

Short Communication

*Quo vadis radiography*Graciano Paulo^{a,b,*}^a Instituto Politécnico de Coimbra, ESTESC - Coimbra Health School, Medical Imaging and Radiotherapy^b H&TRC- Centro de Investigação em Saúde e Tecnologia, Portugal

While thinking about the approach to write this Short Communication concerning the future of the radiography profession, the song “Hey You” by Pink Floyd, came across my playlist, and the final sentence of the lyrics flashed into my brain: “*Together we stand, divided we fall*”. In fact, the future of our profession is highly dependent on how the “radiography family” (professional societies, universities, and research centres involving clinical and academic radiographers) will be able to come together and define a strategy to unite all under the same goal: to protect, develop, and project the future of the radiography profession.

However, to prepare for a bright future, it is paramount to critically revisit the past and reflect on the main weaknesses and threats that affect our profession. To begin the (r)evolution, it is important to understand who we are, what we do and what we want to achieve as a profession. The Society of Radiographers (SoR) from the United Kingdom gives us a perfect motto to build a consistent answer:¹ “Radiographers are the heart of clinical imaging and radiotherapy departments,” and:

- Are vital for modern health care.
- Are clinical practitioners, managers, leaders, researchers and educators.
- Provide person-centred support and care for patients during screening, diagnosis, treatment and monitoring of trauma and disease processes.

- The profession is dynamic, developing rapidly in response to changing technological, health and patient population needs.
- Every year, provide essential healthcare services (24 hours a day, seven days a week) to millions of people.

This is a radiographer of the XXI century. A crucial health professional who provides care to patients in one of the main pillars of modern health care, medical imaging and radiotherapy.² So, if this is true and reflects the reality, what is missing? There are several things, but the main one is “the absence of a strong and unique professional identity!” Due to unknown reasons (and focusing exclusively on the English language), we use so many titles for the same thing that it is impossible to create a solid and unique professional identity, especially for the society/patients to understand, such as Radiographer; Medical Radiation Technologist; Technologist; Technician, Tech... etc.). To complicate the problem even more, several “other” names are used (probably to show how special we are): sonographer, mammographer, CT radiographer, nuclear medicine technologist, radiation therapist, etc.

We insist on living in small fields with big walls without understanding that the world changed because technology has changed the world and progressively has destroyed the walls that “selfishly” have been created just to show how different each one is. Nothing is more wrong. Once and for all, it is essential to understand that what unites us is much more than what separates us.

So, the first step for the future of radiography is to decide on a single name for the profession to be used globally in English: one profession, one name, one definition. How do we achieve such an objective? Our national and international professional societies must come together and decide on a unique name to

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build our profession's identity and adapt their own name accordingly. Not doing this will jeopardize our professional future.

Revisiting the SoR definition, it states that radiographers provide person-centred support and care for patients during screening, diagnosis, treatment, and monitoring of trauma and disease processes.

This short but precise sentence should be read by all radiographers every day before going to work. Indeed, it reflects our main responsibility as a Radiographer: as to be the interface between patient and technology.³ The health professional that the patient should see, interact, and trust. Not assuming this professional responsibility directly and delegating it to another person (non-radiographer) is the beginning of the end of our profession. It's time to leave the chair in front of the medical imaging and radiotherapy equipment and assume the interaction with the patient entirely. It's time to stop using the unacceptable excuse "we don't have time" to interact with the patient. When we start not having time for our patients, because we are trapped behind a screen, it is the beginning of the end of our profession.

Why has this become a reality in some departments and countries? Why do radiographers accept the pressure from the health managers to do more with less, affecting the quality of the care provided to the patients? The answer is quite simple: mainly due to the lack of a strong local radiographer leadership.

Simplistically, one could easily say that radiographers should develop their profession according to the scope of practice. However, not all countries have a formal "scope of practice" for radiographers published. Those that have a published scope of practice do not have metrics to define the limits of practice. For example, how many imaging procedures should a radiographer perform during the normal working period? Or an even more complex question: what does performing an imaging procedure involve? The heterogeneity of practice is so huge that finding a suitable answer is impossible, making this one of our major failures as a profession.

There is an urgent need for international cooperation between our professional bodies to define metrics for our profession, which would contribute to protecting the professionals, and especially the patients, from the huge and unacceptable pressure that comes from hospital managers to produce more with less, putting in risk the quality of healthcare delivered. By failing to develop such metrics, the future of our profession will be affected, since medical imaging is progressively being transformed into a commodity. This shift, combined with the introduction of artificial intelligence⁴ in this field, will devalue the radiographer's role. Therefore, we need to proactively anticipate the radiographer of the future.

Aware of these needs, the European Federation of Radiographer Societies (EFRS) has published a White Paper⁵ about Radiography Education, Research and Practice (RERP) as a guidance tool for national societies and education institutions to take the necessary actions and changes toward what is expected from the radiographer in 2030.

As an example, and regarding what is expected from a Radiographer, the EFRS White Paper Statement 9 for Practice states: "Radiographers are required to practise in accordance with the principles of professional ethics and evidence-based practice. Integral to their fundamental role, they must ensure that patients are properly identified, prepared, and cared for before, during and after each examination or treatment episode and that their patients and carers understand who is examining or treating them. Empathy, compassion, and effective communication should be evident at all times, recognising and respecting individuals' particular needs, values and rights when carrying out medical imaging examinations and/or treatments. Proper account must be taken of people with special needs, whether physical, mental, or emotional, and patients who fear their condition is serious, has worsened, relapsed, or recurred must be supported. All interactions with patients must demonstrate inclusivity and equality and recognize and respect diversity."

Under this concept, Radiographers need to engage more with patients, comfort them, talk with them and show that they care about them by developing high clinical and professional standards as a tool to avoid the commoditization of radiology.⁶ So now that we have the tool to build a new future based on the EFRS White Paper, what is missing? That our professional bodies define a strategy on how to implement it.⁷ Under these three dimensions (education, research, and practice), our profession must be developed and adapt itself to meet the expectations of society, healthcare systems, and citizens.

Despite all the constraints, difficulties, and problems we might identify, the future of our profession is in our hands. Each individual radiographer and their professional societies are responsible for continuing to develop our profession to the highest standards possible for the benefit of our patients and the health systems.⁸ Radiographers must be "responsive to change" to survive as a profession, bearing in mind that the 2030 radiographer will be necessarily different. We have an obligation to anticipate the future and prepare the next generation.

Each one of us has the responsibility to contribute to the development of radiography, not only to honour the founders of our profession but to (re)build upon what we inherited, (re)invent what we do, with the objective to promote a professional (re)volution, leaving to the future generations of professionals something that will make them proud, because quoting Pink Floyd again, "Hey, you, don't tell me there's no hope at all; together we stand, divided we fall."

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