

*J Med Radiat Sci* **62** (2015) 294

doi: 10.1002/jmrs.148

## Letter in response to correspondence on 'Conceptualisation of the characteristics of advanced practitioners in the medical radiation professions'

Re: Smith T, Harris J, Woznitza N, Maresse S, Sale C. Conceptualisation of the characteristics of advanced practitioners in the medical radiation professions. *J Med Radiat Sci*. 2015; **62**: 204–11.

The role and defining characteristics of an advanced practitioner is the cause for much debate. It is with interest that I read the correspondence around the recent article in JMRS.<sup>1</sup> The authors' explanation why research should not be a separate characteristic of the role gives rise to a number of challenging questions.

Emphasis was placed on separating clinical practitioners from conducting research, indicating research is viewed as something apart from clinical work. The much vaunted 'theory–practice gap' is often cited as a foundation to this kind of thinking.<sup>2</sup> We must be careful of simply accepting such axiom as unassailable. The separation of theory and practice is an artificial construct permitting us to describe a complex relationship. We would be unwise to allow a semantic convenience to dictate our approach to new knowledge.

The authors state advanced practitioners must have a sound understanding of research principles and methods. This requirement would not be out of place in an undergraduate curriculum producing beginning practitioners, so hardly raises the bar.

The emphasis placed on advanced practitioners as 'consumers of knowledge' is of note. I would agree this is the status quo. If such a passive approach to the acquisition of knowledge and understanding is adopted, who will produce the knowledge to be consumed? Are clinicians' content for academics to produce the research which provides the evidence driving their practice? Or will clinical practitioners become their own barriers to utilising academically produced evidence? Let us take one step further, how do practitioners, advanced or otherwise respond to evidence produced by those whose

background is not that of a clinical practitioner? It does not seem so speculative, imagining a world where new evidence is rejected because it is not produced by clinical practitioners, rather by mere academics or post graduate students still learning their craft.

One definition of a professional grouping is one which possesses a unique body of knowledge. If we are depending on others to produce that knowledge, can we truly call ourselves professionals? Medical Radiation Science in the United Kingdom has been challenged that morally and ethically research as part of practice is a 'requirement not an option'.<sup>3</sup> Who better then to produce the very evidence we need to underpin that professional standing and to push the professional boundaries than advanced practitioners? To consider otherwise is surely to abdicate responsibility for what has been described as the pinnacle characteristic, clinical leadership.<sup>1</sup>

## References

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