

**Venepuncture**

While slightly more than four out of 10 radiographers routinely administer intravenous contrast agents in their place of employment, the majority, 58% do not undertake this task. Of those who do, almost 77% said that they learned how to do this on the job, with a minority of only 20% having attended a workshop or seminar to learn how to do this.

Very few radiographers are expected to administer intravenous medicine, only 5% responding positively to this question.

On the other hand, the percentage of radiographers that administer fluoroscopy for bariums or other examinations, 39.5%, is almost the same as that for intravenous contrast agents. Figure 6a, 6b, 6c, 6d.

**Informed consent**

More than half of respondents, 56%, stated that they obtain written informed consent from patients before they undertake examinations/procedures, while 42.5% indicated that this is not one of their responsibilities. Of those who do obtain written consent almost all, 92% learned how to do this task on the job. Figure 7.

**Physical examinations and patient education**

Two-thirds of respondents do not conduct limited physical examinations at their workplace and of the remaining one-third that do, 80% have learned to do this on the job.

And patient education is not commonly part of respondents' daily work either, with only 18.5% stating that they teach self-examination, though this group would most likely be working in mammography clinics. Figure 8a, 8b.

**Patient care and nursing duties**

Asked whether they monitor patients while they are under conscious sedation, 83% responded in the negative. However, the number that said they would assist in or initiate resuscitation of a patient was higher, with almost half, 47%, responding positively to the question.

Less than one in four, 23/5% said that they apply or remove casts on extremities. And of those who do, over 93% said that they learned how to do this on the job.

Removing stitches is also not commonly part of the daily routine with 89% of respondents reporting that they do not do this. Figure 9a, 9b, 9c.

**Image interpretation**

Slightly more than half, 54%, of responding radiographers reported that they unofficially interpret trauma images for doctors. Of those who do this, 73% learned on the job and a further 25% had attended a university course, or a workshop/seminar.

The percentage of radiographers that

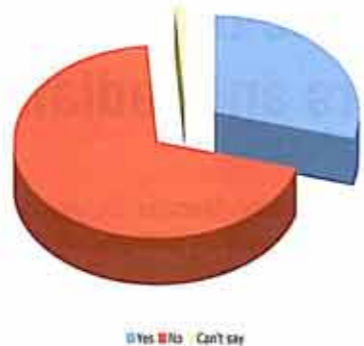


Figure 6a Whether respondents insert intravenous lines in their place of employment

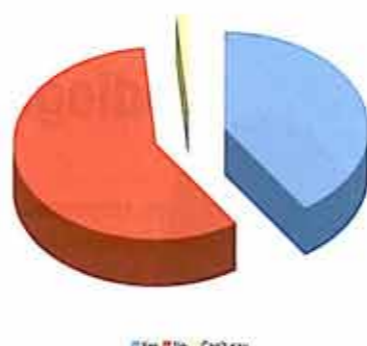


Figure 6b Whether respondents administer intravenous contrast agents in their place of employment

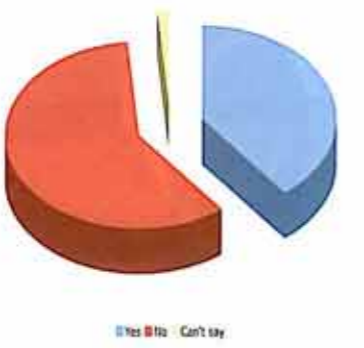


Figure 6c Whether respondents administer fluoroscopy for bariums or other examinations in their place of employment

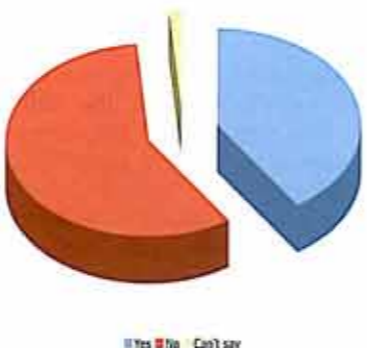


Figure 6d Whether respondents obtain spot films during fluoroscopy for bariums or other examinations in their place of employment

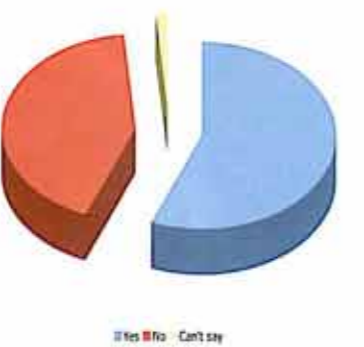


Figure 7 Whether respondents obtain written informed consent from patients in their place of employment

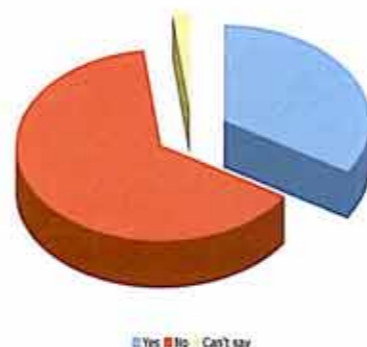


Figure 8a Whether respondents provide limited physical examination on patients in their place of employment

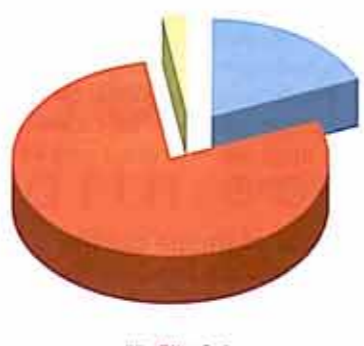


Figure 8b Whether respondents provide patient education or teach self-examination in their place of employment

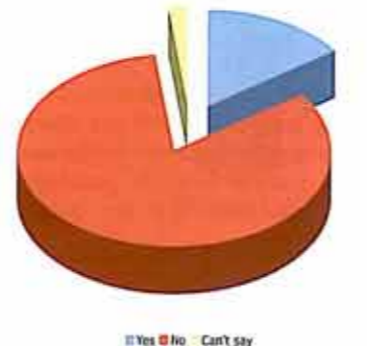


Figure 9a Whether respondents monitor patients under conscious sedation in their place of employment

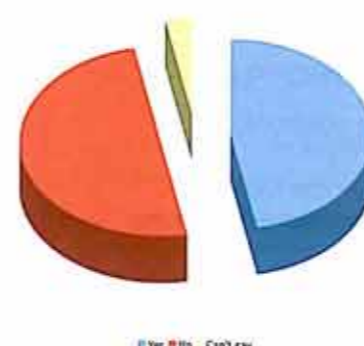


Figure 9b Whether respondents assist or initiate resuscitation in their place of employment

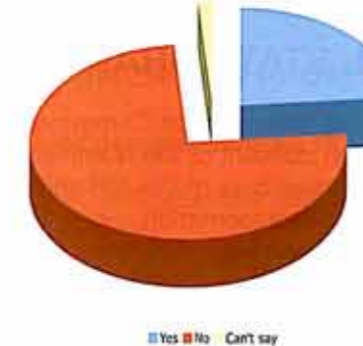


Figure 9c Whether respondents apply or remove casts on extremities in their place of employment

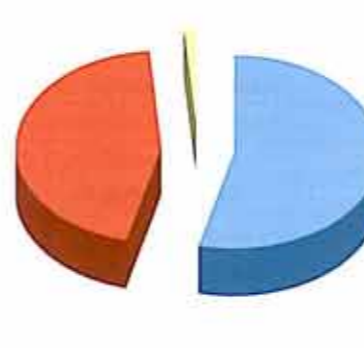


Figure 10a Whether respondents unofficially interpret images for doctors on trauma examinations in their place of employment

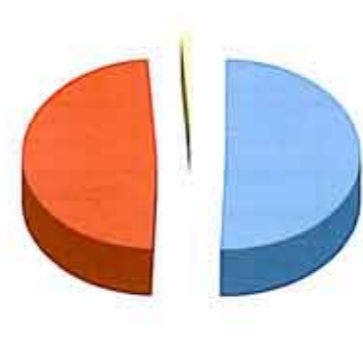


Figure 10b Whether respondents unofficially interpret images for doctors on non-trauma examinations in their place of employment

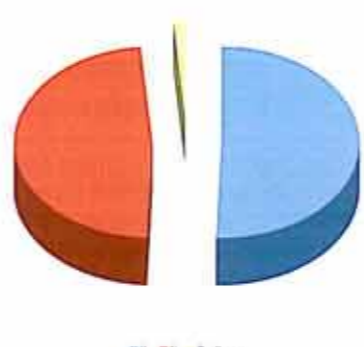


Figure 10c Whether respondents unofficially interpret images for doctors at night or off hours in their place of employment

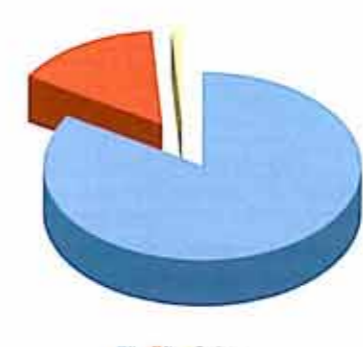


Figure 11 Whether respondents carry out clerical and administrative duties in their place of employment

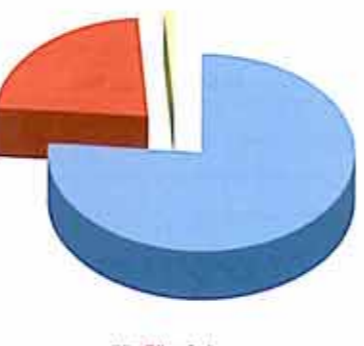


Figure 12a Whether respondents provide procedure or orientation training for other radiographers in their place of employment

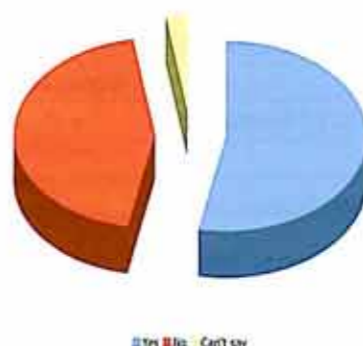


Figure 12b Whether respondents provide continuing education for other radiographers in their place of employment

unofficially interpret non-trauma images for doctors is a little lower at 50.5%. Of this group, almost 74% had learned on the job. The same percentage interpret images for doctors at night or during off-hours. Figure 10a, 10b, 10c.

**Compliance documentation and clerical duties**

A little over one-third, 37%, of radiographers said that they record compliance documentation for reimbursement or accreditation at their workplace, and of this group almost 81% had learned how to do this on the job.

However, 84% of respondents said that they carry out clerical and administrative duties during their working day and 92% had learned how to do this on the job. Figure 11.

**Training and orientation for other radiographers**

Procedure or orientation training for new staff is very much a part of the radiographer's job, with 76.5% reporting that they do this.

On the other hand, providing continuing education to other radiographers is not as widespread, with only 53% of radiographers reporting that they are involved in providing CE. Figure 12a, 12b.

**Other duties**

Though the radiographer's primary task is imaging examinations/procedures, one-third reported that they have other tasks or duties. These include: nursing/surgical duties and preparations; planning, implementing and reviewing programs; maintaining equipment and stock; advising and/or liaising with surgeons, doctors and sonographers; occupational health and safety duties; quality assurance; budgeting and staffing; PACS related tasks; mammography related tasks; emotional support for staff and patients; ultrasound related tasks; marketing and strategic planning; self learning and study; CT related tasks; and IT systems and management.

**For CPD advice  
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# AIR survey profiles the duties and responsibilities of radiographers and radiation therapists

AIR members responded enthusiastically to the Member Survey questionnaire distributed with the Annual Membership Renewal Notices in November/December last year. Of radiographer members, 44% completed the survey, while 24.5% of radiotherapist members responded. These response rates were exceptionally high in comparison to similar surveys of other professions.

This month we profile the AIR'S radiographer members, revealing where they live, the institutions where they work, the procedures they perform and their professional responsibilities. We will profile radiation therapist members in next month's issue of Spectrum.

## Where radiographers live and work

Not surprisingly, the survey revealed that almost three-quarters of the radiographers who responded to the survey live and work in the eastern states (74.5%), with 7% in West Australia, 5.4% in South Australia and 3.8% in Tasmania. The remaining 10% live in The ACT, the Northern Territory, outside Australia, or did not nominate where they are located. Of those working overseas, most were in the UK. Figure 1.

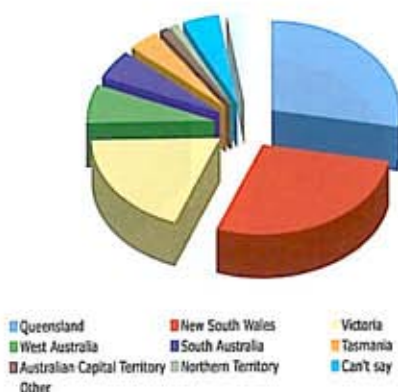


Figure 1 State in which respondents are employed

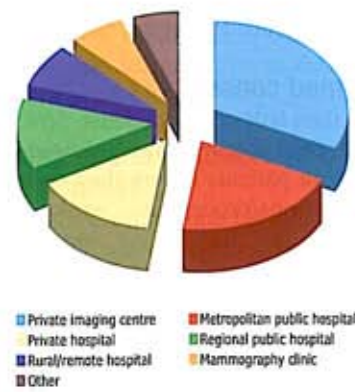


Figure 2 Term that best describes respondents' place of employment

## Place of employment

The largest group of radiographers, 32.3%, work in a private imaging centre, 20% work in a metropolitan public hospital, 14.5% in a private hospital, 12.8% in a regional public hospital, 8% in a rural/remote hospital and 6.7% in a mammography clinic. The remaining respondents did not nominate a workplace or work in more than one place. Figure 2.

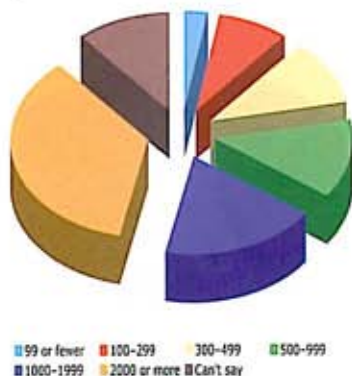


Figure 3 Number of imaging examinations/procedures that are performed in respondent's facilities each month

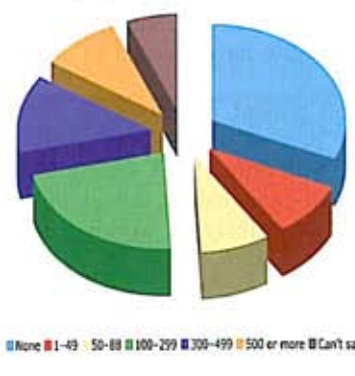


Figure 4 Number of active patient beds in respondents' place of employment

## Radiographers are busy people

To measure how much work radiographers have to do, we asked members to nominate how many imaging examinations/procedures are performed in their workplace each month. Of the respondents, 35.4% work in an establishment where 2000 or more examinations/procedures are performed, monthly, 18.5% in the 1000-1999 group, 13% in the 500-999 group, 10.7% in the 300-499 group and 8.3% in the 100-299 group. Of the remaining respondents, 11% were not able to estimate and the number of examinations/procedures performed and a small number work in establishments where less than 100 are performed. Figure 3.

## Active patient beds

To further define the size of establishment where they work, we asked respondents to nominate the number of active beds. Leaving aside those who work in a private imaging centre, or could not say

how many active beds there are, 9.5% of the radiographers responding to the survey work in a hospital with more than 500 active beds, 13% in the 300-499 active beds group, 22% in the 100-299 active beds group, 8% in the 50-99 active beds group and 9% in establishments where there are between 1 and 49 active beds. Figure 4.

## Approval of image quality

Almost all of the radiographers surveyed approve the quality of the images before the patient is dismissed. 79.6% stated that this is their sole responsibility, while 7.4% said that the Senior or Chief Radiographer approved the final images, 6.5% said that a physician approved the images and



Figure 5 Person who approves the quality of final images before the patient is dismissed

6.5% nominated another responsible person. In the 'Other' category almost 6.4% were radiologists. Figure 5.