

Lancashire & South Cumbria Diagnostic Programme Board

Title of Paper	5-year Diagnostic Imaging Assistant Practitioners and Support Workers recruitment plan for Lancashire & South Cumbria		
Date of Meeting		Agenda Item	XX

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Paper endorsed by	Jack Smith, Director, L&SC Diagnostic Imaging Network		
Purpose of the Report	Please tick as appropriate		
	For Information		
	For Discussion		
	For Decision		X
Executive Summary	<p>This paper presents a 5-year plan for recruiting NHS Diagnostic Imaging Clinical Support Workers and Assistant Practitioners across Lancashire and South Cumbria (L&SC).</p> <p>Application of an agreed set of imaging workforce assumptions utilising the latest L&SC demand and capacity modelling has informed this plan.</p> <p>A proportionate increase in clerical and administrative support will follow separately.</p> <p>This paper has been reviewed and endorsed by both the L&SC Radiology Working Group and the L&SC Diagnostic Imaging Network Workforce workstream.</p>		
Recommendations	<p>L&SC Diagnostics Programme Board is requested to:</p> <ol style="list-style-type: none"> 1. Note the content of this report 2. Support the request for the revenue funding to secure the recruitment 3. Advise on potential funding source(s) for the revenue required. 4. Support engagement with the Trust Directors of Finance and Directors of HR to support progression of the proposed approach 		

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1. Background

- 1.1 The endorsement by L&SC Diagnostic Programme Board (DPB) of the 5 year recruitment plan for Radiographers and Radiologists will result in the registered clinical workforce expanding over the coming years. This paper sets out the requirement to expand the non-registered clinical staff within Radiology.
- 1.2 Of all the staff groups working in Radiology, none has been more adaptable over the years than the clinical support worker (CSW). Whilst in general, the radiographers and radiologists roles have adapted with technological advances but in essence stayed the same, those advances have led to fundamental changes in the roles we require from our support workers, from dark room technicians of the past, to helpers assisting in meeting and greeting our patients, to our current support workers providing cannulation, assisting in biopsies and interventions, supervising patient preparation, assisting patients through pre-procedure questionnaires, helping the radiographer with patient positioning to highlight just a small number of their roles. Banding is dependent on the job description but currently is seen at Band 2 and 3 level.
- 1.3 Since 2003, the development of the support worker role to become Assistant Practitioners (AP), initially in breast screening to undertake routine radiographic imaging under the direct supervision of qualified staff, but now integrated in many aspects of radiography acquisition, has allowed for the radiographer role to also expand to sonography, reporting, fluoroscopy and other areas of advanced practice. This in turn allows the radiologist to work at the top of their skill sets. The Assistant Practitioner would be Banded 4.
- 1.4 The Prof Mike Richards Report, Diagnostics: Recovery and Renewal (Oct 2020) was an independent review commissioned by NHS England because '*The need for radical investment and reform of diagnostic services was recognised at the time the NHS Long Term Plan was published in 2019*'.
- 1.5 Recommendations from the report were categorised under five key pillars; New service delivery models; Equipment and facilities; Workforce; Digitisation and connectivity; Delivery the change.
- 1.6 Clear and unambiguous recommendations from the report for workforce include

Recommendation 12: There should be a major expansion in the imaging workforce – an additional 2,000 radiologists and 4,000 radiographers (including advanced practitioner radiographers, who undertake reporting) as well as other support staff and key 'navigator' roles. Additional training places should be provided for radiologists and radiographers and initiatives will be needed to meet demand, as well as expansion in assistant practitioner and support staff roles.
- 1.7 The value of the support worker and Assistant Practitioner should not be under-estimated. With sufficient workforce, the roles they take allow our registered professionals in Radiology to work to the top of their scale. Whilst the Assistance Practitioner remains un-registered, the role has been brought under the umbrella of the Society and College of Radiographers, with publications of the 'Scope of

Practice', and an ability to apply for accreditation, with their details held on a Public Voluntary Register of Assistant Practitioners.

- 1.8 Health Education England are now working alongside the Society and College of Radiographers to introduce and pilot apprenticeships, allowing career progression from support worker to Assistant Practitioner, and Assistant Practitioner to Registered Radiographer. This cannot be achieved locally unless there is a stable base of support worker workforce embedded within our Radiology Departments
- 1.9 Current modelling for the Radiographer and Radiologist 5-year recruitment plan shows a need to expand the workforce by 20% and 30-35% respectively.

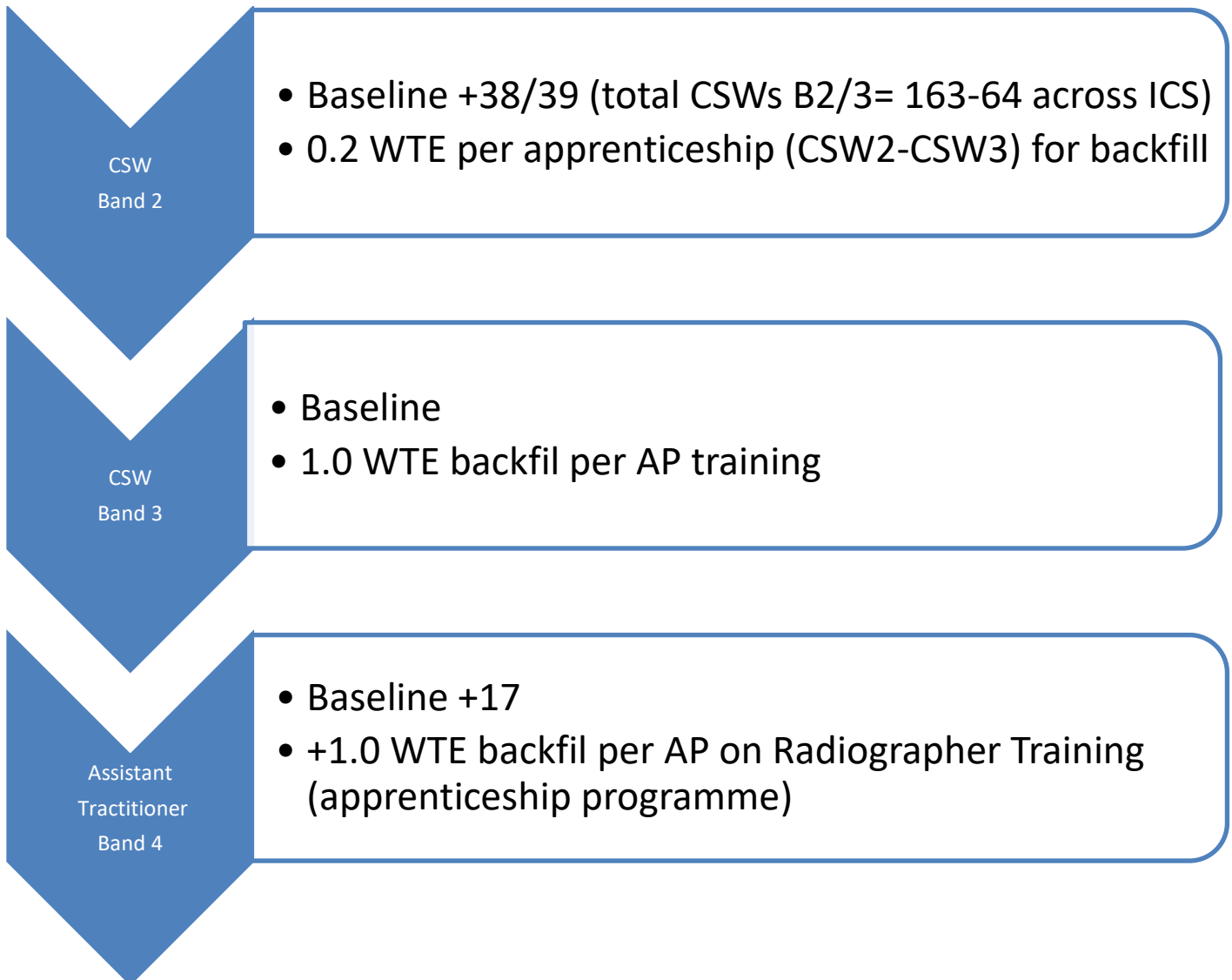
2. Case for recruiting in readiness

- 2.1 National Imaging Data Collection (NIDC) shows that in 2020/21 16.6 WTE Assistant Practitioners 113.91 WTE support workers were employed across L&SC, with 3.56, and 11.22 WTE vacancies respectively. This equates to a 5% and 9% respectively vacancy rate for these staff groups. More than half of the Assistant Practitioners are employed at LTH.
- 2.2 Appendix 1 provides data extrapolated from the Prof Mike Richards report recommendation 12 as it relates to L&SC ICS based on population size. In order to meet the future capacity demands, an extra 71 WTE Assistant Practitioners would need to be employed within the next five years. Whilst the report showed the increase in admin and support staff combined, NIDC data has shown there to be similar substantive numbers of these roles employed in L&SC. Thus, 38 WTE support workers would be required over the next 5 years.
- 2.3 Appendix 2 shows workforce modelling assumptions based on the provision of capital bids to establish one CDC per trust (ie 1x MRI, 2x CT, 2x US and 2x Plain film running 12/7). If these were established to full assets as outlined, 21.88 WTE Assistant Practitioners and 54.68 WTE support workers would be required to help staff these centres.
- 2.4 There are a number of risks contributing to the case for recruiting additional support workers and Assistant Practitioners
 - Workforce expansion for increased imaging acquisition and reporting without the expansion of the support worker role will lead to inefficiencies in job roles/job plans of the registered clinical workforce (meeting/greeting, changing patients)
 - Staffing of the Community Diagnostic Centres will only be achievable using registered clinical workforce
 - Radiographers and sonographers remain on the government occupational shortage list. Radiography training cannot keep pace with increasing demand for activity unless supported by the non-registered roles of the Assistant Practitioner. It is imperative that they become truly established within the workforce model.
 - The opportunity for career progression to level 6 Registered Radiographer will provide additional workforce supply through new routes that would otherwise be missed. To utilise this supply to full potential will require resilient support worker and Assistant Practitioner establishments.

3. Proposed approach to recruiting in readiness

- 3.1 There is a clear difference in modelling assumptions for both the Richards report and the CDC staffing model. There is also a clear gap in current workforce employed within Trusts in reference to the potential use of Assistant Practitioner.

- 3.2 There needs to be a planned approach across L&SC to the development of the support worker roles, with an expectation that new posts, as well as providing support worker roles in expanding assets of the CDC and acute sites, would allow commencement of training along a career pathway for currently employed support workers to become Assistant Practitioner, and Assistant Practitioner to Radiographer via the apprenticeship route. This career pathway is currently under development by Health Education England, and the Society and College of Radiographers. It is being scoped and implemented via the North-West Imaging Training Academy.
- 3.3 Taking the modelling assumptions from the Richards Review, in order to achieve planned expansions of services, both in terms of activity and assets at the acute and CDCs, the support worker workforce would need to grow to approx. 163-164 with an indicative cost of £1.064-£1.092m. This figure would need to be flexed and adjusted in accordance with rate of activity and asset growth, and assumes a additional recruitment to 38/39 posts above NIDC 2020/21 figures.
- 3.4 The Assistant Practitioner workforce cannot grow quickly and must be carefully managed within each Trust. Due to the pressure on providing increased clinical placements to support the undergraduate radiographer training, current trusts are only able to train an additional 1-3 places per education cycle (currently 2 years). This could be achieved through either direct recruitment the Assistant Practitioner training route, or through career progressive of clinical support worker. The former approach is currently under development in recognition that career development is not always possible via the clinical support worker supply.
- 3.5 Having scoped the current workforce across L&SC and identified realistic numbers in regard to training and employment, the Assistant Practitioner needs to grow by 17 over the next 5 years. Assuming no attrition, this would double the Assistant Practitioner workforce in L&SC. The indictive costs for this would be £544k.
- 3.6 The Assistant Practitioner workforce needs an increased baseline in order to provide a workforce supply route of the apprentice radiographer. Due to low baseline numbers currently seen within 3 of the 4 trusts, this might only be possible towards the end of the 5 year recruitment plan.
- 3.7 Apprenticeships for trainee Radiographer, trainee Assistant Practitioner and Clinical Support Workers must be backfilled on commencement to the respective programmes.
- 3.8 The flow chart below outlines the additional recruitment and training that needs to occur over the next 5 years.
- 3.9 To note as of July 2022, 3 trusts have Assistant Practitioners in training. AP expansion needs to occur in conjunction with trust ability to train, alongside availability of apprenticeship programmes.
- 3.10 It is the trusts who would provide clarity as to what training is required for other staff according to the trust service needs, service development needs and current skill sets of the workforce within each trust.
- 3.11 There are a number of benefits to increasing recruitment
- To support elective recovery
 - To provide safe patient-centred pathways
 - To deliver required reforms in diagnostic imaging services including delivery of CDCs with sufficient suitably qualified and skilled staff to deliver in these out of hospitals settings



4. Costs and additional terms to consider

- 4.1 The indicative additional revenue for CSW/ AP and Radiographer apprenticeships needs to be supported by trust DoF once suitable candidates for each career progression training posts are identified, and in line with Apprenticeship Programmes being offered.
- 4.2 Upskilling of the AP to Radiographer workforce will reduce the shortfall of recruitment currently possible through traditional BSc programmes.
- 4.3 Increasing the substantive posts allows delegation of tasks for registered professional, enabling them to work to the top of their scale.
- 4.4 Radiologist, Radiographers and Sonographers are all professions on the government shortage occupation list and have shown the highest percentage vacancy rates on NIDC returns. Allowing these staff groups to work to the top of their scale through employment of support workers and Assistant Practitioners will provide value for money.
- 4.5 In order to achieve the required growth level in training, there would need to be an expansion of clinical educators' roles within trusts.

5. Recommendations

5.1 The L&SC Diagnostics Programme Board is requested to:

- Note the content of this report
- Support the request for the revenue funding to secure the recruitment and backfill
- Advise on potential funding source(s) for the revenue required.
- Support engagement with Trust Directors of Finance and Directors of HR to support progression of the proposed approach.

**Appendix 1 – Data for Workforce extrapolated from the Prof Mike Richards Report
based on population for the North West**

Imaging workforce	Over next 5 years					Yearly Additional Requirement			
	Additional requirement	North West	GM	CM	L&SC	North West	GM	CM	L&SC
Radiologists	2,000	268	112	100	<u>57</u>	54	22	20	<u>11</u>
Advanced practitioner/reporting radiographers	500	67	28	25	<u>14</u>	13	6	5	<u>3</u>
Radiographers	3,500	469	195	174	<u>100</u>	94	39	35	<u>20</u>
Assistant practitioners	2,500	335	140	125	<u>71</u>	67	28	25	<u>14</u>
Admin and support staff	2,670	358	149	133	<u>76</u>	72	30	27	<u>15</u>
Physicists	220	29	12	11	<u>6</u>	6	2	2	<u>1</u>
	11,390	1527	636	567	<u>324</u>	305	127	113	<u>65</u>

Weighted pop proportions :

North - West	7,964,158	13.41%
Lancashire and South Cumbria	1,689,821	21.22%
Greater Manchester	3,315,292	41.63%
Cheshire and Merseyside	2,959,044	37.15%
England	59,402,338	100.00%

Appendix 2 – Community Diagnostic Centres Modelling Staffing Assumptions (7 day/12 hour)

MRI x 1	Staff Per Scanner 2022/23 WTE	Equipment per CDH	WTE per CDH	Estimated Staff Cost per WTE	Staffing Cost per CDH
Band 7 Radiographer WTE	2.73	1	2.73	£55,000	£150,304
Band 6 Radiographer	2.73	1	2.73	£48,000	£131,174
Imaging Support Worker	2.73	1	2.73	£28,000	£76,518
Band 8a Service Management	0.55	1	0.55	£65,000	£35,526
Admin Support	1.37	1	1.37	£28,000	£38,259
Assistant Practitioner	0.00	1	0.00	£32,000	£0
Consultant Radiologist - Reporting	3.02	1	3.02	£130,000	£392,796
Total MRI Workforce	13.13		13.13		£824,578

X-Ray x 2	Staff Per Scanner	Equipment per CDH	WTE per CDH	Estimated per WTE	Staffing Cost per CDH
Band 5 Radiographer	1.37	2	2.73	£40,000	£109,312
Band 6 Radiographer	1.37	2	2.73	£48,000	£131,174
Assistant Practitioner	2.73	2	5.47	£32,000	£174,899
Reporting Radiographers	1.39	2	2.78	£55,000	£153,172
Total Xray Workforce	6.86		13.72		£568,558

CT x 2	Staff Per Scanner	Equipment per CDH	WTE per CDH	Estimated per WTE	Staffing Cost per CDH
Band 7 Radiographer	2.73	2	5.47	£55,000	£300,608
Band 6 Radiographer	2.73	2	5.47	£48,000	£262,349
Imaging Support Worker	2.73	2	5.47	£28,000	£153,037
Band 8a Service Management	0.55	2	1.09	£65,000	£71,053
Admin Support	1.37	2	2.73	£28,000	£76,518
Assistant Practitioner	0.00	2	0.00	£32,000	£0
Consultant Radiologist - Reporting	4.53	2	9.05	£130,000	£1,176,989
Total CT Workforce	14.64		29.28		£2,040,554

Ultrasound x 2	Staff Per Scanner	Equipment per CDH	WTE per CDH	Estimated per WTE	Staffing Cost per CDH
Band 7 Ultrasonographer	0.55	2	1.09	£55,000	£60,122
Band 8A Ultrasonographer	2.19	2	4.37	£65,000	£284,211
Support Worker	2.73	2	5.47	£28,000	£153,037
Total US Workforce	5.47		10.93		£497,370