SHORT PAPER SESSION A2

A2.1 UK reporting radiographers perceptions of working from home: a national survey

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Background
Teleradiology allows the option of clinical image reporters to work from home (WFH), with evidence of an increasing trend in radiology since the COVID-19 pandemic[1]. However there is limited data as to whether UK reporting radiographers have the option to WFH and how this could affect healthcare services provided.
Method
An online questionnaire was utilised incorporating both open and closed questions. The questionnaire was administered to reporting radiographers through social media and professional forums. The questionnaire queried current working practices and opinions on WFH. Descriptive, inferential and thematic content analysis were used for results analysis.
Results
109 participants completed the questionnaire. 58% of participants are currently able to WFH. Reporting radiographers with more experience were more likely to be able to WFH ($p<0.05$). 91% would prefer a hybrid working solution. Improved productivity, accuracy and personal wellbeing are expected, though there were concerns WFH would reduce important social connections and negatively impact education. Commute elimination was deemed a strong benefit to WFH for reporting radiographers. Barriers included lack of support for WFH and limited resources. Career progression and advanced practice pillar engagement are not thought to be significantly affected by WFH.
Conclusion
Reporting radiographers WFH can lead to an improved reporting service with increased productivity and potentially accuracy. There are also personal benefits to the reporting radiographers. However, there is concern about the lack of face-to-face interactions for both professional relationships and education. Reporting radiographers believe a hybrid working solution would be the most beneficial working practice.

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A2.2 Radiography workforce sustainability in rural and coastal services

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Background
Radiography services are central to timely diagnosis and cancer treatment pathways. National shortages across diagnostic and therapeutic radiography are well documented, yet there remains limited profession-specific evidence examining how workforce pressures are experienced and managed in rural and coastal services. Imaging and radiotherapy provision in these settings is particularly sensitive to staffing instability, while workforce strategies continue to be shaped largely by urban service models.
Method
This study reports findings from a national qualitative workforce review focused on professional practice in rural and coastal England. 132 semi-structured interviews were conducted, including diagnostic and therapeutic radiographers (including service leads) working across acute imaging, community diagnostic services, and radiotherapy departments. Interviews explored recruitment, retention, career progression, leadership, and service sustainability. Transcripts were analysed using a structured framework approach and AI-assisted analytical tools were used to support this.
Results
Radiographers described workforce instability as a persistent structural condition rather than a short-term staffing challenge. Key themes included professional isolation, limited access to advanced and specialist roles, constrained professional leadership, and restricted progression beyond mid-career grades. Participants reported that imaging and radiotherapy services were frequently adapted or reduced in response to staffing gaps rather than population need. Rural placements and apprenticeship routes were identified as effective recruitment mechanisms but were inconsistently resourced and poorly aligned with longer-term workforce planning.
Conclusion
Workforce instability in rural and coastal radiography services risks undermining equitable access to diagnostic imaging and radiotherapy. Addressing this requires coordinated investment in rural training pathways, clearer progression structures, and strengthened professional leadership.

A2.3 Workplace Communication Experiences of Internationally Recruited Radiographers (IRR): A Phenomenological Study

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Background

The recruitment of overseas radiographers increased post-Brexit and during the COVID-19 pandemic due to worsening workforce shortages (2). Internationally recruited radiographers (IRR) make up 20-25% of the UK workforce, yet communication remains a significant challenge to their workplace integration and well-being (3). These issues contribute to stress, reduced job satisfaction, and poor interprofessional collaboration, which adversely affect patient care and safety (1). This study aims to identify communication challenges faced by IRRs, their coping strategies, and the support they need.

Method

Ethical approval was obtained (IRAS No. 350385). This study adopted a descriptive phenomenological design. Ten ethnically diverse overseas NHS radiographers were recruited through purposive and snowball sampling. They were interviewed via Microsoft Teams, using a semi-structured interview guide. Data were analysed using Smith and Osborn's (2015) interpretative phenomenological approach (4).

Results

Four main themes emerged: 1) communication challenges, 2) communication impact, 3) addressing communication challenges, and 4) factors influencing support for international radiographers. The primary factors influencing IRRs' communication experiences were cultural differences, bias, and nuances in the UK cultural and geographical communication style.

Conclusion

The findings of this study highlight the need for training in communication nuances, mentorship and buddyship with NHS-experienced overseas radiographers. A supportive work culture was recommended as an invaluable tool in improving IRR's workplace experiences, facilitating integration, and enhancing retention in the NHS.

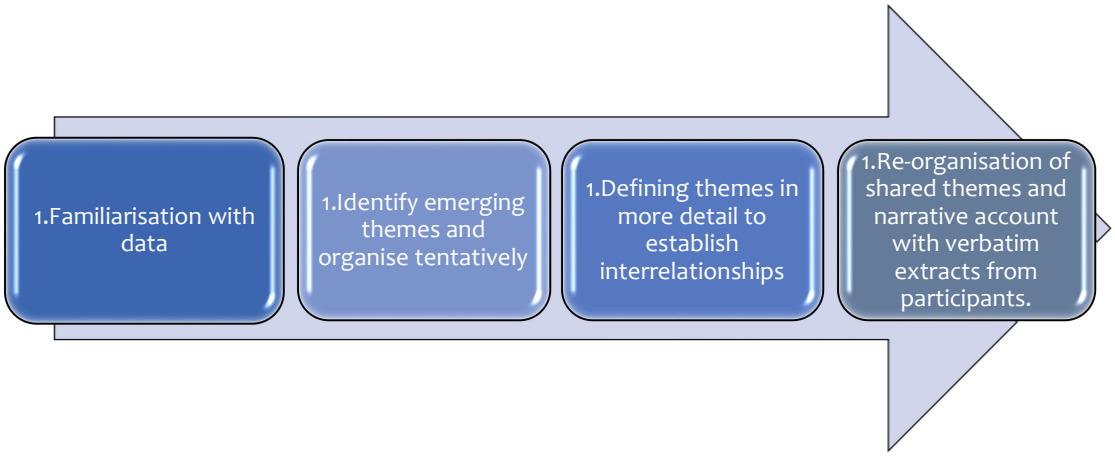

Fig 1: Smith and Osborn's Interpretative phenomenological analytical (IPA) approach

Fig 2: Themes and subthemes

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2. Omiyi, D., Snaith, B., Iweka, E., and Wilkinson, E. (2024). Mapping the migrant diagnostic radiographers in the UK: A national survey. Radiography, Volume 30, Issue 6, 1713 - 1718
3. Organi, Z. K., Nazarenia, M., & Aghaee, F. (2024). Understanding the Challenges of Language Barriers in Healthcare. Journal of Interdisciplinary Studies in Society, Law, and Politics, 3(3), 28–35.
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A2.5 Establishing the role of the clinical, non-medical workforce within interventional radiology

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Background
Increasing demand on radiology services within NHS trusts has prompted expanded roles for clinical non-medical practitioners (CNMP) in interventional radiology (IR). Across the North West of England (NWE), nurses and allied professionals perform IR procedures, yet comprehensive workforce data describing these roles/training pathways, remain limited. To understand workforce structure and training/education needs, a scoping exercise was undertaken across NWE IR services.
Method
A mixed-methods study using an online questionnaire administered via the JISC online surveys platform, followed by an online semi-structured informal interview. Participants were a radiology service manager/proxy. 24 NWE NHS trusts were scoped.
Results
21/24 (88%) NWE NHS trusts responded, with trusts undertaking IR in at least one of their hospital sites (31 hospitals pan NW). 90% provide non-vascular IR, 76% provide vascular IR. 76% trusts reported having parts of their IR service performed by CNMPs. 10 had CNMPs undertaking invasive interventional procedures, such as vascular access, nephrostomy exchanges and drainages. 33% of trusts reported that their CNMPs had untaken additional university postgraduate IR training; 43% reporting informal in-house IR training delivered, e.g. study days/industry-led courses.
Conclusion
CNMPs contribute substantially to IR services across NWE, including invasive IR procedures, but training routes are variable and often informal. A managed-risk approach enabling appropriately trained CNMPs to undertake selected IR procedures may reduce service and patient safety risks. Expansion of university-accredited training and development of national competency frameworks are needed to support safe role extension. Limitations noted: 3 NWE trusts did not respond.

A2.6 Professional and Social Identity in Reporting Radiographers

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Background
Reporting radiographer roles have expanded substantially since their emergence and are commonplace in the UK. Despite this growth occurring alongside development of multi-professional advanced practice, concerns are evident that reporting radiographers have perhaps not consistently aligned with advanced practice frameworks, potentially leading to ambiguity around role definition, professional status, and identity.[1,2] This study aimed to explore the social and professional identity of reporting radiographers.

Methods
Secondary qualitative analysis was undertaken using anonymised open-text survey responses and semi-structured interview transcripts from a mixed-methods study of UK reporting radiographers in projection radiography. Data were analysed thematically using a deductive approach, informed by the five professional identity constructs described by Cornett, Palermo and Ash.[3]

Results
Findings highlighted how reporting radiographers perceive themselves to others, often less favourably to advanced practitioners in other areas within and outside of radiography. Participants expressed difficulty mapping their role as a reporting radiographer to multi-professional frameworks, contributing to feelings of exclusion and lack of recognition when compared with other advanced practitioners. Enhanced practice socialisation exacerbated uncertainty with fears of reduced professional status. Variation in scope of practice and education was common, with identity shaped by workplace culture, learning opportunities, and personal circumstances.

Conclusion
Reporting radiographers may feel they occupy an ambiguous position between enhanced and advanced practice, with professional identity shaped more strongly by the task of reporting than by aspects relating to levels of practice. Greater clarity, inclusivity, and consistency in defining reporting radiographer roles, levels of practice, and governance are required to support identity.

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