profession. However, the individuals from that sample were found to be either employed in academic institutions or in a clinical/academic role, leading to the assumption that having easier access to academic funding was responsible for the increase. This is a situation not shared in most breast imaging departments and consequently if the AdP and CP role becomes contiguous with needing a masters or doctorate qualification, not possessing them could be a reason for not pursuing voluntary accreditation.

## Conclusion

This research demonstrated that the CoR's voluntary accreditation scheme has in certain circumstances, a perceived small value to a few individuals but is limited in its influence. This study highlighted that both AdP and CPs do not understand the need for, or believe that the value gained is important enough to pursue and remain sceptical whether it is worth the effort of applying. Reasons cited are a lack of time, pressures from competing clinical work overriding the opportunities to sufficiently fulfill the other core domains of higher practice and a belief of more work for little benefit. The expectation of acquiring a masters and doctorate qualifications were overwhelmingly thought too far reaching to be achieved by the majority from this study.

The respondents who are voluntary accredited, are motivated by increasing professional pride post accreditation, aiding the transferability of skills and encouraging practitioners to remain demonstrably at the leading edge of their specialism. These motivators could offer possible reasons to support voluntary accreditation by

highlighting the true value of joining the scheme, from an accredited professional's perspective and could be explored further with in depth interviews.

The confusion around identifying the role could validate the EPD strategy accreditation goal to provide clarity through the voluntary accreditation scheme. Identifying the scope of extended practice within a framework that would be recognised by service users would arguably be a benefit. It would be a worthwhile achievement, perhaps proving voluntary accreditation to have further value.

Ultimately, the CoR's goal to encourage uptake of the voluntary accreditation scheme must not be prized to the detriment of potentially downgrading very experienced and competent non-accredited consultant and advanced practitioners. The possibility of producing a two-tier profession of voluntary accredited and non-accredited individuals would be concerning if only accredited individuals would be sought out as a source of expert knowledge.

The aims of this project established:

- that there was a perceived small value to becoming voluntary accredited but it was limited in scope;
- the two most common motivators for joining the scheme were reported as: accreditation gave the practitioners demonstrable evidence that they are remaining at the leading edge of their specialism; professional pride was increased post accreditation;
- the two most common barriers for not becoming voluntary accredited were identified as: little gain to the individual for the amount of work required; no recognition of the scheme beyond the radiography profession.

## Conflict of interest statement

None.

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