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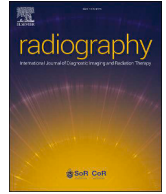
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Exploring enhanced level practice in radiography: A survey of awareness and implementation across the UK[☆]

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ABSTRACT

Introduction: As radiography careers have evolved, task sharing and adoption of new technologies and specialisms has underpinned role progression. However, as the profession aligns with the national healthcare workforce, the focus now is on the autonomy, responsibility and complexity of an individual's role. Whereas the advanced and consultant levels are established, awareness and understanding of the enhanced level of practice is not known.

Methods: Cross-sectional surveys were designed to assess their awareness of enhanced-level practice in radiography and gather insights into individuals' understanding of the topic within the profession. Parallel online surveys were targeted to imaging and oncology managers, practitioners, including academics, and students.

Results: 552 responses were received, predominantly from the diagnostic discipline ($n = 409$, 74.1 %). While most respondents had heard of the enhanced practice level ($n = 385/552$; 69.7 %), this varied depending on their role and seniority. Concerns were raised on the potential negative impact on individuals considered to be working at an advanced practice level. Awareness of the potential role scope and the education and training requirements was limited.

Conclusion: The data confirmed the need to socialise enhanced-level practice, particularly in relation to the national frameworks available and their application to practice, in terms of the clinical and educational requirements. A wider understanding of this level of practice and alignment with the wider NHS workforce could empower the radiography profession in career progression and advancing professional practice.

Implications for practice: To encourage the adoption of enhanced-level practice in radiography, it is vital to provide the community with resources and support systems that enable them to comprehend and apply this level of practice, thereby delivering high-quality patient care and further advancing both the profession and its practitioners.

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Introduction

Radiography education and careers have evolved over the last three decades with greater opportunities within and outside of the core focus of the profession.¹ In the UK, much emphasis has been on role extension and task sharing with other professions, with

these developments underpinning advanced and consultant practice roles.² Two decades ago the implementation of the comprehensive pay and conditions system within the NHS, Agenda for Change (AFC), focused individuals on the curation of knowledge, skills and competencies aligned to national profiles within a hierarchical structure.³ However, within radiography, the focus of attention has often been on task-related competency development as a mechanism for role and career progression.⁴

Despite inconsistent approaches to the different elements, radiographers have continued to advance their practice alongside their multiprofessional teams.⁵ Building upon the 2003 skills mix strategy⁶ and its four-tier structure, the UK profession updated its career framework in 2022⁷ to incorporate six levels of practice,

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with overt inclusion of the support workforce and the enhanced level of practice (Fig. 1). Alongside this, the profession has sought to embed the four pillars of practice (clinical practice, leadership and management, education, and research and development) at every level, recognising the need to develop capabilities beyond the clinical domain.^{7,8}

The move from four to six levels of practice is not just about redefining the career structure but also about recognising the step change in autonomy and complexity of practice at different stages of the career pathway.⁹ Importantly, at least within the NHS in England, these also reflect the underpinning capabilities and educational preparation required at the higher levels of enhanced,⁹ advanced,¹⁰ and consultant level practice.¹¹ Similar strategies exist in the other home nations within the UK, with nuanced differences between the frameworks.^{12–14} Whereas advanced and consultant levels have been in place for some time, the enhanced level is a relatively contemporary approach to describe responsibilities which are not new but have not previously been defined or recognised. Although some individuals may complete formal academic study in preparation for their enhanced role, the education has typically been experiential. As a result, the necessary capabilities were often poorly defined,⁵ despite the inclusion of this level and underpinning knowledge, skills and behaviours in the Education and Career Framework in Radiography (ECF).⁷ However, the 2024 publication of profession-specific schemas to establish curricula and role-specific capabilities should have gone some way to address some of the confusion.⁹

Acting as a baseline to a commissioned project aimed at socialising the enhanced level within imaging and oncology, this article reports on a survey designed to gain an understanding of the awareness of the enhanced level within the radiography profession and identify the myths surrounding its introduction into the professional landscape.

Method

Utilising a mixed-methods approach, two cross-sectional online surveys were developed, aimed at individuals working within the UK: 1) radiography managers and leaders, and 2) practitioners (including academics and students), to ascertain the current awareness of enhanced level practice in radiography. The surveys were developed by the research team based on national guidance on the level of practice and informed by the contemporary literature. The surveys were hosted on the Jisc platform (onlinesurveys.ac.uk) and incorporated closed and open questions designed to elicit awareness and understanding of the topic amongst individuals within the profession. Ethical approval was obtained by the project host organisation (XXXXXXX). With ethical practice

principles applied throughout this project, completion of the survey assumed consent; all data collected was anonymised.

Data collection and analysis

The purpose of the survey and its position within the broader project were explained on the opening page of the survey, which included a mandatory question requiring the individual to confirm their consent to participation. The study sought to ensure that the profession's diversity was accurately reflected; however, limited personal information was collected to maintain respondent anonymity. The optional demographic data included country, employer sector, discipline (diagnostic or therapeutic), role focus and level of practice. Although the two surveys used a similar question set, minor differences were designed to elicit perceptions regarding different facets within the respondent groups. Opportunities for enhanced level deployment, along with anticipated educational levels, were included in the practitioner survey. In contrast, managers were asked to identify the resources that would assist workforce planning, in line with the commissioned brief.

Hard copy flyers advertising the survey were distributed at the National Conference for Radiology Managers (NCRM) and the UK Imaging and Oncology (UKIO) congress between May and July 2024, respectively. To maximise visibility, both surveys were also shared with the imaging and oncology community via social media and professional and researcher networks, with regular reminders.

Following the survey's closure, the anonymous data were downloaded into Excel (Microsoft, US) for analysis. Descriptive analysis of the closed questions was supplemented by statistical analysis of inferences between disciplines using the Chi-squared test, conducted in SPSS (IBM, version 28.0). Open responses were examined through thematic analysis. Two researchers independently labelled the data, organised these labels into themes, and resolved any discrepancies via discussion. A reflexive and transparent method was used to maintain consistency and reduce bias. Anonymous quotes, along with the respondent's role or area of practice where relevant, have been included exactly as recorded.

Results

Within the survey timeframe, 552 responses were received, with the largest number coming from the diagnostic discipline ($n = 409$; 74.1 %). The responses were skewed to clinical staff employed in the NHS in England, particularly in therapeutic radiography (Table 1).

Most respondents had heard of the enhanced practice level ($n = 385/552$; 69.7 %), although this varied depending on role and

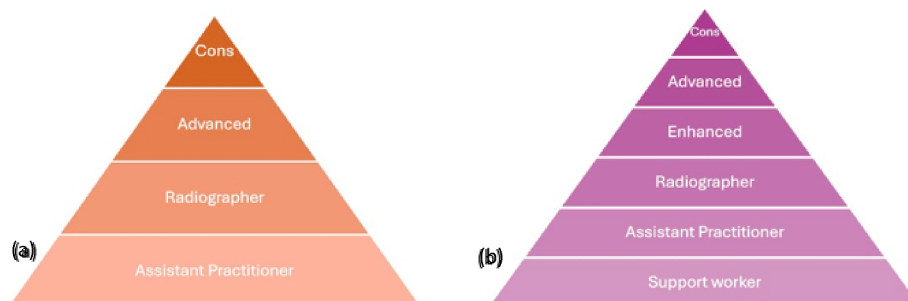


Figure 1. Traditional four-tier structure (a) and the contemporary six levels of practice (b).

Table 1
Respondent characteristics.

Geography Sector	Discipline		Total n (%)
	Diagnostic n (%)	Therapeutic n (%)	
England	292 (71.4)	129 (90.2)	421 (76.3)
Higher Education	7 (2.4)	1 (0.8)	8 (1.9)
Independent Sector	8 (2.7)	1 (0.8)	9 (2.1)
NHS	274 (93.8)	126 (97.7)	400 (95.0)
Other	3 (1.0)	1 (0.8)	4 (1.0)
Northern Ireland	14 (3.4)	1 (0.7)	15 (2.7)
Independent Sector	1 (7.1)	–	1 (6.7)
NHS	13 (92.9)	1 (100)	14 (93.3)
Scotland	89 (21.8)	9 (6.3)	98 (17.8)
Higher Education	5 (5.6)	–	5 (5.1)
Independent Sector	1 (1.1)	–	1 (1.0)
NHS	83 (93.3)	9 (100)	92 (93.9)
Wales	6 (1.5)	2 (1.4)	8 (1.4)
NHS	6 (100)	2 (100)	8 (100)
Other	8 (2.0)	2 (1.4)	10 (1.8)
Higher Education	1 (12.5)	–	1 (10.0)
Independent Sector	3 (37.5)	–	3 (33.3)
NHS	2 (25.0)	–	2 (20.0)
Other	2 (25.0)	2 (100)	4 (40.0)
Total	409	143	552

Bold represents definition of the countries.

Table 2
Awareness of respondents regarding the enhanced level of practice.

Role Level (self-defined)	Heard of the enhanced practice level		Total
	Diagnostic n (%)	Therapeutic n (%)	
Clinical	193 (66.8)	89 (77.4)	282 (69.8)
Consultant	17 (85.0)	12 (100)	29 (90.6)
Advanced	58 (69.0)	32 (84.2)	90 (73.8)
Enhanced	53 (96.4)	19 (95.0)	(96.0)
Experienced (senior)	49 (43.2)	24 (66.7)	(51.4)
Radiographer (band 5)	16 (69.6)	2 (22.2)	18 (56.3)
Assistant Practitioner	0 (0)	–	0 (0.0)
Leadership	69 (71.9)	18 (81.8)	87 (73.7)
Directorate/Strategic Manager	5 (71.4)	–	5 (71.4)
Service Manager	30 (76.9)	9 (81.8)	39 (78.0)
Team Leader	34 (68.0)	9 (81.8)	43 (70.5)
Education	13 (65.0)	2 (40.0)	15 (60.0)
Lecturer/Academic	9 (90.0)	1 (100)	10 (90.9)
Student/Apprentice	4 (40.0)	1 (25.0)	5 (35.7)
Other	1 (33.3)	0 (0)	1 (25.0)
Total	276 (67.5)	109 (76.2)	552

Bold represents definition of the countries.

seniority (Table 2), with no significant difference between the disciplines ($\chi^2 = 3.838$; $p = 0.639$). Some expressed their naivety with responses such as “Never heard of enhanced level at all. Would be interested to know more” and “Have never heard of enhanced practice, I thought it was the same thing as advanced practice”.

In relation to the source of their knowledge, most cited professional body literature including the ECF,⁷ or the Sonographer Career Framework.¹⁵ However, six respondents appeared unaware of these documents and sought, for example, a “Clear framework and national expectations in a document or a competency grid”. Some recognised the published frameworks but described challenges in their translation into practice.

“case study examples of these roles in practice may improve the wider understanding of the differences between enhanced and advanced levels of practice. In sonography, there is a new career framework which defines these levels, but they are not well understood and not widely implemented in departments yet.”

Diagnostic Radiographer Academic

A single respondent mentioned the Enhanced Level Practice Schema,⁹ although another requested that a specific curriculum be developed to enable mapping at this level. A few did cite more local information, for example.

“In conversation with colleagues, where it was said that the radiographers who were named “advanced practitioner” in our Trust were only actually performing “enhanced practice”. It was inferred that the titles/scopes of practice had been confused.”

Diagnostic Imaging Team Leader

Although awareness of the enhanced level was relatively high, only 44.0 % felt that they would be able to articulate it to others ($n = 243/552$), and only 30.3 % confirmed that they had discussed it in their department ($n = 167/552$). The discussions that had taken place varied from formal meetings to more informal conversations.

“There was a department-wide meeting on Teams about enhanced and advanced practice, and the pathways within the trust to allow development.”

Ultrasound (Enhanced)

There were multiple free-text quotes citing “confusion” about the enhanced and advanced levels, with only 34.8 % ($n = 149/428$) confirming that they understood the difference between the two levels of practice. This was reinforced in free-text comments.

“The enhanced space is the key development space for future advanced and consultant/clinical academic practice. The better we clarify this space the better we can promote these career paths. It will require some unpicking of what AP was perceived to be in the radiography profession, but mindful of keeping pace with NHSE developments where professional bias can exist.”

Consultant Diagnostic Radiographer

“Unfortunately, no-one really understands where one finishes and the other begins, or how much overlap there is, and whether being an Enhanced Practitioner is on the path towards Advanced Practitioner, or if they are separate things.”

Academic Therapeutic Radiographer

“Enhanced practice seems to be used as a way of avoiding career development to advanced practice.”

DXA Diagnostic Reporting Radiographer (Enhanced)

This was reinforced by many, particularly those who described nervousness about how the promotion of the enhanced level affects those with the ‘advanced practitioner’ title.

“Discussions around advanced practice involved talking about enhanced practice. Unfortunately, our manager regularly confuses the terminology and now adds more jobs into our role as “enhancements” rather than allowing us to advance our practice.”

Nuclear Medicine Radiographer (Senior)

“It’s unclear to me which roles in the department I work in would be advanced and which would be enhanced. ... It’s also unclear if these roles should have different pay bandings. The worry is downbanding in some roles that better align with enhanced than advanced.”

Treatment floor Therapeutic Radiographer (Advanced)

“Different job descriptions and roles make this difficult. My job title is an Advanced practitioner of ultrasound, but we’re told as a

group we cannot be paid as a Band 8A and therefore are Enhanced practitioners? It's all about funding, not what we actually do in our job. Feel quite despondent about it all."

Sonographer (Advanced)

Indeed, some individuals cited personal experience in their role being revised to fit with the updated structure.

"I did not meet the criteria for advanced practice, so had to accept enhanced practice."

DXA Diagnostic Reporting Radiographer (Enhanced)

"have been called an advanced practitioner since PgC in MSK reporting 27 years ago recently told am now an enhanced practitioner and to change email signature etc."

X-ray Diagnostic Radiographer (Enhanced)

Where there was evidence of the enhanced level being implemented, there was a poor understanding of how such roles relate to the four pillars of practice, particularly the non-clinical capabilities.

"At this trust, you work at an enhanced level of practice until you can evidence the 4 pillars of advanced practice."

Interventional/Fluoroscopy Diagnostic Radiographer (Enhanced)

"For reporting radiographers, enhanced level reporting only and four pillar being part of job role, but advanced practice taking on the four pillars and taking a bigger responsibility and accountability for patient and further imaging, or referral to other specialities."

Diagnostic Radiographer (Enhanced)

Additionally, pay was regularly mentioned in free text comments, with most seeking clarity around the expectations of Agenda for Change (AfC) banding, with many suggesting that "Trusts seem to have different approaches to payment levels and job descriptions". In particular, respondents sought greater professional leadership and guidance.

"There needs to be some clarity on pay and banding. There needs to be incentives for professionals to advance and take on these extra skills and workload"

Cross-sectional Diagnostic Radiographer (Enhanced)

"Enhanced and Advanced will be used to hold back radiographers from proper pay progression. ... We could and arguably should have done more to acknowledge the greater issues in the profession than tinkering around the edges to little effect."

Diagnostic Radiography Academic

"This topic has caused worry within my department and personally to myself. This is changing the scope of roles and creates confusion with bandings and responsibilities."

Pre-Treatment Radiographer (Advanced)

Whereas others identified discussion of the enhanced level as an opportunity for more robust career planning, with some reporting engagement of management teams in scoping its introduction.

"Early planning/ Horizon Scanning shared with us from the management team"

Cross-sectional Diagnostic Radiographer (Enhanced)

"We are implementing a new hierarchy which includes enhanced practice, we would like all staff to develop using education, the four pillars and portfolios."

Consultant Therapeutic Radiographer

"We have revisited the use of enhanced and advanced practice to support our enhanced practitioners and provide clearer career development opportunities for those who wish to progress to advance practice."

Consultant Diagnostic Radiographer

When a range of roles and practice areas were presented to respondents, there was evidence of further uncertainty across the diagnostic (Fig. 2) and therapeutic (Fig. 3) disciplines. Importantly, many did not know where the enhanced level stood in relation to the other levels of practice.

Other diagnostic imaging examples of enhanced level practice provided by respondents included picture archive and communications systems (PACS), interventional radiology theatres, cardiac catheterisation laboratories, fluoroscopy, and fracture liaison services. Some respondents felt that this level would be appropriate for those working across multiple imaging modalities, for example, musculoskeletal reporting of X-ray and MRI or chest across X-ray and CT. One respondent felt that some of the discussions locally around enhanced practice conflicted with their personal views.

"Relating to a radiographer-led service. I fundamentally disagree with a radiographer interpreting ECG, notes and history and injecting of IV beta blockers unless within a specialist centre of excellence with medical help available."

Cross-sectional Diagnostic Radiographer (Senior)

In oncology, other roles cited included prescribing, brachytherapy, stereotactic ablative radiotherapy (SABR) and quality management. In addition, one respondent considered "paediatrics, teenage and young adults" to be patient groups where the enhanced level could be relevant.

The overall confusion around the enhanced level of practice was confirmed when individuals were asked about education, capabilities and the scope of practice (Fig. 4). Only 30.3 % of managers (n = 36/119) felt they understood their responsibilities regarding the governance of the enhanced level of practice. When asked about the education and training requirements for the enhanced level, only 37.0 % (n = 44/119) felt they understood the expectations. This was further reinforced by practitioners, with poor awareness of the expected educational preparation (Table 3), with one respondent suggesting that this would be "anything beyond initial qualification". Free text comments around the expected education included

"I think this is pretty much irrelevant. Professional qualifications and governance should lead in the clinical setting and should be clearly outlined"

Sonographer (Advanced)

"Educationally, there is a need for clarity of the level of qualification required, especially for reporting Radiographers. In some

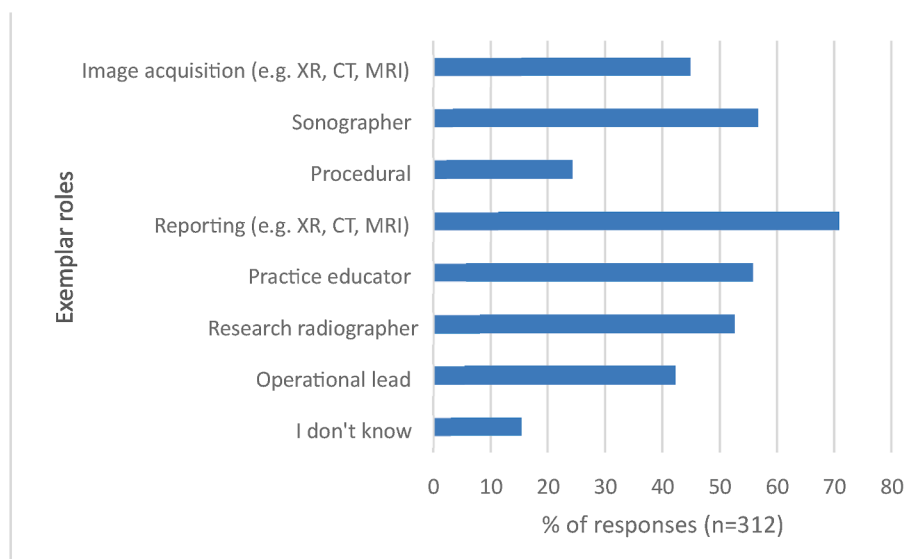


Figure 2. Roles considered relevant to the enhanced level of practice in diagnostic imaging.

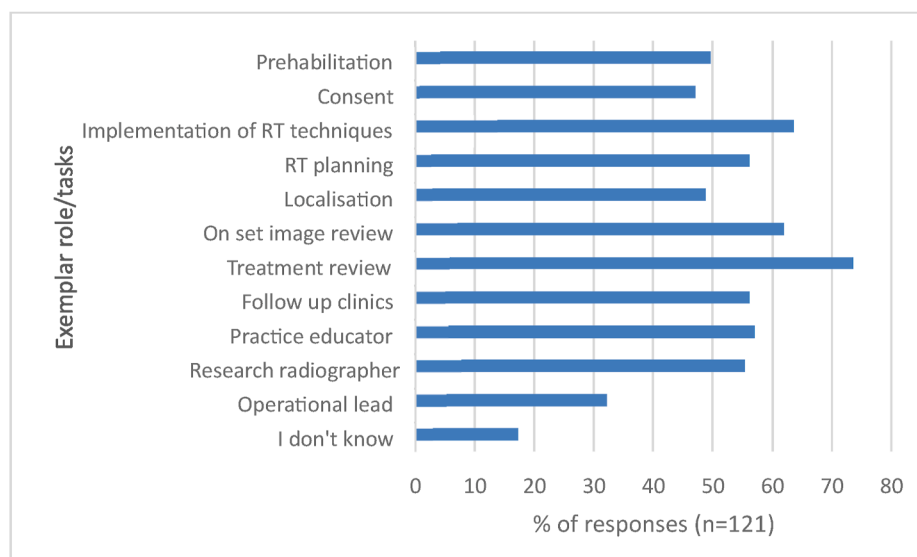


Figure 3. Roles considered relevant to the enhanced level of practice in oncology.

cases, a full MSc is appropriate, in others, then a PgC [postgraduate certificate] plus other role-specific study and accredited audit of reporting competency should be enough to demonstrate working at that level"

DXA Diagnostic Radiographer (Advanced)

There was a call for more information, particularly regarding the implementation and differentiation between the levels of practice. However, less than half of those answering the practitioner survey indicated that additional resources would be helpful (n = 201/425; 47.3 %). Despite this, there were free-text comments indicating the need for further information.

"I feel there is a lack of information on anything beyond the basic scope of practice. It's difficult to get everything right just to cover our basic role in my workplace, much more should be done to advance practice and empower the staff,"

Senior Diagnostic Radiographer

"Clear differentiation in NHS pay bands between enhanced & advanced practice roles. Use of this terminology in job advertisements & descriptions to avoid confusion across different levels of practice."

Sonographer (Advanced)

Of the manager respondents, 95.7 % (n = 112/117) stated that they would find example job descriptions very useful. Other valuable resources considered were an information toolkit (n = 99/118; 83.9 %), further professional body guidance (n = 94/119; 79.0 %), a recorded webinar (n = 88/116; 75.9 %), and, least popular, an interactive discussion board (n = 63/116; 54.3 %).

Consistent implementation was seen as key.

"Extremely frustrating that SoR's interpretation does not match NHSE's accreditation. Far too many radiographers are calling

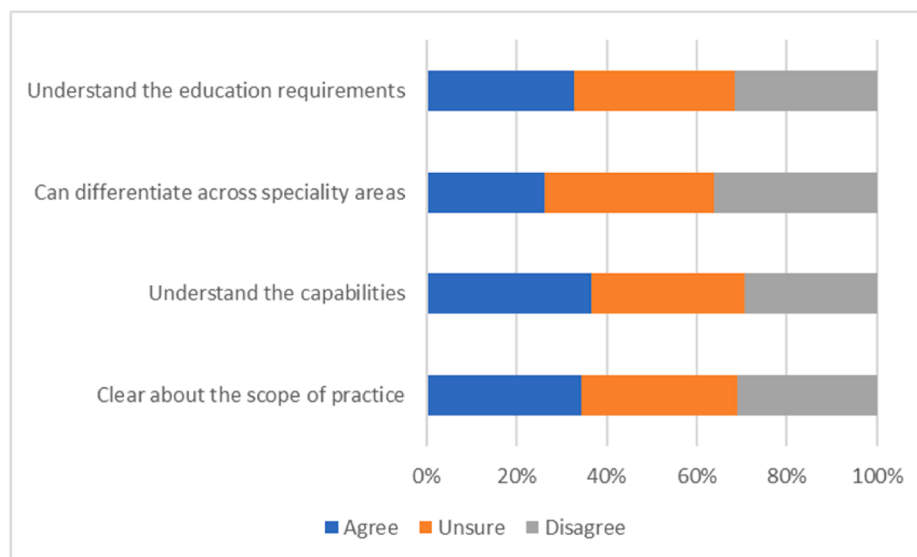


Figure 4. Respondents' understanding of different aspects of the enhanced level of practice.

Table 3

Indicative education expected for the enhanced level of practice (practitioner survey responses).

Education expectation	Discipline		Total N (%)
	Diagnostic N (%)	Therapeutic N (%)	
MSc	48 (15.4)	36 (30.0)	84 (19.4)
PgD	50 (16.0)	10 (8.3)	60 (13.9)
PgC	96 (30.8)	20 (16.7)	116 (26.9)
Single module	31 (9.9)	21 (17.5)	52 (12.0)
CPD	4 (1.3)	4 (3.3)	8 (1.9)
BSc	11 (3.5)	7 (5.8)	18 (4.2)
Other	6 (1.9)	2 (1.7)	8 (1.9)
I don't know	66 (21.2)	20 (16.7)	86 (19.9)
Total	312	120	432

Bold represents definition of the countries.

themselves advanced practitioners despite not fulfilling the 4 pillars, personally, this makes it difficult for moving from enhanced to advanced practice due to the confusion around it."

Cross-sectional Diagnostic Radiographer (Enhanced)

"Further practice terminology seems irrelevant unless it is recognised and used in clinical practice by managers, and further, enhanced or advanced practices are remunerated accordingly."

Diagnostic Radiographer

"We have drafted a roles and scope of practice document to try to help define limitations of practice - something like this nationally would be beneficial."

Consultant Therapeutic Radiographer

Those with management responsibilities also sought additional support regarding the implementation of the enhanced level into practice, particularly in managing conversations with staff.

"Guidance on what to tell staff without giving them false hope. i.e. understand what is available for staff to choose from"

Diagnostic Imaging Team Leader

"How to answer the question from staff, "why would I want to do all that work when I can just go straight into an advanced practice role and get a B7?"

Radiotherapy Service Manager

Additionally, managers were also concerned about the costs and benefits of implementing the enhanced level.

"Need to have national job descriptions and person specifications as workforce plans have to be fully costed before they can be implemented"

Radiotherapy Team Leader

"How much could this ultimately cost the department in relation to release staff to progress when we are already severely understaffed!"

Diagnostic Imaging Service Manager

"If radiographers have already been working at this level for many years, what advantages will patients see from this change? This information would be invaluable in winning over the hearts and minds of the team."

Diagnostic Imaging Team Leader

Importantly, there was recognition that individuals working within the team who were not able to register with the HCPC, e.g., Sonographers and Nuclear Medicine technologists, may be disadvantaged as a formalised career framework is implemented.

"I am very supportive but the non-registered practitioners now and in the future face a real chance of being part of a two-tiered service. I can foresee that this will become a source of great conflict and unhappiness down the line."

Team Leader Sonographer

Discussion

This survey has identified priority areas for the socialisation of enhanced-level practice. Participation was inclusive of all four

home countries (England, Northern Ireland, Scotland, and Wales), as well as diagnostic and therapeutic radiography disciplines, and representation from a range of specialities. Although not equally weighted, the inclusion of their voice is an important aspect of the survey.

Although the term 'enhanced practice' is gaining momentum within national and professional documents, there is a lack of confidence in articulating its place in radiography. Some of this stems from a lack of understanding of the evolving practice levels due to historical changes in emphasis.⁵ Previously, tasks often dictated practice level, with a misconception that advancing practice means taking on activities typically aligned with the medical profession.⁴ However, the levels of advancing practice are now distinguished by autonomy, responsibility, and complexity.^{9–11}

Historically, the four pillars were primarily associated with advanced and consultant practice within the NHS,⁴ underlining the confusion evident within the survey responses. This is despite the 2022 ECF⁷ and earlier versions confirming pillars to be relevant across all practice levels, forming a foundation for progression. Recognising radiographers' development across the healthcare system, not just clinically, is vital for improving patient care, embedding evidence-based practice and ensuring retention of the workforce. Embedding the non-clinical pillars into practice and education provision could also help boost confidence within and across radiography.¹⁶

The inclusion of the enhanced level of practice within professional frameworks has clearly created some tension across the community. There is a genuine concern about how enhanced practice might impact team dynamics, radiographers' roles, and their value in the workplace, with individuals feeling threatened by the changes.^{4,5} The potential misuse of the advanced practice title, its alignment with the 2025 NHSE Multi-professional Advanced Practice Framework,¹⁰ and previous inconsistent application^{4,5,18} means that some practitioners may hold the advanced title but are working at an enhanced level of practice. Naturally, this creates concern for individual practitioners, and an orchestrated and consistent approach is required to minimise unwarranted variation. However, with the needs of each service differing, consistency could be challenging to obtain.

A common misconception concerns the education and training requirements for those at the enhanced practice level. The ECF⁷ clearly defines these requirements, but its implementation is ongoing, indicating a need for further socialisation.¹⁶ Recent development of an enhanced practice schema for diagnostic and therapeutic radiography provides clear capability expectations within different speciality roles and across the pillars of practice.⁹ This should support profession-specific academic programme development in higher education. However, while level 7 (master's) is the academic standard for both enhanced and advanced practice, clinical practice levels vary, affecting how this underpinning knowledge is applied. This will also affect academic progression, with not all enhanced-level academic studies being able to be applied to future advanced practice career development.¹⁷ As identified from the respondents' confusion, this area needs consideration, and the differentiation between clinical and academic levels of practice should be more clearly identified, in part by those in higher education.

The respondents' request for additional resources to support enhanced-level practice raises questions about the implementation and integration of available frameworks.¹⁶ Some comments referred to the difficulty in visualising how enhanced practice appears in real situations, particularly regarding advanced practice. AfC and pay banding were referred to by many survey respondents, but its application in practice is frequently

misunderstood, often seen as a career ladder and role positioning tool.¹⁷ AfC relates to pay and conditions of service,¹⁹ whereas the ECF,⁷ and similar frameworks within other professions, is a career guidance tool. While pay matters, and it should be acknowledged that NHS job profiles are now 20 years old,²⁰ and factors, including the working environment, culture, investment in training, and recognition, are also important.

Limitations

The study team acknowledges some limitations to the survey responses, particularly in the disparity of uptake among some smaller radiography disciplines and the geographical spread of participants. The responses were skewed towards England, which may influence the generalisability across the UK, particularly as NHS England has initiated some of the developments in the enhanced space. However, the ECF has no geographic boundaries, and the data collected is rich and provides a valuable starting point for the wider project.

Conclusions

The surveys established a baseline of managers' and practitioners' perceptions of enhanced practice across radiography. Analysis of the respondents' data identified priorities to support the socialisation of enhanced practice through the development of targeted resources.

The data indicates that the areas requiring consideration include: socialisation of essential published professional documents and framework; understanding and implementing advanced practices in radiography and how this impacts enhanced level practice roles; clarifying the education and training necessary for the professional level of practice an individual works at; realignment of the profession with national standards of advancing practice; and the presentation of real-life case studies exemplifying the implementation of advanced practice levels.

Ethics approval and consent to participate

Ethical approval for this study was obtained from Sheffield Hallam University (ER67784961).

Completion of the survey assumed consent; all data collected was anonymised.

Availability of data

Data required for this study is not available by the author(s).

Author contributions

MC- Conceptualisation, Methodology, Validation, Formal Analysis, Investigation, Resources, Data Curation, Writing – Original Draft, Writing – Review & Editing, Visualisation, Supervision, Project Administration, Funding Acquisition.

BS- Conceptualisation, Methodology, Validation, Formal Analysis, Investigation, Resources, Data Curation, Writing – Original Draft, Writing – Review & Editing, Visualisation, Funding Acquisition.

KH- Conceptualisation, Writing – Review & Editing, Funding Acquisition.

JH- Conceptualisation, Writing – Review & Editing, Funding Acquisition.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work, the author(s) used Grammarly in order to improve readability. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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Conflicts of interest statement

The authors declare that they have no competing interests.

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