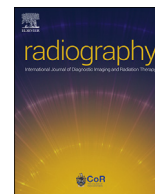




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Re: Abrantes et al. 'evidence-based radiography: A new methodology or the systematisation of an old practice?' and Michele et al. 'knowledge translation: Radiographers compared to other healthcare professionals'

**Keywords:**

Evidence based radiography
Knowledge translation

Dear Editor,

I have read the survey-questionnaire research by Abrantes et al. 'Evidence-based radiography: A new methodology or the systematisation of an old practice?'¹ and the narrative review by Michele et al. 'Knowledge translation: radiographers compared to other healthcare professionals'.² The latter is published in the *Radiography* special issue 'Translating radiography into clinical practice'.³ I want to congratulate the two sets of authors for their successful articles, and make some contributions.

The articles^{1,2} are timely and relevant. Radiographers have recently led and collaborated with Medical Practitioners ('doctors') and Non-Medical Practitioners to develop the evidence-based medicine (EBM), evidence-based radiography (EBR), and knowledge translation (KT) in order to aid the triage and monitoring of patients with suspected COVID-19.^{4,5}

Abrantes et al.¹ and Michele et al.² findings and discussion refer to:

- The strength of the radiography profession: it's delivery of undergraduate education using the research-led, -oriented and -tutored practice model.⁶ This provides a foundation for a Radiographer's future career and engagement with EBR and KT within both clinical and academic practices
- The weakness of the radiography profession: early career years spent doing day to day radiography; the anxieties, barriers, challenges and limited engagement with EBR and KT; and low self-esteem related to protectionism by Medical Practitioners

These findings resonate with the higher education institutes (HEI) findings and discussion, seven years ago⁷; the subsequent post-publication discussion^{8,9}; and the reflections on EBR and practice creep and drift, four years ago.¹⁰ This evidence suggests

Radiographers have had graduate status for thirty years¹¹ but the profession has not fully engaged with graduateness.⁸

Anecdotal evidence (personal communication) shows that Student Medical Practitioners have a research-led and -orientated undergraduate medical curriculum but, apart from those who do a BSc inter-collate degree, they do not do research-tutored practice. Their hands-on research experience commences in their two foundation years; when they become part of a medical or surgical firm. Radiographers, therefore, should feel blessed for their undergraduate research education rather living in perceived awe of Medical Practitioners.

I feel a paradigm shift needs to occur to enable the profession to move forward, during this phase of COVID-19 and beyond, and embrace EBR and KT. This shift needs to include:

- More Radiographers (early career to consultant and academics) achieving PhD status;¹¹
- Radiography leaders and managers, who have been graduates for up to 30 years ago, to promote the role of the research Radiographer;
- Radiographers, from the new graduate to the advanced and consultant and academic (lecturers and researchers) to use these articles,^{1,2} and the publications in the special issue,³ as a catalyst to develop a joint clinical/HEI research culture, and disseminate co-authored student and early career research;
- The two mature professions of radiography and radiology to work together, rather than being bogged down with protectionism.

This paradigm shift will grow confidence in the clinical and academic Radiographers' ability to do research, add to the EBR, and build capacity and professional leadership. This EBR and KT initiative has the potential to impact service delivery, improve imaging economic effectiveness and ultimately improve patient pathways (diagnosis and treatment).

Contributorship

SW conceived and developed the letter. All authors edited drafts and reviewed and accepted the final version of the letter.

Conflict of interest statement

None.

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