Getting to the bones of the problem: challenging boundaries of practice

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Rural and remote communities present challenges to health care providers. The provision of emergency X-ray facilities is such an example.

Radiographers may work in isolation with no service in their absence. In even smaller communities, there may not be a radiographer at all. Two approaches to this problem are discussed with case studies of successful models of increased scope of practice for radiographers (UK) and support by training an assistant level workforce (remote X-ray operators (RXO)).

The first role enhancement is the extension of radiographer remit to the diagnosis and treatment of minor injuries. Radiographers are experienced in dealing with patients with minor injuries and are already informally undertaking image interpretation. In rural areas they often convey the X-ray findings to the referrer ahead of the formal radiology report, which may take several hours to obtain. This experience renders them well placed to extend their role to clinical examination and appropriate referral for imaging. They are also very well placed, with further training, to advise patients on treatment of minor injuries. This may make better use of skills and time and draw on the expertise of the radiographer while freeing up other staff.

The UK audit, although small, showed interesting results to support this. The radiographers were trained in a Minor Injuries Nurse Treatment Scheme (MINTS) and worked alongside nurse practitioners and doctors in a large emergency department. Outcomes will be discussed in the presentation.

The other role enhancement relates to supporting the training of nurse practitioners and GPs in their role of basic radiography. A remote X-ray operator course exists, enabling these staff to carry out basic X-ray projections by qualifying them as a NSW Limited Licence X-ray Operator. However, there is no formal provision or requirement for continuing education.

This support could be provided by enhancement of the mentor arrangement for X-ray operators. Recruiting radiographers to help provide this service in rural and remote areas would not confine them to imaging, thus ensuring good use
of their time. It would also widen the knowledge and support the RXOs. This has the potential to develop a high standard of service provision to the communities. It may also lead to increased job satisfaction and improve recruitment and retention of staff. Role extension in minor injuries is an appropriate career progression for both nurse practitioners and radiographers. Working together as part of a multidisciplinary team could be the answer to workforce shortages in the future.