



A Job in Radiography Used to Involve Only Working With X-Rays

When you walk into a hospital for treatment, the chances are that one of the first health professionals you meet will be a radiographer. She or he may be the person operating the X-ray machine or CT scanner. Often deploying the very latest technology, the radiographer is the expert who first gets under your skin, with a vital part to play in later decisions about the right action to take and hopefully a cure.

Radiographers are highly trained, but they are not, strictly speaking, medically qualified " they belong to a branch of medicine called the allied health professionals, like physiotherapists and occupational therapists. It is important not to confuse radiographers (or radiotherapists) with radiologists. Radiologists are the doctors, with long years of medical training behind them. Radiographers are the next best thing, fully trained in their chosen field, with sound medical knowledge.

A radiographer is not a nurse, either. They usually consider themselves in a quite distinct and exacting branch of medicine, often working in teams with other health professionals, sometimes helping patients over a period of weeks.

'Radiographers have never been just button-pushers and dial- twiddlers; they have in-depth knowledge and help in important decisions,' says Richard Evans, the director of the Society of Radiographers.

Becoming a radiographer requires an unusual combination of brains, technical skills and compassion, but is a profession that is expanding. There are about 14,000 trained radiographers in the NHS, but numbers are rising because of the demands of the job and new advances in technology. This is a profession constantly on the lookout for fresh blood.

There are two types of radiographers. Diagnostic ones are at the technical sharp end, and meet new patients on a day-to-day basis. They use sophisticated machines to pry inside your body " producing images to send for analysis.

Many people have some time or other found themselves behind an X- ray machine. If you have broken a leg or swallowed a button, it is the radiographer operating this device who will find the size and shape of the problem. But there are several other ways of seeing inside the body, and diagnostic radiographers are trained to deploy them all.

Fluoroscopy is the art of making images of the digestive system, often using liquid dyes such as a barium meal which can be picked up by X-ray techniques. On a more sophisticated level, equipment sometimes costing millions of pounds is available for a variety of body scans: CT (computerised tomography) creates a 3D image which can be split into individual 'slices'; MRI (magnetic resonance imaging) builds a 2D or 3D map of body tissues; angiography examines the insides of blood vessels; and every pregnant woman has experienced an ultrasound scan to sneak a look at her baby in the womb.

This kind of work brings diagnostic radiographers into regular contact with a steady flow of patients, passing the diagnostic information back to radiologists. Their contact with patients and the public may be fleeting, but it is constantly changing. It is a role that would not suit someone interested in a nine-to-five job.

'We see patients with an enormous range of different injuries and conditions,' says Emma, an experienced diagnostic radiographer working in her second post in a large general hospital. 'We do a lot of accident and emergency work, often after road accidents, and a lot of sports work. There are also elderly people with hip fractures. We also see people with digestive or urinary tract problems.

'I chose to work in diagnostics because, although I wanted to work with people, I am very interested in the technical side of radiography. Also, I think I would have found the long-term involvement with patients and the therapeutic work quite demanding. In diagnostics, different people are coming in and out all the time. What I like most about my job is the independence. You are in charge, setting your own pace and making your own decisions.'

Therapy radiographers, on the other hand, specialise in helping patients to a cure. Almost all work in cancer clinics. Instead of using radiation to see what is going on inside, their job is to deploy it to help in a cure. Radiotherapy, the use of precisely targeted doses of radiation to kill off harmful cancer cells or shrink a tumour, is now a well established and vital weapon in the fight against cancer.

A therapy radiographer is usually a key member of the oncology team, with their own specialist knowledge and experience. They may work with patients for weeks. Though this kind of job may lack big machines, it is closer to nursing and has a career structure with scope for moving into analysis and management.

'Radiography offers you plenty of opportunities to specialise. You can choose to move into treatment planning if you are more interested in the mathematical side, or you can stay with treatment itself if you prefer working with patients,' says Chrissie, a senior therapy radiographer in a cancer department.

Medical radiography is now an all-graduate profession, with degrees offered by more than 20 NHS-accredited colleges in Britain. The usual entry requirements are two A-levels, including one in science or maths, although in a few cases colleges may accept national vocational qualifications as the basis for course entry, moving to a degree later. A significant number of radiologists are mature students who missed out on academic qualifications earlier.

A good start is often to spend a day in the radiography department of a good district hospital. Once accepted for training, assistant practitioners are on the lowest, unqualified, rung. Degree-qualified radiographers start on a salary of around pounds 18,500 a year, but can expect to travel steadily up the career escalator, training and gaining experience for several years. Advanced practitioners, with higher specialist skills, start on a salary range of pounds 27,500. On the highest grade of all, introduced only two years ago, are consultant radiographers, who can earn up to pounds 51,300. These are the most senior managers, who often work closely with clinical directors and qualified medics. So far, there are only about a dozen radiotherapy consultants in the NHS, but the good news for career radiographers is that many more are planned.

Richard Evans, who directs a society and college which is both a trade union and a professional body, sees the new advanced practitioners and consultant posts as the cornerstone of an expanding profession and says radiographers have good reason to be optimistic about career prospects.

'It's a growing sector, and particularly the advanced practitioner sector. This is a good area in which to work. The NHS just needs more well qualified radiographers. Senior radiographers are increasingly taking over tasks that used to be done by doctors, and the rewards and satisfaction are significant.

'Radiographers don't pretend to be medically qualified radiologists. But, with the right experience and qualifications, and providing they are accepted and supported by the rest of the team, they can play a vital role. In many accident and emergency departments 'hot reporting', looking at film on the spot without having to wait for a doctor, is today part of a radiographer's job. And nowadays, an experienced radiographer is expected to have an

opinion. Twenty years ago, when I trained, every radiographer had an opinion, but no-one was allowed to share it.

'Radiographers may not be doctors, but they are more than just button- pushers and they know their way round the human body: anatomy, diagnostics, analysis, pathology and physiology are all part of their training. They have a lot of in-depth knowledge. If you like meeting people, enjoy medicine, and like machines, this is a great job.'

The lowdown

What qualifications do I need?

A degree in radiography. Usual entry requirement is two A-levels (one in maths or science) but some colleges accept NVQs. A good rapport with people helps.

Does it help to find work-experience first?

Definitely.

What about the pay?

Starting pay for a newly qualified radiographer is about pounds 18,500, rising to around pounds 27,500. Advanced practitioners can earn up to pounds 35,000 and senior consultant radiographers pounds 51,300.

What are useful contacts for more information?

Society of Radiographers: www.sor.org

Radiography Careers: www.radiographycareers.co.uk

NHS Careers: www.nhscareers.nhs.uk

The Allied Health Professions Federation: www.newgenerations.org.uk

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Interview: a therapy consultant radiographer

'You have to be a team worker, and interested in medicine and science, but you also have to get on with people'

Nicky Cornelius, 44, is a therapy consultant radiographer at the Lincolnshire Oncology Centre

'I got interested in radiography when I was doing A-levels. I wanted something that involved meeting patients, but that would use my science " I did maths and physics. The careers people at school helped and I got work experience at the Royal Sussex County Hospital at Eastbourne. I liked the idea that you can build a relationship with a patient, often over several weeks, if you are a therapy radiologist. I first qualified at the Royal Marsden Hospital in Chelsea in 1982 with what was then a diploma, and worked in hospitals in London and the South East. I took an MSc at Canterbury in 1996.

Going to Lincoln in 1998 was a big promotion, and I was the first person in England to become a therapy consultant radiologist last year.

'You could become a radiographer and carry on working with patients on a day-to-day basis,

if that's what you enjoy most. It depends what you want to get out of the job. I always had a strong interest in planning, pre-treatment and delineating " that means working a lot with radiologists and other health professionals to devise a treatment programme for each patient.

I see anything up to 12 patients in a session, but it varies. We use some of the newest equipment, machines worth millions. You have to be a team worker, you have to be interested in medicine and science but you also have to get on with people.

'I think the job has come up to my expectations. It's not just a matter of twiddling dials. There are lots of different areas you can specialise in. It's come up with new challenges when I've felt ready for them. And it's rewarding in terms of helping patients, especially when they get better.'

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