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#### CORRESPONDENCE

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# Establishing advanced practice for medical imaging in New Zealand

Re: Yielder J, Young A, Park S, Coleman K. Establishing advanced practice for medical imaging in New Zealand. *J Med Radiat Sci* 2014; **61**(1): 14–21.

I read with interest the recently published article on 'Establishing advanced practice (AP) for medical imaging in New Zealand'. The paper raises some significant issues pertinent to our profession and I am writing this letter to encourage discussion around this important field.

The profession may or may not be surprised at the suggestion that AP is not just about clinical skills.<sup>1</sup> In the United Kingdom, the four domains of advanced and consultant practice are well established, with Clinical Leadership being seen by many as a priority,<sup>2,3</sup> showing that education and support for AP roles can be widespread and diverse across a range of providers and is not restricted to clinical skills-based provision. Any decisions related to any national policy about where education is provided and what provision is acceptable would need to take this into account to ensure that a limited and exclusive educational provision is not promoted by any one provider, which would restrict holistic development for radiographers in practice.

In this article, there appears to be a contradiction regarding education provision as on page 18 AP is said to provide leadership, development and assurance of best practice. Later it is said AP should encompass research and teaching skills and indeed focus on leadership and not on role extension activities. To me, this supports the view that in practice there could be many providers who could offer education around healthcare leadership, education and research which would be hugely beneficial to the wider AP role. If this is the case, provision for those components of AP could be widespread from many master's degrees in health science. However, in the conclusion, it is recommended that only The University of Auckland should identify and provide all services for AP roles as they are the only current provider of postgraduate medical imaging programmes in New Zealand.

This was an interesting paper and raises some important and timely issues that the profession may want to explore further. It is good for MRTs to challenge and

question data published,4 and decide whether or not that data can be used for long-term policy changes. I have concerns that the evidence presented in this study suggested that there was strong agreement on potential profiles, which appears to over claim the results and findings, especially as such a small percentage (only 4%) of the population was involved in giving their opinion.<sup>5</sup> In the light of this, while this paper forms part of the wider discussion, I do not agree that it is the platform from which national recommendations should be written, nor that only one provider can offer solutions into the future. As a profession, we need to engage fully with this debate, both clinically and educationally, and ensure that future directions are designed to suit the whole profession, within New Zealand (as this is the focus of this paper) but also with a global mindset which allows cross national working where possible.

The views expressed in this letter are my own and do not necessarily represent any organisation I am affiliated with.

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James Hayes, BSc(Hons),
CPIT, Christchurch, New Zealand
Associate Editor, Journal of Medical Radiation Sciences
New Zealand Institute of Medical Radiation Technology
(NZIMRT) Director
Email: james.hayes@cpit.ac.nz
Tel: +64 3 9408529