

# Society and College of Radiographers

## Implementing the career framework in radiotherapy – policy into practice

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### INTRODUCTION

The four-tier model which underpins the career framework in radiotherapy was first proposed in 1999 and initially piloted within the national breast screening programme. The College of Radiographers (CoR) published a Strategy for the Education and Professional Development of Therapeutic Radiographers<sup>1</sup> in 2000 and from that time continuing developments have made implementation increasingly imperative. The Department of Health (DH) funded a national pilot project - New Ways of Working in Radiotherapy - to develop implementation of the four-tier structure following early indications of successful piloting of the model in breast screening. The subsequent Report<sup>2</sup> of the skills-mix projects for breast screening, diagnostic imaging and radiotherapy identified four aims for the Four-Tier Model:

- to define multidisciplinary teams not by profession, but by the skills and competencies that best deliver the patient or client's needs;
- to promote new roles, extended roles and advanced practice that will encourage lifelong learning;
- to widen the routes of access to clinical careers and improve recruitment and retention of the health professions;
- in the public interest, to maintain practice standards and develop the inherent potential of all clinical practitioners.

Development of the four tiers presented career progression and development opportunities for radiographers to Advanced and Consultant practice levels while developing a level of Assistant Practitioner under the supervision of the radiographer. However, implementation following the Report of the Skills-mix project was identified as essential to deliver the ambitious targets contained within The NHS Plan<sup>3</sup> and the NHS Cancer Plan<sup>4</sup> in 2000. These, and subsequent DH strategy documents such as *Meeting the Challenge: A Strategy for the Allied Health Professions*<sup>5</sup>, as early as 2000 included reference to changing roles and roles at different levels including those of assistant and advanced practitioner.

The aims of skill-mix and implementation of the associated four-tier career framework model were part of a series of reforms designed to deliver the NHS Cancer Plan. Subsequently the Cancer Reform Strategy<sup>6</sup>, building on work following publication of the NHS Cancer Plan, gives guidance on the direction for cancer services over the five years to 2012. Structures were put in place to oversee development and monitor progress at a national level. These have evolved over time but currently the National Cancer Action Team, on which the CoR has representation via the National Radiotherapy Implementation Group, maintains an overview of the Cancer Reform Strategy. The National Radiotherapy Advisory Group (NRAG), which included therapeutic radiographers, was established by Professor Mike Richards in 2004 to advise on the development and delivery of radiotherapy services and development of policy. Several sub-groups, including a Workforce Sub-group, reported to the NRAG.

NRAG identified a significant increase in demand for Radiotherapy as a result of both earlier diagnosis leading to an increase in the opportunity for radical treatment and an increased incidence of cancer as a consequence of an ageing population. It estimated that around 80% of current cancer-centre workload could be carried out by advanced or consultant level practitioners with appropriate oncologist support. Endorsement of NRAG recommendations, which include full implementation of the four-tier radiography career structure in all radiotherapy departments as a potential solution to achieving the increase in capacity required, is now included within the Cancer Reform Strategy<sup>6</sup> (Para 20, Executive Summary).

It is against this general background, and over a similar period of time, that the College has been working on policies and providing guidance on a career framework for radiotherapy which develops individual professionals and a workforce able to deliver the high quality, patient-centred care needed to meet the requirements of current and future cancer strategies.

## COLLEGE OF RADIOGRAPHERS POLICY

The radiotherapy career framework initially published by the College in the 2000 strategy document<sup>1</sup> was designed in part to address the acute shortage of staff resulting from high attrition rates both from the profession and from pre-registration courses exacerbated by poor recruitment to the latter. The strategy proposed a four-tier structure from Assistant Practitioner through Registered Practitioner, to Advanced Practitioner and Consultant. In *A Framework for Professional Leadership in Clinical Imaging and Radiotherapy and Oncology Service*<sup>7</sup> the Society and College of Radiographers (SCoR) emphasised in 2005 the importance of full implementation of the career pathway model for the future development of the profession in addition to the impact on service delivery.

*Implementing Radiography Career Progression: Guidance for Managers*<sup>8</sup> published by the CoR in 2005 outlines a model underpinning service delivery which:

- “1. Defines radiographic teams by the skills and competencies that best deliver the patient or client’s needs;
2. Maintains practice standards and develops the inherent potential of all staff involved in imaging and radiotherapy services;
3. Promotes new and extended roles, encourages lifelong learning, and offers challenging and rewarding careers;
4. Widens the routes of access to clinical careers and improves recruitment and retention of the radiographic workforce.”

The key features of the career framework and subsequent policy and guidance documents published by the CoR include support for/acknowledgement of:

- Occupational standards, competency-based development of new roles and extension to current roles ;
- the necessity for appropriate education and training to support development of individuals who undertake such roles;
- skill mix which ensures the development of flexible, effective practitioners;
- the need for the majority of practitioners to remain clinically active with consequent overlap of competencies between levels of practice at senior level;
- the essential nature of life-long learning and continuing professional development;
- the importance of mentorship
- the necessity for a period of preceptorship in a new role;

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- interdisciplinary working;
- the importance of clinical supervision.

Implementation of the career framework, which incorporates these features, underpins the development of individuals and the workforce required to support delivery of patient-centred care and the NHS cancer strategy.

## THE CAREER FRAMEWORK

The four tiers of the career framework were defined in the skills mix report<sup>2</sup> published in 2003 as:

- “Assistant practitioner: An assistant practitioner performs protocol-limited clinical tasks under the direction and supervision of a State-registered practitioner.
- Practitioner (State registered \*): A practitioner autonomously performs a wide-ranging and complex clinical role; is accountable for his or her own actions and for the actions of those they direct.
- Advanced practitioner (State registered\*): An advanced practitioner, autonomous in clinical practice, defines the scope of practice of others and continuously develops clinical practice within a defined field.
- Consultant practitioner (State registered\*): A consultant practitioner provides clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education.”

\*N.B. The term ‘State Registered’ applied at the time to those now registered with the HPC as Radiographers.

The Report included an Appendix which indicates distinctions between the four tiers of the framework as well as those areas in common across them. This is reproduced at Appendix 1.

Subsequently, CoR policy and guidance documents have supported these levels within the framework with competencies and underpinning education in the *Learning and Development Framework for Clinical Imaging and Oncology*<sup>9</sup> and with indicative job profiles designed to be non-prescriptive in a document providing guidance for managers on implementation of the framework.

### ASSISTANT PRACTITIONER

The report of recent research<sup>10</sup> indicates that 26 of 33 respondents from the 63 radiotherapy and oncology centres across the UK have assistant practitioners in place. The role is an important one in reconfiguring the workforce to ensure delivery of an effective radiotherapy and oncology service and “should facilitate the development of the advanced and consultant practitioner roles for Radiographers” (Foreword to *Scope of Practice of Assistant Practitioners*<sup>11</sup> .) This document provides guidance and confirms the SCoR support for assistant practitioners “performing limited treatment procedures” identified and agreed to meet local need and with “consideration of the relative risk associated with the activity.”(3.3, p.8). Voluntary registration, alongside accreditation of programmes which provide the education and training for those undertaking the role, are indicative of the relatively advanced implementation of the assistant practitioner role. However, there are broader issues associated with continued funding of the role and for the education and training to support progression to Radiographer where appropriate.

## RADIOGRAPHER (RADIOGRAPHY PRACTITIONER)

The role of radiography practitioner, while continuing to develop, is well-established and has a history of detailed guidance for example in relation to education and training. However, the expectations associated with the introduction of preceptorship and explicit references to clinical supervision are more recent.

A model of preceptorship, defined as a short-term support process during the first few months of a new or significantly different role until confidence is assured, was tested within the skill mix project<sup>2</sup> and acknowledged as one of the elements required for successful implementation of the career progression framework.

Clinical supervision is defined in the CoR Clinical Supervision Framework<sup>12</sup> 2003 as “an exchange between practising professionals to enable the development of professional knowledge and skills”. It is a continuing process of peer support and guidance distinguished from both “**Mentorship** - support offered by an experienced professional nurturing and guiding the novice” and the short-term adaptation period which constitutes preceptorship. The CoR Clinical Supervision statement<sup>13</sup> further emphasises the relationship of clinical supervision to professional development and life-long learning and distinguishes it from managerial supervision in the context of staff or students.

## ADVANCED AND CONSULTANT TIERS

The skills mix report<sup>2</sup> published by the Department of Health identified the advanced and consultant tiers of the model as reflecting “the requirements of clinical governance in respect of their contribution to the continuous improvement of the service”. However, more recently the Report from NRAG<sup>14</sup> contained a strongly-worded recommendation for commissioners and service employers to fund implementation of advanced and consultant level posts because:

“... where these roles have been introduced they have demonstrated the potential to drive efficiency, reduce waiting times and refocus radiotherapy services around the needs of patients”

Uncertainty about the definition of, and criteria for, the Advanced Practitioner and Consultant roles was one of the possible barriers to implementation of these levels of the career framework identified and explored in the recently published Report<sup>10</sup> of a project funded by the CoR.

The CoR has continued to develop detailed guidance to support implementation specifically of these senior roles including clarifying the relationship of the Advanced Practitioner and Consultant roles with that of clinical manager<sup>7</sup> which is particularly important since all three roles include elements of professional leadership. This *Framework for Professional Leadership* identifies competence outcomes which help define and distinguish between the roles but without being overly prescriptive so that they support the development and delivery of services which are responsive to local needs.

*Positioning Therapeutic Radiographers within Cancer Services: Delivering Patient-Centred Care*<sup>15</sup> was a response to further developments within the NHS and outlines new models of delivery related to the patient pathway and providing site-specific services for patients. Three models of radiographer-led practice, each at Consultant and/or Advanced Practice level, are identified:

- Site-specific expert practitioner;
- Technical specialist expert practitioner; and
- Expert community liaison practitioner.

*Radiotherapy moving forward: Delivering new radiography staffing models in response to the Cancer Reform Strategy*<sup>16</sup> is the most recent guidance from the CoR and is provided to support the development of local radiography staffing models for radiotherapy services. It takes account of the NRAG recommendations, the Cancer Reform Strategy and the National Radiotherapy Commissioning Guidance. The guidance offers a series of staffing models based on the career progression framework which when implemented will enable timely responsive and cost effective services to be developed and delivered and national targets to be met and sustained

*Implementing Radiography Career Progression: Guidance for Managers*<sup>17</sup> describes both Advanced Practitioner and Consultant levels of practice and what should be expected of those undertaking the roles.

### Advanced Practitioner

Although indicative job profiles are provided there is an expectation of diversity of roles at this level and thus the need for evaluation of individual posts. Appendix 3 of this *Guidance for Managers*<sup>17</sup> identifies the key features of the Advanced Practitioner role as:

- working in a specific area of expert clinical practice;
- involved in delivering specialist care to patients;
- contributing to the evidence base and to the development of other staff;
- acting as an expert resource for their particular field of practice; and
- demonstrating team leadership.

*Education and Professional Development: Moving Ahead*<sup>18</sup> provides further detail including an outline of the knowledge and skills required.

### Consultant Radiographer

Criteria for consultant practice were first outlined in 2000 in *Meeting the Challenge: A strategy for the Allied Health Professions*<sup>5</sup>.

Appendix 2 of *Guidance for Managers*<sup>17</sup> defines the role of the Consultant as providing “clinical leadership within a specialism or area of service, bringing strategic direction, innovation and influence through practice, research and education, based on specialised knowledge and skills.” The expectation is that the Consultant role would nominally comprise 50 per cent clinical work and significant work on research and development, audit, the education and training of others and policy and practice development.

However, Consultant job descriptions are developed as a response to specific service need and thus are likely to demonstrate some diversity.

*Education and Professional Development: Moving Ahead*<sup>18</sup> provides further detail including an outline of the knowledge and skills required. It highlights the pivotal role the Consultant plays in the integration of clinical, educational and research findings within practice.

The CoR in 2006 identified the following as essential for successful implementation of the career framework policy.<sup>18</sup>

**Developing Individual potential**

- Education appropriate to the level of practice
- Preceptorship on entry and, subsequently, clinical supervision
- CPD relevant to practice
- Working within a multi-disciplinary team

**Improving patient care**

- Evidence based practice
- Research
- Audit
- Clinical supervision
- Enhanced roles for clinical experts

**Service re-configuration**

- Re-configuration of services
- Service and role redesign
- Use of Job Evaluation
- Education redesign
- Staff governance

Associated practical issues constituting possible barriers to full implementation of Advanced and Consultant roles highlighted in the recent Scope of Practice study<sup>10</sup> were:

- Finance
- Staffing issues
- Attitudes
- Availability of education, training and development

The extent to which these areas, identified as requirements for successful implementation, have been addressed within one Trust and the issues still to be resolved, are illustrated by the following Case Study.

## CASE STUDY – THE EXPERIENCE AT ADDENBROOKES

### BACKGROUND

The Oncology Centre at Addenbrooke's Hospital, Cambridge, serves a population of 1.5 million. In 2000, like most other Radiotherapy and Oncology Departments across the UK, the Centre was experiencing a serious radiography staffing shortage. A vacancy rate of 27% contributed to a 15-week wait for treatment in the department which had 4 Linear Accelerators (Linacs) at the time with New Opportunities Funding (NOF) for 2 more. The staffing situation at that time compared with subsequent years following service and role re-design undertaken during the period 2000–2006 is outlined in Figure 1 (p 7). There was one Gynaecological Oncology Specialist Radiographer supporting Gynaecological patients along the radiotherapy treatment pathway. This was considered particularly important following introduction of the use of dilators. The post developed later into the new role of Gynaecological Oncology Advanced Therapy Radiographer Practitioner.

By 2006 the additional Linacs had been installed. Following implementation of new roles, and in particular Advanced and Consultant Radiotherapy Practitioners, the Centre treated 4000 new cases with 40,000 patient attendances per annum. It was fully staffed and had no waiting list.

Currently (2009) the Centre receives approximately 4,500 new patient referrals a year with fractionations increased to 52,500 per annum. Equipment has been increased and stands at:

- 8 Linacs including 2 with TomoTherapy;
- HDR/Pantak;
- 2 x CT Simulators (ProSoma)

Staffing has changed as indicated in the following table (Figure 1). One additional Consultant Practitioner has been appointed. WTE Radiographers have increased but Assistant Practitioners have decreased as a result of attrition. There are no staffing vacancies and, most importantly, the Centre is meeting the current cancer targets.

	2000	2006	2009
Clinical oncologists	10	18	21
Radiographers	30	60 WTE	67 WTE
Specialist Radiographer	1		
Consultant Practitioner		1	2
Advanced Practitioners		7	7
Assistant Practitioners		8	6.8
Physicists	10	15	16.9
MTOs	6	6.5	9.5
Engineers	5	5.5	6.7
A&C appointments	3	10	12

**Figure 1: Staffing**

The Centre implemented all four levels of the 4-tier career structure following its acceptance as one of the nine national pilot sites for the New Ways of Working in Radiotherapy project funded by the Department of Health. All levels of the career escalator are supported by the Knowledge and Skills Framework (KSF) and the occupational standards for radiotherapy developed by *Skills for Health* with appropriate professional involvement.

The process of implementation in the Trust is outlined below with emphasis on the Advanced Practitioner in particular and to a lesser extent the Consultant Practitioner role. However, since these cannot be entirely separated out from the Assistant Practitioner and Therapeutic Radiographer Practitioner the process in relation to each of these is outlined briefly also.

### ASSISTANT PRACTITIONERS

The Oncology Centre determined initially that for each piece of equipment one qualified Assistant Practitioner was required and thus future training requirements would be determined by purchase of new as opposed to replacement units and natural wastage. However, subsequently there were insufficient qualified Assistant Practitioners but graduate radiographers available and it was decided to use the departmental funding required for the 2-year training period for a radiographer appointment instead.

One possible element of natural wastage was identified as progression of an Assistant Practitioner to training as a Radiographer and several have taken this route. Currently all trainee Assistants undertake the Foundation Degree for which the core work-based education and training is completed in the pre-treatment and treatment delivery areas. The Foundation Degree, with appropriate academic bridging, can provide access to the undergraduate programme leading to qualification as a Radiographer. However, the qualified Assistant Practitioner builds an individual portfolio of competencies, determined by the service need and the individual's requirements (e.g. run up, HDR/Superficial Units outside original scope of practice and weekly checks) which can lead to work in other areas. For example a role for the qualified Assistant Practitioner has been identified in support of the Advanced Practitioner role in specialist areas such as Head & Neck pathway co-ordination.

### THERAPEUTIC RADIOGRAPHER PRACTITIONERS

The CoR in the *Strategy for the Education and Professional Development of Therapeutic Radiographers*<sup>1</sup> included newly registered practitioners, post preceptorship practitioners and established registered practitioners within the 'Practitioner' tier, the only division being the preceptorship period which

“... will end when the practitioner and manager agree that goals have been attained. This whole process will be incorporated into the performance management systems already in place.”

This was addressed within the New Ways of Working pilot through development of a preceptorship model that was successfully implemented in all nine pilot sites. The Oncology Centre continues to use this model which forms part of the progression framework from new graduate to senior practitioner.



## Progression through Preceptorship

Newly graduated therapeutic radiographers employed by the Oncology Centre enter the objectives-based preceptorship programme developed by the New Ways of Working in Radiotherapy pilot. A minimum of one year is spent in preceptorship. During this period the radiographer, supported by a nominated preceptor, is expected to meet the objectives set out in the programme and to maintain a portfolio of clinical and professional development evidence. The portfolio is assessed to determine suitability for progression once the radiographer and their preceptor are satisfied that the objectives have been achieved.

## Progression Route

### New graduate

- 1) minimum 1 year preceptorship
- 2) preceptor and radiographer satisfied objectives achieved
- 3) eligible for grading to Senior 2 Band 6, providing required competencies achieved and responsibilities and requirements set out in Senior 2 Job Description and Person Specification are met.

### Progression to Senior 2/AfC Foundation Point

- 1) evidence gathered – portfolio of clinical and professional development including evidence of:
  - Critical evaluation of their practice;
  - Understanding of the Oncology Centre Policies, Procedures and Quality Assurance System ;
  - Working area competencies met (see Appendix 2 for an example)
  - Competency self evaluation;
  - Attendance at practice development reviews;
  - Continuing professional development;
  - KSF requirements met.
- 2) The following supporting documentation collated:
 

<b>Documentation</b>	<b>completed and signed by:</b>
• Preceptorship proforma	Radiographer/preceptor
• Working area competencies	Supervising radiographer
• V&R training package	Supervising radiographer
• Competency statements	Operations manager
- 3) Portfolio and supporting documentation submitted to Head of Radiotherapy.
- 4) Panel (Head of Radiotherapy, operations superintendent and a senior radiographer) consider portfolio to assess ability to work as Senior 2.
- 5) Interview 2 weeks following submission of portfolio (Head of Radiotherapy and the clinical floor manager). Radiographer informed of outcome:
  - Evidence supports application for upgrading to Senior 2; or
  - Further evidence required to demonstrate ability to work as Senior 2. Support given to help meet the objectives and radiographer can apply once objectives met.
- 6) Appeals procedure: if the radiographer fails to meet the preceptorship or progression to Senior 2 objectives and disagrees with the outcome s/he follows the Trust grievance procedure.

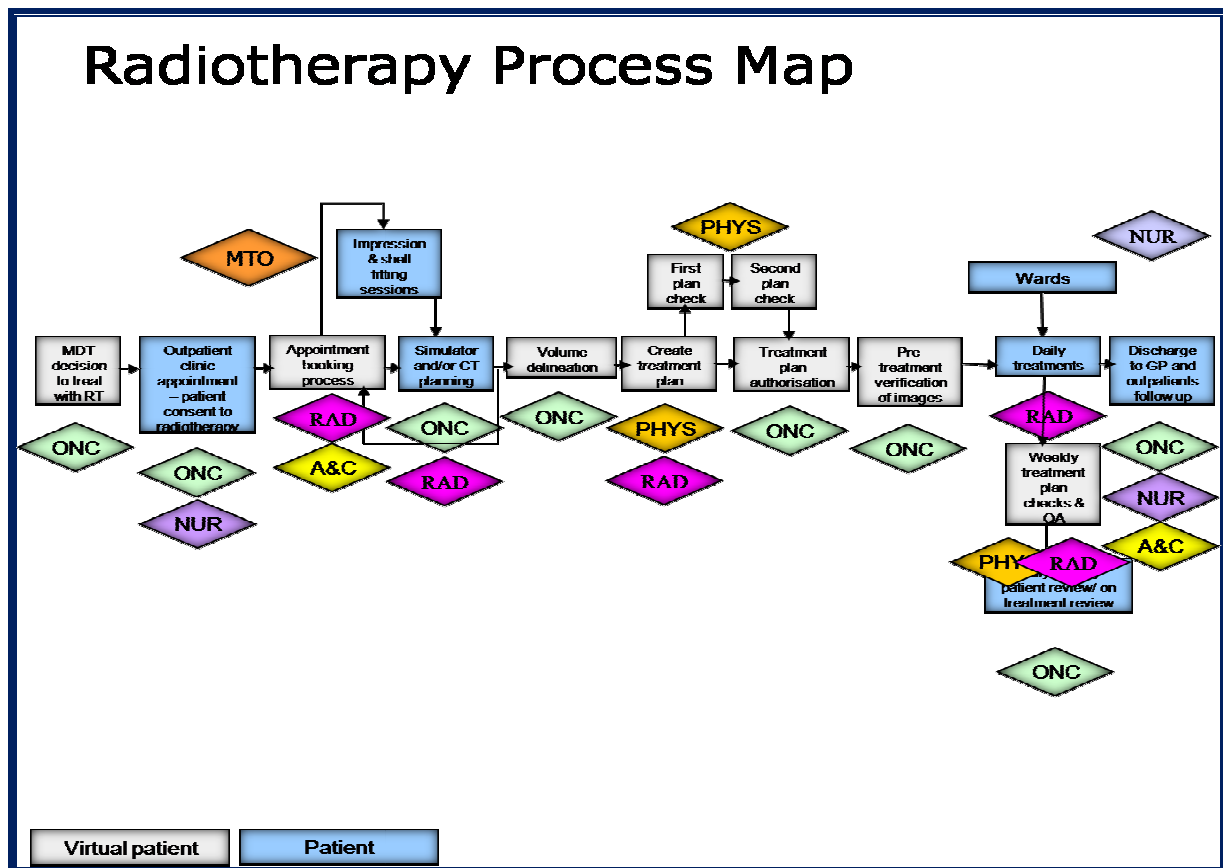
**Senior Practitioner – Senior 1 Band 7**

- 1) Radiographers given support to identify areas of special interest and professional development through the annual Trust Appraisal Development and Review process.
- 2) Acknowledgement that not all radiographers will, or wish to, progress to advanced and consultant levels of practice. However, all maintain competence and undertake continuing professional development (CPD).
- 3) Staff wishing to pursue the continuing education and professional development required to prepare for Advanced Practitioner posts are supported but with recognition that not all radiographers wishing to become Advanced Practitioners may be able to achieve this at Addenbrooke’s - dependent on the availability of appropriate posts.

**IMPLEMENTING ADVANCED AND CONSULTANT PRACTICE ROLES**

**Service need identified**

The radiotherapy process was mapped and the current staff group responsible for delivery of each step identified (Figure 2).



**Figure 2: Radiotherapy Process Map**

Oncologists were identified as the predominantly occurring group. With patient numbers increasing and a shortfall of both trained oncologists and medical physicists, identification of areas of work requiring higher level skills but which could be undertaken by other groups was identified as the most appropriate way forward.

Although the skills mix approach was used to address waiting time targets other measures were also introduced, including:

- extended hours working;
- expansion of the administrative and clerical support for the management of appointments; and
- establishment of planning and review clinic teams.

Reviewing the Patient Pathway and Radiotherapy Process two broad areas of expert practice were identified as ways of improving efficiency within the pathway as well as improving patient experience and contributing to technical innovation:

- 1) cancer site expert practice contributing to improved patient experience; and
- 2) technical expert practice supporting technical innovation.

Figure 3 (p. 11) illustrates the contributions of the cancer site ‘Expert Practitioner’ within the prostate patient pathway while Figure 4 (p. 12) demonstrates, within the ‘Review’ element of Image Guided Radiotherapy (IGRT), one area for future development of participation in the radiotherapy process by the technical Expert practitioner.

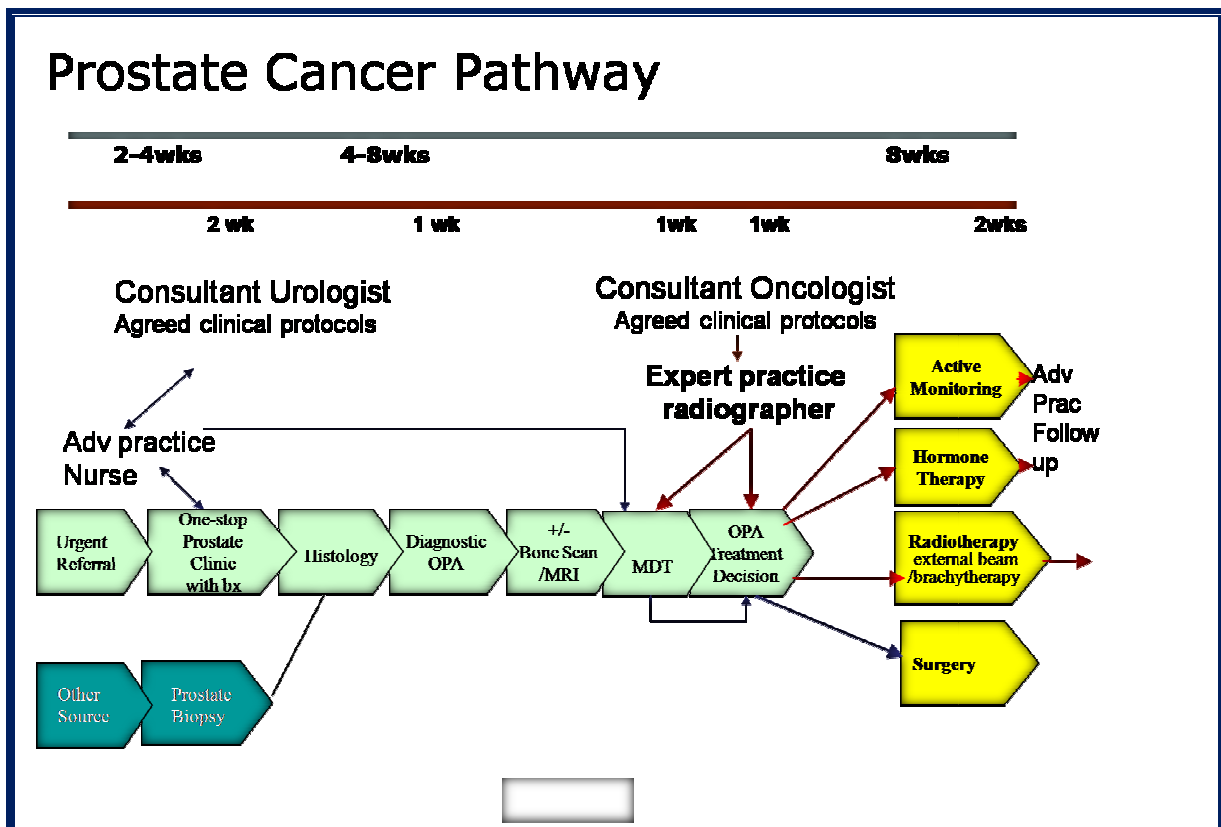


Figure 3: Prostate Cancer Pathway

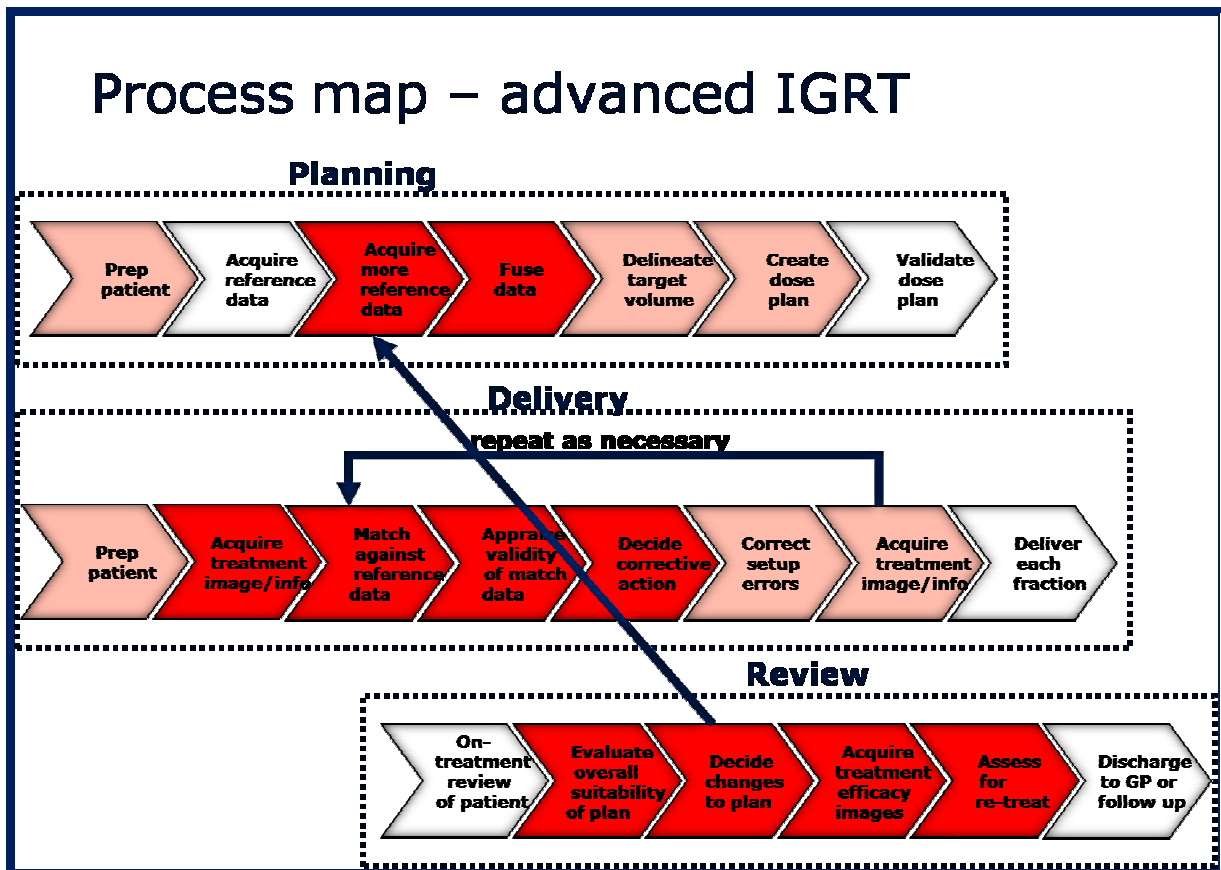


Figure 4: IGRT Process Map

Following this review of the Patient Pathway and Radiotherapy Process the role of the expert practitioner at advanced and consultant level was clarified.

### Clarifying the Role

It was important to be clear that re-designing the way the service was delivered and the development of new roles was not simply a matter of re-naming roles which already existed or, at the other extreme, a matter of “out with the old and in with the new”. Rather “advanced practice” was defined in terms of level of responsibility arising from autonomous, evidence-based practice where the individual, working within local and national guidelines:

- has an ‘expert practice’ function providing either technical or cancer site specific expert knowledge and practice;
- provides professional leadership and consultancy;
- undertakes an education and training role;
- develops practice and the service;
- undertakes research and evaluation.

Listed below are some of the factors taken into account when considering technical and cancer site specific expert practice generally while Figure 5 (p. 13) provides a summary of the role identified for an Advanced Practitioner in Thoracic Radiotherapy as a specific example.

Technical Expert Practice (e.g. Pre-treatment or Treatment delivery)	Cancer site specific Expert Practice (e.g. Gynaecological Oncology)
Focused in depth expert clinical practice	Focused in depth expert clinical practice
Equipment	Radiotherapy patient assessment and review
Imaging <ul style="list-style-type: none"> <li>• Cross sectional anatomy</li> <li>• Pre treatment /EPI</li> </ul>	Pharmacology and drug administration
Geometric uncertainties	Patient information
Radiobiology	Informed consent
Complex Computer planning	Counselling

### 1. Radiotherapy Pathway

Aim: To enable an efficient and patient centred care for patients receiving thoracic radiotherapy

- To attend the Lung and Upper GI multidisciplinary team meetings
- To co-ordinate the patients pathway into the oncology centre
- To attend new patient clinics
  - To inform and support the patient and carers
  - To aid patient decision making
  - Obtain informed consent for an identified group of patients
- To oversee the appointment booking process for the different radiotherapy options
- To co-ordinate the radical patient pathway
- To co-ordinate the chemo irradiation pathway
- To co-ordinate the Oesophageal brachytherapy pathway
- To undertake thoracic radiographer led planning for palliative treatments
- To undertake patient on treatment review and follow –up
- Develop the Thoracic radiotherapy service and implement new technologies
- Develop and undertake education and training of the staff involved in all aspects of the care of this group of patients to allow the patient to be able to seek information and support at their local hospital. Improve the written information available for patients

### 2. Research, Development, Audit and Trials

- To undertake R&D in relation to area of practice
- To participate in Audit
- To participate in Clinical trials related to area of practice

**Figure 5: Role summary - Advanced Practitioner in Thoracic Radiotherapy**

In addition generic skills, knowledge and competences at expert practice levels include:

- management and leadership skills;
- clinical governance;
- interpersonal skills;
- research and audit;
- advanced communication skills.

Having identified the need and clarified roles a 'Case of Need' for Advanced Practitioner posts, prepared in close collaboration with the multi-disciplinary team, was submitted to the Trust. This included an indication of the impact on service delivery and development as well as on the patient experience. The submission for approval of Consultant posts was prepared in a similar way for submission to the SHA within the guidelines for AHP Consultant posts issued by the DH in Advance Letter PAM(PTA) 2/2001. Copy of a submission made for a Consultant post is included as an example in Appendix 3.

### Advanced Therapy Practitioner in Radiotherapy

Advanced Practitioner posts were funded from internal re-distribution of the allocated budget on the basis of a review of the skill mix required to deliver the re-designed service.

There was one Gynaecological Oncology Specialist Radiographer post in 2000. This role was introduced to support Gynaecological patients along the radiotherapy treatment pathway having been considered particularly important following introduction of the use of dilators. The post was expanded later, with an academic framework, to allow inclusion of the consenting of patients, on treatment review and treatment using the HDR (High Dose Rate Brachytherapy) Unit to provide the new role of Gynaecological Oncology Advanced Therapy Radiographer Practitioner.

Further posts have been established now in the following areas:

- Head & Neck;
- Urology;
- Breast;
- Pre-treatment;
- Image Guided Radiotherapy (IGRT); and
- Research.

### Consultant Practitioner

The number of Consultant Practitioners is determined by service requirements and the funding available. Two Consultant Practitioners are now in post – one in Gynaecological Oncology and the other in Neuro-oncology.

### Job Evaluation and Pay Structure

Job Descriptions were evaluated and pay banding determined accordingly. Examples of Job Descriptions and Person Specifications for both an Advanced and a Consultant Practitioner are appended (Appendices 4 and 5 respectively). Grading and pay band is determined by the experience within the field of expert practice as indicated in the table in Figure 6. However, identifying initial funding for each post at the level of 8a has been found helpful because the possibility of progression is then built in without requiring identification of additional funding.

Band	Level	Timescale - years
7	Novice Advanced Practitioner	1- 2 years
8a	Proficient Advanced Practitioner including completion of agreed MSc modules	2 – 4 years
8b	Consultant level	

**Figure 6: Expert Practitioner Banding**

## Education and Training Framework

Expert practice as either an Advanced or Consultant Practitioner is diverse and thus the education and development needs of individuals is also varied and dependent on previous experience and academic development, as well as the specific roles and responsibilities required for service development. For example, MSc modules such as On Treatment Review, Patient Consent, Advanced Practice, Pharmacology and Palliative Care have all been accessed.

An education package designed to provide evidence of both academic skills and expert practice at Masters level was developed in collaboration with a Higher Education Institution (HEI). Close partnership with the whole multi-professional team was fundamental in designing a tool to assess and provide evidence of expert practice. The tool was then validated by a panel from the HEI. An essential component of the tool is a viva assessing the demonstration of autonomy and clinical reasoning.

## Multi -Professional Agreement

Radiographers within the Centre were keen to be recognised as working at an expert level after some early reservations were addressed through a series of team meetings. The Multi-disciplinary Teams (MDTs) were key in the development of the initial proposal, including role specifications, approval for practice and the subsequent requirements for the full consenting of patients by the 'Expert Practitioner'. The proposal was then submitted for agreement by the multi-professional Radiotherapy Standards Group, which has responsibility for governance issues, (an example of the form used to record all activity of the Group is included as Figure 7).

Oncology Directorate Box 193		Addenbrooke's <b>NHS</b> NHS Trust	
<b>RECORD OF RADIOTHERAPY STANDARDS GROUP ACTIVITY</b>			
Title of Proposal	Radiographer led treatment field definition for IMRT breast patients		
Proposer	[Redacted]		
Type of Proposal	<input type="checkbox"/> Treatment protocol <input checked="" type="checkbox"/> Procedure: clinical <input type="checkbox"/> Procedure: non-clinical		
Objectives	To improve efficiency of planning process for IMRT breast patients		
Date of discussion by executive committee	15 Oct 2004		
Decision	<input checked="" type="checkbox"/> Approved for ratification <input type="checkbox"/> For formal discussion at RTSG meeting		
Reason for approval	<input checked="" type="checkbox"/> No significant impact on department <input type="checkbox"/> Risk management Incident No. [Redacted] <input checked="" type="checkbox"/> Quality evidence for benefit		
Date of formal discussion	[Redacted]		
Decision	<input checked="" type="checkbox"/> Proceed for ratification <input type="checkbox"/> Resubmit after further evaluation <input type="checkbox"/> Reject		
Reason for decision	Improved service delivery		
Date of ratification	15 Oct 2004		
Action Plan	Audit in 3 months Criteria: Replans for amended treatment volumes should be <5%		
Work instructions	<input checked="" type="checkbox"/> Responsible person C Coles	Date required	Nov 04
Audit plan	<input type="checkbox"/> Responsible person C Coles	Date required	Feb 05
Signed Chair	[Redacted]	Date	15/10/2004
QA Ref: RT404 CA404-02-RTSG-record_of_activity		Issue Date: June 2004 Issue No: 2	

Figure 7: Radiotherapy Standards Group Activity Record

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The issue of informed consent was an important one and all of the following were taken into account:

- General Medical Council guidelines (*Seeking patients' consent: the ethical considerations who obtains consent*<sup>19</sup>)
- DH guidelines (*Good practice in consent implementation guide*)<sup>20</sup>;
- Trust Policy and Procedures e.g. BSI ISO 9001 2000, requiring the monitoring of training records to support expert practice and that policies and procedures for clinical work are defined;
- Expert practitioners required to undertake consent for identified groups of patients following appropriate education training and experience (see Figure 8, p. 16, for an excerpt from the approval document submitted to the Trust);
- The definition of roles under IR(ME)R (Assistants as operators; Advanced practitioners and Consultants as referrers);
- The need for compliance with professional guidance and codes of conduct.

#### **Patient Group**

A radiographer will only consent patients for radiotherapy in the area of their expert practice and those patients that the clinical oncologist in the MDT considers suitable. It is likely that the non-complex routine patient cases would be selected for this process.

#### **Education and Training**

It is important that the radiographers able to obtain a patient's consent for radiotherapy have the knowledge, skills and clinical experience, for the protection of the patient and the delegating doctor. The education and training will include HPC registration and specific evidence of expert clinical practice and training in the national and local protocols<sup>7</sup> governing consent.

The decision about a radiographer's competency to obtain consent for radiotherapy will be taken by the consultant clinical oncologist in the appropriate MDT

<b>Qualification and Training</b>	<b>Evidence</b>
DCR(T) or BSc in Radiotherapy	State registration
Expert practice	Portfolio of clinical practice Advanced Practitioner criteria
Consent training course	Accredited or validated course <sup>8</sup>
Competency Framework	National Occupational Standard and Oncology Centre competency assessment

**Figure 8: Submission for Trust Approval of Consent Proposal**



## Trust Agreement

Trust agreement to the proposal that Advanced or Consultant Practitioners obtain fully informed patient consent was gained. Agreement followed submission of: the Advanced Practice Framework; the educational requirements specified in the extract in Figure 8 (p. 16); competencies identified; and the training programme established with the agreement of the Standards Group.

## Appointment process

Normal appointment procedures are followed with a panel comprising:

- Head of Radiotherapy
- Clinical Oncologist in related area
- Representative from HR
- External Assessor

Applicants for Advanced Practice or Consultant posts are required to produce a portfolio of evidence of expert practice which is assessed against the KSF to determine the Band at which they are appointed (see Figure 6, p. 14). Applicants with more limited experience at this level may be appointed as a Novice so that they can begin to develop a portfolio of expert practice which will be assessed as above at the appropriate time. A novice is supported in the initial period by an experienced advanced practitioner who acts as a preceptor for a period agreed between them. A similar approach is taken where a practitioner recruited to a Consultant post has the advanced knowledge and skills required to function at this level but may not have developed the clinical expertise in a specific area to the required level.

## Assessment of Expert Practice

Expert practice is assessed against the relevant criteria outlined in the CoR document *Education and Professional Development: Moving Ahead*<sup>19</sup> on the basis of the following evidence provided by the Advanced or Consultant Practitioner:

- Portfolio of evidence-based learning and reflection at MSc level;
- Relevant courses related to Knowledge Specification for area of practice;
- Viva with consultant and peer review of practice yearly with medical staff.

## Appraisal, Clinical Supervision and Continual Assessment of Advanced/Consultant Practice

Clinical supervision for the Advanced or Consultant Practitioner is provided by the relevant clinical or technical expert in the area of practice which if:

- Site specific is generally a Clinical Oncologist ; and
- Technical, such as treatment planning, may be a Clinical Oncologist or Physicist.

Practice is continually assessed and reviewed through the Appraisal process. Appraisal interviews are carried out jointly by the Professional Head of Service and the relevant member(s) of the multi-disciplinary team (MDT) with consideration given to:

- Agenda for Change and the relevant KSF;
- SCoR accreditation;
- Portfolio of evidence of expert practice supported by competency assessment (details in Appendix 6). A summary of the general framework for staff development and review is included at Appendix 7 for information but the frequency of Appraisal specifically for the Advanced and Consultant posts is indicated in Figure 9 (p. 18) below:

Level	Appraisal interval			
Novice Practitioners Year 1	1 month	3 months	6 months	12 months
Novice Yr 2 Proficient and Expert Practitioners	Annual			

**Figure 9: Appraisal Frequency**

An informal Advanced Practitioner and Specialist Radiographer Forum provides an additional peer support network for advanced practitioners and those radiographers undertaking roles outside pre-treatment or treatment delivery. This has been particularly useful during the development of new roles because possible areas of over-lap can be identified and addressed and best practice shared or established.

### Managing Advanced and Consultant Practitioners

Issues are often raised with respect to line management of an individual who may well be on a pay scale higher than the Professional Head of Service. This can be addressed by clarifying two areas of responsibility when it comes to the Appraisal and Development Review and objective-setting:

- Professional issues - Professional Head of Service has responsibility e.g. for: CPD support; working arrangements; and governance.
- Clinical objectives and clinical competencies - responsibility dependent on area of practice e.g for: cancer site specific the relevant MDT; Research the R&D Group; and Pre-treatment/Treatment Delivery the Clinical Director.

### WHAT HAS IMPLEMENTING ADVANCED AND CONSULTANT PRACTICE ROLES ACHIEVED?

1. Is it cost effective? The cost per patient is low but it is difficult to assess currently whether or not that is totally attributable to introduction of the 4-tier career framework as no formal cost/benefit analysis has been undertaken.
2. Improved patient experience – positive survey results indicating that patient satisfaction is high.
3. Improved access to health care professionals.
4. A reduction in admissions of patients with post radiotherapy complications has followed from implementation of: (a) the AHP Head and Neck clinic (no medical staff involvement) led by an Advanced Therapy practitioner and including dieticians and Speech and Language Therapists; and (b) Therapy Radiographer Practitioners reviewing the care pathway on the ward.
5. Improved implementation of new technologies.
6. Having a dedicated lead role reduces the pressure on the remainder of the Department by providing a single point of contact.
7. Greater consistency with respect to staff seeing a particular patient.

8. Improvement in meeting cancer targets – now 100% - through better co-ordination of pathway.
9. Fully staffed because of improved recruitment and retention as current staff and potential recruits recognise the value of the career development opportunities.

#### **WHAT STILL NEEDS TO HAPPEN TO FULLY IMPLEMENT THE CAREER FRAMEWORK?**

Funding remains a significant issue and in particular the funding and process for commissioning Assistant Practitioner training. Although funding for Advanced and Consultant Practitioners is based on service re-design and role development, some is derived through clinic activity with funding through PCTs.

Recognition of the basic requirement for support by medical colleagues at a local level for implementation of these developments is essential as review of current roles and development of new ones continues.

Any barriers to implementation of the career framework need to be addressed so that it can be used to facilitate the continued improvement in the quality and cost-effectiveness of patient care.

<b>Indicators to the Four Tiers</b>					
	<b>Indicators</b>	<b>Assistant</b>	<b>Practitioner</b>	<b>Advanced</b>	<b>Consultant</b>
1	Regularly undertakes clinical work	✓	✓	✓	✓
2	The scope of clinical practice is constrained to protocol	✓			
3	The scope of clinical practice is informed by protocol		✓	✓	✓
4	Acts on the authority of a State-registered practitioner	✓			
5	Takes responsibility for own actions	✓	✓	✓	✓
6	Engages in continuing professional development (CPD)	✓	✓	✓	✓
7	Is State-registered*		✓	✓	✓
8	Works autonomously within the ethical framework provided by own profession's rules of professional conduct		✓	✓	✓
9	Competent to safely perform activities which do not vary significantly from protocol	✓	✓	✓	✓
10	Competent to safely perform activities that routinely demand complex analysis or significant variation from protocol		✓	✓	✓
11	Competent to safely perform activities that routinely demand complex analysis, synthesising prior knowledge and extensive practical experience			✓	✓
12	Variations from protocol are referred for advice or action to a State-registered practitioner	✓			
13	Significant variations from protocol are referred to an advanced or consultant State-registered practitioner	✓	✓	✓	
14	Determines (with peers as appropriate) clinical strategy for complex variations from protocol				✓
15	Practice is subject to clinical supervision	✓	✓	✓	✓
16	Contributes to the preparation of new or revised clinical protocols		✓	✓	✓
17	Prepares new or revised clinical protocols			✓	✓
18	Critically evaluates evidence to define the scope and standards of clinical practice				✓
19	Supervises assistant practitioners, unqualified staff, peers and colleagues of junior rank or less experience		✓	✓	✓
20	Authorises and is responsible for clinical activity not covered by current protocols			✓	✓
21	Is responsible for the continuous development of an aspect of clinical practice			✓	✓
22	Uses specialised knowledge to advise others on the effective delivery of an aspect of clinical practice			✓	✓
23	Expert in a clinical specialism, bringing innovation and influence to clinical leadership and strategic direction				✓
24	Integrates research evidence into clinical practice.			✓	✓
25	Utilises exceptional skills and advanced levels of clinical judgement, knowledge and experience to direct effective clinical governance				✓
26	Promotes quality in assessment, diagnosis, clinical management and evaluation, delivering improved outcomes for patients and developing the specialism				✓
27	Works across a range of service delivery structures to influence decision making				✓
28	Exercises autonomy to highest level, typically having clinical responsibilities beyond immediate team and environment.				✓

<b>Training Document</b>	<b>T/R129</b> <b>February</b> <b>2009</b>
<b>Linear accelerator working area competencies record</b>	

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

### 1. Aim

The purpose of this record of competencies is for the radiographer and the line manager to determine what areas of competency has been achieved and what supplementary training may be required in the areas where competency has not been achieved. Competency is recorded as it is met. When starting a new placement the radiographer will discuss their competency requirements with the line manager using this record.

### 2. Competency training details

This standard forms part of the competency framework for radiotherapy.

1. Baseline competency
2. Return to practice
3. Assistant practitioner

The standards deal with all aspects concerned with the delivery of external beam megavoltage radiation to an individual patient, according to an individual treatment plan, including information and care provided to that patient, before, during and after treatment.

#### 2.1. QA system

The radiographer / AP must read and understand the required QA procedures and work instructions:

- OR/A001 Advice and Counselling for Patients
- OR/G001 General Responsibilities of Therapy Radiography Staff
- OR/R003 Delivery of External Beam Radiotherapy Treatment
- OR/V001 Verification of Radiotherapy Treatments using Films, TLDs & Diodes

#### 2.2. Competency assessment consists of two elements:

- A skill or procedure made up of actions that must be undertaken competently (Performance criteria). These actions will be undertaken in the context of the relevant Oncology Centre Quality System procedures and work instructions.
- All skills or procedures are underpinned by a Knowledge Specification. An individual cannot be assessed as competent if they do not have the knowledge to support the actions.

#### 2.3. This knowledge will be acquired either:

- as part of an in house education and training programme
- or
- by registered practitioner status and professional qualification

**3. Competency Record**

GENERAL DUTIES - ALL	Date Achieved / comments
Awareness of operator status according to IR(ME)R	
Correctly identify patients according to local rules and department protocol <b>(OHR/1001)</b>	
Supervise elderly and ill patients and alert clinical staff to all potential emergency situations	
Liaise with reception to co-ordinate and arrange patient transport as necessary	
Ensure effective hygiene, infection control and house keeping systems are maintained	
Offer basic patient support, guidance and limited range of care information, appropriate referral onwards	
Identify and work safely within controlled and supervised radiation areas. Identify and read local rules	
Utilise computer based verification & recording systems, patient notes and patient management systems	
Identify that treatment documentation is complete and fully checked	
Appropriate use of policies and procedures	

PROVIDING PATIENT CARE			Date Achieved/ comments
Performance criteria			
First day chat <ul style="list-style-type: none"> <li>• Inform the patient of the procedure to be undertaken and any possible side effects in a manner which assists their understanding and encourages them to ask any questions.</li> <li>• Familiarise the patient with their environment and the location of all facilities required for their personal comfort.</li> <li>• Ensure they have received appropriate information and have consented to the procedure</li> <li>• Check pregnancy status if appropriate</li> </ul>			
Assess the patient’s emotional and physical state daily, document and take appropriate action			
Assess the patient’s mobility record and take appropriate action			
Infection status - implications			
Take appropriate action where an acute effect of radiotherapy is identified, according to local protocols			

(...cont)

<b>PROVIDING PATIENT CARE</b>			
<b>Performance criteria</b>			<b>Date Achieved/ comments</b>
Ensure any required medications have been administered according to local protocols (anti-emetics / pain relief)			
Maintain the patient in a safe environment at all times			
Answer any questions asked by the patient accurately, or where necessary refer to another healthcare professional for specialist advice			
Report any incidents, errors or accidents according to local and national guidelines			

<b>DELIVERY OF MEGAVOLTAGE EXTERNAL BEAM RADIOTHERAPY</b>			
<b>Performance criteria</b>			<b>Date Achieved/ comments</b>
The patient's identity is checked according to local protocols			
Informed consent to the procedure is confirmed according to local protocols.			
The patient's understanding of information given is re-affirmed to ensure compliance during treatment.			
The patient's treatment data is checked according to local protocols.			
Patient is suitable for delivery of daily treatment #			
A visual assessment is performed to ensure treatment can be safely and accurately delivered.			
The patient is monitored throughout treatment delivery			
The treatment given is accurately recorded according to local protocols			
Weekly check <b>(LA3.61, OR/P012)</b>			

LINEAR ACCELERATOR			Date Achieved/ comments
Carry out the morning run up procedure /switching off at the end of the day			
Varian <b>(TS3.04, TS3.30)</b>			
Siemens <b>(TS3.47, TS3.05, TS3.42)</b>			
Prepare treatment room and all equipment			
Position the patient using: <ul style="list-style-type: none"> <li>• Immobilisation Devices</li> <li>• Couch controls and handsets</li> <li>• In-room monitors and data displays</li> <li>• Correct use of accessory trays</li> <li>• Lasers, field light beams, back pointers and FSD scales</li> <li>• Bolus, compensators and other tissue equivalent devices</li> </ul>			
Set up tolerance levels and terminology <b>(OR/V002)</b> EPI Siemens <b>(LA3.71, OR/P006, OR/P010)</b> Varian <b>(OR/P005)</b>			
Safe use of EPI			
Ability to input data to enable image capture			
Appropriate use of overrides <b>(LA3.74)</b>			
Appropriate use of film cassettes & cassette holder			
Appropriate use/ positioning of TLD's and diodes <b>(OR/V001, OR/P008)</b>			
Prior to initiating treatment staff must check: <ul style="list-style-type: none"> <li>• Correct doses</li> <li>• Radiation modality</li> <li>• Radiation energy</li> <li>• Treatment parameters</li> </ul>			
Monitor patient throughout exposure			
Safely utilise interruption, termination, emergency off and auto-sequencing facilities <b>(LA3.70, LA3.73)</b>			
Complete and record all treatment data, sign treatment sheet and store appropriately			
Disinfect and store all equipment after use and at the end of clinical sessions			



TECHNIQUE COMPETENCY			Date Achieved/ comments
Site (refer to T/R128)			
Isocentric Breast (LA3.25)			
SSD Breast (LA3.23, LA3.24, LA3.20)			
Thoracic (LA3.80)			
Head & Neck (LA3.15)			
CNS (LA3.18)			
Pelvis (LA3.31)			
TBI (LA3.06)			
Paediatric Non GA			
Paediatric GA			
Complex Sarcomas			
Palliative			
Electrons (LA3.12, LA3.04)			
Acculoc Level 1 (T/R109, LA3.83)			
Acculoc Level 2 (T/R109, LA3.83)			
Stereotactic - Basic (Putting together & fitting frame)			
Stereotactic - Level 1 (Measurements) (T/R111)			
Tomotherapy – level 1			
Tomotherapy – level 2			
Neuro			
IMRT (LA3.82, LA3.75) – Simple IMRT			
IMRT (LA3.82, LA3.75) – Complex IMRT			
Moduleaf (LA3.76)			

#### 4. Deliver external beam megavoltage radiation knowledge specification

##### 4.1. Legislation, regulatory and protocols

1. Current radiation protection regulations.
2. Local protocols for data entry, utilisation, recording and transfer.
3. Local protocols for verifying and validating treatment.
4. Local protocols on informed consent.
5. Local protocols for patient identification.
6. National and local guidelines for radiotherapy planning and treatment.
7. Limitations of own knowledge and experience and the importance of not operating beyond this.

##### 4.2. Clinical knowledge

8. Relevant anatomy e.g. sectional and functional.
9. Signs of patient anxiety.
10. Clinical signs which require the attention of other team members.
11. Concurrent malignant disease progression and the potential impact on physiological systems.
12. The side effects of radiotherapy.

##### 4.3. Technical knowledge

13. Possible contra-indications to treatment.
14. The functions of the megavoltage external beam radiation treatment unit controls and other equipment used in radiotherapy.
15. Use of beam modifiers in changing the beam shape.
16. Impact of treatment parameters or changes to treatment parameters, on dose distribution.
17. The use of photon and electron beams in radiotherapy treatment.

##### 4.4. Equipment

18. Equipment capabilities, limitations and user maintenance.
19. Efficiency and efficacy of patient immobilisation and positioning devices.

##### 4.5. Examination procedures and patient management

20. Principles of radiotherapy, for example:
  - patient positioning and immobilisation in order to optimise reproducibility of treatment delivery
  - selection of appropriate treatment technique for optimum delivery
21. Roles and responsibilities of other team members.

##### 4.6. Range

**Accessories includes:** immobilisation and positioning devices, beam modification devices

**Treatment includes:** simple treatment plans, complex treatment plans

Treatment Competency		
Name of staff member (PRINT)		Qualifications/Grade
Declaration of competency:		
I am aware of my personal accountability and Addenbrooke's NHS Trust liability.		
I understand I am responsible and accountable for my practice and for keeping it up to date. I have been advised to read policies and procedures at least annually and to seek to update my practice as necessary, but particularly if I do not undertake an element of practice in six months. I will ensure that I update this Treatment Competency annually, prior to my annual appraisal taking place.		
Signed	Date	QA use only: Recorded on Q-Pulse initials & date

Assessor statement:		
This member of staff is considered competent to practice and is aware of their personal accountability and Addenbrooke's NHS Trust liability.		
Signed	Date	QA use only: Recorded on Q-Pulse initials & date
Name of Assessor (PRINT/Stamp)		Qualifications/Grade

**5. Monitoring the effectiveness of the Process**

- a) Process for Monitoring compliance and Effectiveness - Review of incident forms, as recorded on RMIS, for non-compliance and the results presented by Radiotherapy QA Facilitator to the Radiotherapy Standards Group – the minutes of this meeting are retained for a minimum of 5 years.
- b) Standards/Key Performance Indicators – This process forms part of a quality system accredited to International Standard BS EN ISO 9001:2008. The effectiveness of the process will be monitored in accordance with the methods given in the quality manual, QM1.00

**Equality and Diversity Statement**

This document complies with the Cambridge University Hospitals NHS Foundation Trust service Equality and Diversity statement.

**Disclaimer**

It is **your** responsibility to check against the electronic library that this printed out copy is the most recent issue of the document.

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Document ratification and history			
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Authors:	Superintendent Radiographer	Owning Department:	Oncology Directorate QA Team
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Version number:	2	Unique identifier no:	T/R129
<i>This document has been ratified by the Clinical and Corporate Governance Committee</i>			

Submitted

Appendix 3

Permission to proceed – Yes No Resubmit

**NSC Nurse and AHP Consultant Proforma**  
(To aid the development of the submission)

**Allied Health Professional Consultant Title:**  
*Consultant Therapy Radiographer in Gynaecological Oncology*

**Priority Area:**  
*Gynaecological Oncology*

**Named Contact for Submission:** *Mrs Katharine Walker: Head of Radiotherapy / Jane Head Professional Development Co-ordinator*  
Telephone *01223 217241 01223 506636*  
Fax:  
Email: [Katharine.walker@addenbrookes.nhs.uk](mailto:Katharine.walker@addenbrookes.nhs.uk) / [jane.head@addenbrookes.nhs.uk](mailto:jane.head@addenbrookes.nhs.uk)

**Address of Trust or HA:**  
*Addenbrookes NHS Foundation Trust*  
*Oncology Centre, Box 193*  
*Cambridge. CB2 2QQ*

**Summary of Post:**

The post holder will:

- Provide a comprehensive therapy radiographer consultant service in the field of gynaecological oncology within the West Anglian Cancer Network (WACN)
- Lead and improve service delivery to patients undergoing radiotherapy for gynaecological malignancies. Lead and further develop the gynaecological brachytherapy and external beam radiotherapy service.
- Undertake consultant therapy radiographer led clinics providing the patient with expert pre treatment information allowing the patient to make fully informed treatment decisions and obtain the patient's informed consent to radiotherapy. Side effect management through on-treatment assessment and review and post treatment follow up clinics.
- Establish post radiotherapy rehabilitation clinics and information and support service and accept referrals for this group of women and their partners across the West Anglian Cancer Network and beyond.
- Undertake research, audit and practice development in radiation oncology and the associated fields of practice related to the care of patients with a gynaecological malignancy.
- Undertake multidisciplinary education and training within the cancer centre and the cancer units of the WACN to improve the information available to the patient.

This post holder will initiate links with higher education institutions and professional bodies to develop education and training courses and provide clinical leadership in the field of gynaecological oncology.

Eastern Region Nurse Consultant Proforma

**Job Description** (Clinical Job Description Template)

<b>Job Title:</b>	Expert Advanced Practitioner in Breast Radiotherapy
<b>Band:</b>	8a
<b>Hours of Work:</b>	37.50
<b>Location:</b>	Radiotherapy
<b>To Whom Responsible:</b>	Head of Radiotherapy
<b>Job Summary:</b>	<p>To provide a comprehensive therapy radiographer service in radiotherapy for breast cancer, improving service delivery to patients undergoing radiotherapy.</p> <p>To provide clinical leadership, support, advice and education for all members of the multidisciplinary team caring for the patient within the trust.</p> <p>Contribute to multidisciplinary breast cancer teams and be involved in the treatment decision making process for individual patients.</p> <p>To undertake treatment planning of breast radiotherapy within the wider treatment planning team</p> <p>To lead and co-ordinate the radiotherapy service for identified patients groups. Optimising the use of current facilities. To facilitate the development of new delivery systems with the existing and new medical staff.</p> <p>To establish a patient support service for the radiotherapy treatment and immediate post treatment period across the cancer centre and cancer units</p> <p>To develop and coordinate a triage system for patients with acute radiotherapy side effects problems across the network.</p> <p>To act as an expert resource for primary care teams ensuring continuity of care in the community.</p> <p>To lead the development of standards and guidelines within the MDT</p>

**Key Duties and Responsibilities:****Expert Clinical Practice**

To practice at an advanced level providing expert care for patients undergoing radiotherapy for Breast Cancer

To be a member of the Breast MDT to provide expert advice to the multidisciplinary team

To attend new patient clinics to advise and support patients who are to receive radiotherapy

To provide all information required for the patient to make an informed consent to radiotherapy

To undertake the co-ordination and delivery of the Mammosite HDR pathway

Undertake the clinical decision making and acceptance of the patients' treatment plans in accordance with departmental protocol.

To undertake breast radiotherapy planning in allocated sessions in support of the treatment planning team

To undertake ultrasound for tumour bed outlining and Mammosite localisation

To review patients undergoing external beam radiotherapy and advise and manage acute radiation induced toxicity.

To undertake immediate post radiotherapy follow up for the management of skin reactions

To advise GP surgeries on the continued management of post radiotherapy skin management

According to current legislation to undertake independent or dependant prescribing or administration of medication using departmental protocols.

To provide support, information and education to patients on post treatment changes and their effects in post treatment clinics

To lead on the development of evidence based information material and ensure at all times patients, carers and relatives are fully considered in the context of care, actively participating in ethical decision-making.

Continually monitor, audit and evaluate clinical practice of self and others.

**Professional leadership.**

To lead the radiographer breast radiotherapy service. Co-ordinating medical, clinical radiotherapy physics and nursing staff.

To ensure current practice is evidence based and standards/protocols adhere to National guidelines.

To audit practice and act upon results.

To network across Trusts and ensure dissemination and sharing of good practice.

To actively promote the role of AHP's within the multidisciplinary team thereby supporting and encouraging colleagues towards achieving excellence in their care.

### **Education/Training and Development Function.**

To lead in the development of education and training programmes and competencies standards for all staff involved with breast radiotherapy

To identify and ensure delivery of education and training programmes to the cancer units and primary health care staff caring for breast radiotherapy patients.

To evaluate and make changes appropriately to any education and training programmes in line with evidence based practice.

To form links with Higher Education Institutions, thus providing expert advice to influence further curricula development.

### **Service Development.**

To promote evidence-based practice at all times.

To identify and implement measures to ensure quality improvement.

To identify and undertake research to ensure continued practice development.

To disseminate research findings in the form of publications, posters and presentations.

To agree relevant audit programmes with key health care professionals and lead on their implementation.

Monitor the impact of the Advanced Practitioner post on the Breast Radiotherapy service and provide annual reports to key personnel.

### **Professional Role**

To adhere to IR(ME)R regulations.

The post holder must be qualified to act as an 'operator' in Radiotherapy as defined by IR(ME)R.

To act in a professional manner at all times in accordance to the Addenbrooke's Hospital Policies and Procedures and the Radiographers Professional Code of Conduct.

The post holder must be registered with the HPC (Health professions Council).

To ensure confidentiality and dignity of the patient is recognised and respected at all times.

**General Compliance:**

To comply with all Trust Policies and Procedures, with particular regard to

- Risk Management
- Confidentiality
- Equal Opportunities
- Health & Safety
- Data Quality
- Information Governance
- Freedom of Information

1. All staff have a responsibility to comply with infection control policies and procedures, infection control standards and ensure they have received an annual update on infection control issues including hand hygiene.
2. To perform your duties to the highest standard with particular regard to effective and efficient use of resources, maintaining quality and contributing to improvements.
3. To follow all the Trust Security policies and procedures and be vigilant to ensure the safety and secure environment for care.
4. All staff who have access to or transfer any data records are responsible for that data and must respect data security and confidentiality and comply with the requirement of the Data Protection Act 1998, in line with the Trust's policies. Data includes all data i.e. electronic, hard copies of printed data or handwritten data information of patient, employee and financial etc.
5. The post holder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust's activities.
6. Ensure you work towards the Knowledge and Skills Framework of the post. This is a competency framework that describes the knowledge and skills necessary for the post in order to deliver a quality service.
7. The Trust is committed to carefully screening all staff who work with children and vulnerable adults. This appointment is therefore subject to a satisfactory Criminal Records Bureau Disclosure of the appropriate Level, if required.
8. All staff will receive training on Child Protection -Safeguarding Children Policies and Procedures as part of Induction and annual updates, this will equip the post holder with the knowledge of what you will need to do if you have concerns about the welfare of a child/young person under aged 18.
9. Perform any other duties that may be required from time to time.
10. Every post holder can make a difference to a patient's experience. You will come across patients as you walk around the hospital; we rely on all our staff to be helpful, kind and courteous to patients, visitors and each other.

This job description may be altered to meet changing service needs, and will be reviewed in consultation with the post holder.

24/11/2008



Post Title **Expert Advanced  
Practitioner in Breast Radiotherapy**

Band **8a** Department **Oncology**

Factors	Essential Criteria	How Evidenced*	Desirable Criteria	How Evidenced*
1 Qualifications	<p>1. Diploma of the College of Radiographer Or B.Sc. Hons equivalent</p> <p><b>working toward:</b></p> <ul style="list-style-type: none"> <li>• Postgraduate qualification E.g. M.Sc. in appropriate area of practice</li> <li>• Award in Radiotherapy Patient assessment and review</li> </ul> <p><b>working towards:</b></p> <ul style="list-style-type: none"> <li>• In house recruitment and selection</li> <li>• In house appraisal training</li> <li>• In house 2 day management training</li> <li>• Risk management</li> </ul>	A	<p>1. Postgraduate qualification E.g. M.Sc. in appropriate area of practice</p> <p>2. Accredited Counselling award</p> <p>3. Award in Informed Consent</p> <p>4. Clinical Leadership and management development courses</p>	A
2 Experience	<p>1. Minimum of 8 years experience in radiotherapy planning and delivery at least 1 years as advanced practitioner.</p> <p>2. Informal teaching and training of a variety of healthcare professionals</p> <p>3. Management Skills</p>	A	<p>1. Own research interest</p> <p>2. Knowledge of research and audit methodology.</p> <p>3. Experience of research and audit</p> <p>4. Change management experience Experience of recruitment &amp; selection process</p>	A

<p>3 Knowledge</p>	<ol style="list-style-type: none"> <li>1. Higher level knowledge of principles and practice of radiotherapy and oncology</li> <li>2. Knowledge in area of advanced practice</li> <li>3. Knowledge of patient information and support</li> <li>4. Knowledge of NHS policies and processes and developments</li> <li>5. Knowledge of modernisation agenda e.g. Skills mix working, NSF's</li> <li>6. Knowledge of social policy affecting Cancer</li> <li>7. Knowledge of and use of different information sources</li> <li>8. Knowledge and application of national regulations relating to ionising radiation for medical exposure (IR(ME)R)</li> <li>9. Knowledge and application of regulations related to obtaining informed consent</li> <li>10. Knowledge of Professional Issues</li> </ol>	<p>A  I</p>	<ol style="list-style-type: none"> <li>1. Knowledge and application of the regulations relating to Medical Research</li> </ol>	
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APPENDIX 4

4 Skills	<ol style="list-style-type: none"> <li>1. to work autonomously</li> <li>2. to work independently</li> <li>3. to prioritise and schedule tasks</li> <li>4. demonstrable problem solving abilities</li> <li>5. to make recommendations for and to implement change</li> <li>6. to respond to change and apply themselves to developments in practice to interpret national and local policies –</li> <li>7. Demonstrate leadership qualities and the ability to motivate staff to achieve their full potential</li> </ol>	A/I	<ol style="list-style-type: none"> <li>1. Written reports to senior hospital management / consultants Audits</li> <li>2. General public presentations</li> </ol>	A/I
5 Additional Requirements	<ol style="list-style-type: none"> <li>1. Flexible working hours and location</li> </ol> Willingness and ability to travel	I		

**ADDENBROOKE'S HOSPITAL  
ONCOLOGY CENTRE**

**JOB DESCRIPTION**

**JOB TITLE:** Macmillan Consultant Therapy Radiographer in  
Gynaecological Oncology

**GRADE:** Therapy Consultant

**HOURS:** 35 hours per week

**LOCATION:** Oncology Centre

**RESPONSIBLE TO:** Head of Radiotherapy

**REPORTS TO:** Relevant Consultants

**JOB SUMMARY:**

- To provide a comprehensive therapy radiographer consultant service in gynaecological oncology, improving service delivery to patients undergoing radiotherapy, optimising the use of existing and developing services.
- To provide clinical leadership, support, advice and education for all members of the multi-disciplinary team (MDT) caring for the patient within the Trust.
- Contribute as a member of the multi-disciplinary team (MDT) for gynaecological oncology to the treatment decision making process for individual patients.
- To lead the development of standards and guidelines related to practice of radiotherapy within the MDT.
- To lead and co-ordinate the gynaecological therapy radiography service, optimising the use of current facilities.
- To facilitate the development of new delivery systems with the existing and new medical staff.
- To establish patient post radiotherapy rehabilitation clinics and a gynaecological information and support service across the West Anglia Cancer Network (WACN). Developing and co-ordinating a triage system for women with these problems across the Network.
- To act as an expert resource for primary care teams, ensuring continuity of care in the community.
- Lead the education and training of other healthcare professionals in relation to radiotherapy and the management of its consequences.

## APPENDIX 5

### **SKILLS & KNOWLEDGE:**

#### Essential:

DCR(T) / BSc(Hons) T with minimum 5 years clinical experience in core radiotherapy and gynaecology.  
Health Professions Council registration.  
Award in Gynaecological Oncology.  
MSc in associated field of practice or working toward.

### **MAIN RESPONSIBILITIES:**

#### **Expert Clinical Practice:**

- To practice at an advanced level providing expert care for patients undergoing radiotherapy for a gynaecological malignancy.
- To receive direct referrals for vaginal vault brachytherapy treatment and undertake appropriate clinical assessment prior to treatment.
- To prescribe within protocols and plan the delivery of brachytherapy for adjuvant vaginal vault treatment and to undertake treatment procedure.
- To facilitate day case treatment for adjuvant brachytherapy treatment and therefore reduce the number of overnight admissions.
- To undertake preparation and planning of adjuvant pelvic radiotherapy to include informed consent within the boundaries of department protocol.
- To review patients undergoing external beam radiotherapy and advise and manage acute radiation induced toxicity.
- According to current legislation, to undertake independent or dependant prescribing or administration of medication using departmental protocols.
- To provide support, information and education to patients on post treatment changes and their effect on sexual function in a post treatment clinic.
- To accept direct referrals from across the region for patients with psychosexual difficulties following a diagnosis of a gynaecological malignancy.
- To ensure at all times patients, carers and relatives are fully considered in the context of care, activity participating in ethical decision-making.
- Continually monitor, audit and evaluate clinical practice of self and others.
- Provide expert clinical advice to the Multi-disciplinary team.

#### **Professional Leadership and Consultancy Function:**

- To lead the Gynaecological Brachytherapy Service, co-ordinating medical, clinical radiotherapy physics and nursing staff.
- To lead the Psychosexual Support Service within the Centre and Cancer Units, ensuring a continuity of service across the region.

## APPENDIX 5

- To lead and organise the Gynaecological Oncology Support Service within the Trust, ensuring the development, benchmarking and standardisation of the service across all disciplines.
- To extend the Gynaecological Oncology Support Service across the WACN.
- To promote the role of the therapy radiographer lead in gynaecological oncology within the WACN and nationally.
- To ensure current practice is evidence based and standards / protocols adhere to National Guidelines.
- To audit practice and act upon results.
- To network across the Trust and ensure dissemination and sharing of good practice.
- To actively promote the role of AHP's within the Multi-disciplinary Team, thereby supporting and encouraging colleagues towards achieving excellence in their care.

### **Education, Training and Development Function:**

- To lead in the development of education and training programmes and competencies standards for all staff involved with brachytherapy treatment of gynaecological cancer.
- To identify and ensure delivery of education and training programmes to the Cancer Units and Primary Health Care staff caring for gynaecological oncology patients.
- To evaluate and make changes appropriate to any education and training programmes in line with evidence based practice.
- To form links with Higher Education Institutions, thus providing expert advice to influence further curricula development.

### **Service Development:**

- To promote evidence based practice at all times.
- To identify and implement measures to ensure quality improvement.
- To identify and undertake research to ensure continued practice development.
- To disseminate research findings in the form of publications, posters and presentations.
- To agree relevant audit programmes with key health care professionals and lead on their implementation.
- Monitor the impact of the Consultant Radiographer post on the Gynaecological Oncology Service and provide annual reports to key personnel.

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### **Professional:**

- To adhere to IR(ME)R regulations.
- The post holder must be qualified to act as an ‘operator’ in Radiotherapy as defined by IR(ME)R.
- To act in a professional manner at all times in accordance to the Addenbrooke's Hospital NHS Policies and Procedures and the Radiographers Professional Code of Conduct.
- To ensure confidentiality and dignity of the patient is recognised and respected at all times.

### **General:**

- The post holder must at all times carryout his / her duties with due regard to the Trust’s Equal Opportunities Policy.
- It is the responsibility of all employees to maintain a safe and healthy environment for patients, visitors and staff.
- It is the responsibility of the post holder to ensure that all duties are carried out to the highest possible standard, and in accordance with current quality initiatives within the area of work.
- All staff who has access to or transfer data, are responsible for that data and must respect confidentiality and comply with the requirements of the Data Protection Act 1998, in line with the Trusts Policies.
- The post holder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust’s activities.
- Staff are required to comply with the requirements of the Freedom of Information Act 2000, in line with Trust Policy.
- Any other duties, which may be required from time to time.

### **ON-CALL**

**REQUIREMENTS:** May be some requirement to be on-call.

### **IRREGULAR OR**

**UNSOCIAL HOURS:** Dependent on service requirements.

**NOTE:** This job description will be subject to review in consultation with the post holder.

Addenbrooke’s NHS Trust is committed to carefully screening all staff who work with children and therefore this appointment could be subject to a satisfactory police check. All applicants must also give a full employment history on their application form.

## Person specification

### Consultant Therapy Radiographer in Gynaecological Oncology

Essential	Desirable	Tested
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Diploma of the College of Radiographers Or B.Sc. Hons equivalent</li> <li>• Health Professions Council registration</li> <li>• Award in Gynaecological Oncology</li> <li>• Award in Radiotherapy Patient assessment and Review</li> <li>• Award in Informed Consent</li> </ul> <p><b>Training received or working towards:</b></p> <ul style="list-style-type: none"> <li>• M.Sc. level award</li> <li>• In house recruitment and selection</li> <li>• In house appraisal training</li> <li>• In house 2 day management training</li> <li>• Risk management</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Leadership and management development course</li> <li>• Qualified and registered Supplementary prescriber</li> <li>• Counselling</li> <li>• M.Sc. in associated field of practice</li> </ul>	CV&P
<p><b>Experience</b></p> <p><b>Radiotherapy experience:</b> Minimum of 5 years experience in radiotherapy delivery</p> <p><b>Gynaecological Oncology:</b></p> <ul style="list-style-type: none"> <li>• Highly specialised knowledge of gynaecological oncology and radiotherapy</li> <li>• Experienced practice in gynaecological oncology within an MDT</li> <li>• Experienced practice in external and brachytherapy radiotherapy</li> <li>• Experienced practice of</li> <li>• Awareness of national guidelines and protocols for cancer and gynaecological oncology</li> <li>• Knowledge of research and audit methodology.</li> </ul>	<p><b>Experience</b></p> <p><b>Radiotherapy experience:</b> 6 years experience with both radiotherapy delivery and pre treatment</p> <p><b>Gynaecological Oncology:</b> Own research interest Clinical management plans Documentation in notes</p> <p>Ability to lead on research and audit</p>	<p>CV&amp;P</p> <p>CV&amp;P/ I</p> <p>CV&amp;P/I</p>



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<p><b>Training and education:</b> Informal teaching and training of a variety of healthcare professionals</p> <p><b>Management:</b> Good previous management skills</p> <p><b>Abilities:</b></p> <ul style="list-style-type: none"> <li>• Able to work autonomously and as part of a team</li> <li>• Able to work independently</li> <li>• Able to prioritise and schedule tasks</li> <li>• Able to plan and organise</li> <li>• Excellent problem solving abilities</li> <li>• Ability to synthesis information, consider and evaluate risks and options when making difficult decisions</li> <li>• Able to think ahead, judge development trends and plan accordingly</li> <li>• Ability to make recommendations for and to facilitate change</li> <li>• Able to challenge and question</li> <li>• Able to respond to change and apply themselves to developments in practice</li> </ul>	<p><b>Teaching and education:</b> Teaching experience</p> <p><b>Management:</b> Project management experience Management development experience Change management experience</p> <p><b>Abilities:</b> Ability to interpret, manipulate and present financial data</p>	<p>CV&amp;P/I</p> <p>CV&amp;P/I</p>
<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Knowledge of principles and practice of radiotherapy and gynaecological oncology</li> <li>• Knowledge of NHS policies and processes and developments</li> <li>• Knowledge of modernisation agenda e.g. Skills mix working, NSF's</li> <li>• Knowledge of and use of different information sources</li> <li>• Knowledge and application of national regulations relating to ionising radiation for medical exposure (IR(ME)R)</li> <li>• Knowledge and application of regulations related to obtaining</li> </ul>	<p><b>Knowledge</b> Expert knowledge of Gynaecological Oncology</p>	<p>CV&amp;P/I</p>

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<p>informed consent</p> <ul style="list-style-type: none"> <li>• Knowledge and application of the regulations relating to Medical Research</li> </ul>		
<p><b>IT skills</b> Computer literate with experience of Microsoft word, excel, access, PowerPoint</p>		
<p><b>Communication</b> Excellent communicator Ability to produce written reports – professional publications Excellent verbal communicator Presentation skills- professional presentations Good interpersonal skills Good consultation skills Proven ability to influence and negotiate with all grades of staff <b>Able to communicate with key groups:</b> Patients Members of the gynaecological oncology MDT Therapy radiography staff Consultants Clinical Director Medical staff Nursing staff A&amp;C staff</p>	<p><b>Communication</b> Written reports to senior hospital management / consultants / WACN / SHA Audits Business case</p> <p><b>Communicates with key groups:</b> Senior Management staff Strategic Health Authority WACN</p>	<p> </p> <p> </p>
<p><b>Characteristics</b> Enthusiastic / positive attitude Competent, professional approach Self motivated, proactive and innovative Common Sense / pragmatic / practical Flexible / adaptable / open minded Conscientious / reliable Accurate / thorough / pays attention to detail / methodical Able to cope with stress and pressure and meet deadlines Receptive and sensitive to the priorities of other staff groups Reliable and supportive</p>		<p> </p>
<p><b>Other requirements</b> Flexible working hours and location Willingness and ability to travel</p>		<p> </p>
<p>CV&amp;P= curriculum vitae and portfolio I = interview</p>		

## **Addenbrooke's NHS Trust Oncology Centre – Box 193**

### **Competency Programme for Advanced Therapy Practitioners Obtaining Informed Consent for Radiotherapy**

#### **Rationale**

The aim of this protocol is to improve the quality of the patient journey through the oncology centre, alleviating pressure on the clinical oncologists, creating more time for the patient to discuss their treatment and its outcomes. The site specialist radiographer will undertake the competency programme when the appropriate MDT is satisfied that the individual has developed the required level of expert practice. The evidence for this will be demonstrated in a portfolio of clinical experience.

All patients will be informed that they are entitled to see a clinical oncologist if they would prefer.

#### **Competency requirements**

This standard is concerned with the informed consent procedure required for radiotherapy. This includes the explanation of the advantages and disadvantages of specific radiotherapy treatments and assisting patients in coming to an informed decision to accept a particular treatment.

**Note:** Consent to a specific treatment can only be obtained by a practitioner who has the appropriate knowledge of the proposed treatment for which consent is being sought.

Site specialist therapy radiographers may obtain informed consent for radiotherapy from patients after having successfully completed a recognised education programme (SHU – Postgraduate Informed Consent module) and the Oncology Centre competency assessment for obtaining informed consent.

JH/Adv P COMPs

Issue date: September 2003

Review date: September 2004

## Competency Assessment

Name \_\_\_\_\_ Date \_\_\_\_\_

Following completion of the education course the advanced practitioner will carry out 3 observed patient consent interviews.

These interviews will be observed by the Clinical Oncologist from the appropriate MDT.

### 1. Pre assessment discussion

Prior to the competency assessment the assessing Clinical Oncologist must ensure that the individual has the appropriate knowledge and understanding to support the standard (p 5) and the QA procedures are read and understood

### 2. Observed Practice

The individual must be competent in each of the performance criteria to be considered competent in obtaining a patient's informed consent to undergo radiotherapy.

Patient ID	Diagnosis	Radiotherapy Procedure	Competent Y / N

**Oncology Centre – Box 193  
Advanced Practitioner Competency**

**Name:****Date:****Obtain informed consent for radiotherapy**

The individual must be able to:

- explain the treatment, its advantages, disadvantages, benefits, risks and potential implications
- comprehensively answer any questions the patient may have
- assess how best to give this explanation to facilitate the patient's understanding
- help the patient reach an informed decision.

Performance Criteria	Competent		Action
	Yes	No	
1. The identification details of the patient are checked according to local protocols before commencement of the informed consent process.			
2. Where appropriate, the pregnancy and breast feeding status of women of child bearing age are established according to local protocols.			
3. The patient's emotional and physical state is assessed to determine the best approach to optimise their understanding.			
4. The patient's ability to understand the language used by the individual is assessed and appropriate interpreters are arranged if required.			
5. The individual uses the patient's verbal and non-verbal indicators to determine the pace, content and language of the delivery to facilitate the patient's understanding.			
6. Where there is more than one choice of treatment or possible inclusion in a clinical trial, these choices are presented fairly, equitably and in a format that facilitates the patient's understanding.			
7. Where the patient seeks advice on the options, this is given impartially and, if there is a clinically preferred option, the reasons for this are explained.			

Performance Criteria	Competent		Action
	Yes	No	
8. The patient is given verbal and written information on the advantages, disadvantages, risks and benefits of the specific treatment options in a manner which assists their understanding.			
9. The patient is given every opportunity to ask questions or seek clarification of any information they have been given.			
10. Feedback from the patient is sought to ascertain their level of understanding. Any gaps in the information are identified and appropriate information is given.			
11. The patient is given time to reflect on the information and, if requested, other members of the multi-disciplinary team, or the patient's carers and family, are requested to provide support.			
12. If the patient agrees to the treatment, the consent form is completed appropriately. The patient is given time to read the form and encouraged to question anything they do not understand before signing the document.			
13. The patient is reassured that they can change their mind at any stage throughout the episode of treatment and the implications of this are made clear in an unemotional manner.			
14. Where help/advice is required, this is recognised and sought from appropriate sources.			

**Comments:**


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 Supervisor signature:

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 Advanced Practitioner signature:

## Obtain informed consent for radiotherapy knowledge specification

<b>Legislation, regulatory and protocols</b>	
1.	Current radiation protection regulations.
2.	Local protocols for data entry, utilisation, recording and transfer.
3.	Local protocols on informed consent.
4.	National guidelines for and legal implications of informed consent.
5.	Local protocols for patient identification.
6.	National and local guidelines for radiotherapy planning and treatment.
7.	Limitations of own knowledge and experience and the importance of not operating beyond this.
<b>Clinical knowledge</b>	
8.	Relevant anatomy e.g. sectional and functional.
9.	Signs of patient anxiety.
10.	Signs and symptoms of the short and long term side effects of radiotherapy.
11.	Range of medications available for the short and long term side effects of radiotherapy and any contra-indications.
12.	Strategies for effectively communicating bad news.
13.	Range of informed consent forms.
14.	Concurrent and malignant disease progression and the potential impact on physiological systems.
<b>Technical knowledge</b>	
15.	Principles of radiobiology, for example: <ul style="list-style-type: none"> <li>• effects of radiation on the cell cycle;</li> <li>• dose and fractionation regimes;</li> <li>• TCP/NTCP</li> </ul>
16.	Principles of radiotherapy physics, for example: <ul style="list-style-type: none"> <li>• interaction processes with matter;</li> <li>• production and utilisation of images.</li> </ul>
17.	Contra-indications to treatment.
18.	Advantages, disadvantages, risks and benefits of radiotherapy.
<b>Examination procedures and patient management</b>	
19.	Principles of radiotherapy, for example: <ul style="list-style-type: none"> <li>• patient positioning and immobilisation in order to optimise reproducibility of treatment delivery;</li> <li>• selection of appropriate treatment technique for optimum delivery.</li> </ul>
20.	Special arrangements for patient's unable to consent for themselves
21.	Roles and responsibilities of other team members.

**Evaluation (comments if applicable)**

\_\_\_\_\_ has completed the Informed Consent training and is considered competent to practice and is aware of his/her personal accountability and Addenbrooke's NHS Trust liability.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Clinical oncologist

I have completed the course and consider myself competent to obtain informed consent for radiotherapy. I am aware of my personal accountability and Addenbrooke's NHS Trust liability.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Advanced practitioner

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Signed \_\_\_\_\_ Date \_\_\_\_\_  
Head of Radiotherapy

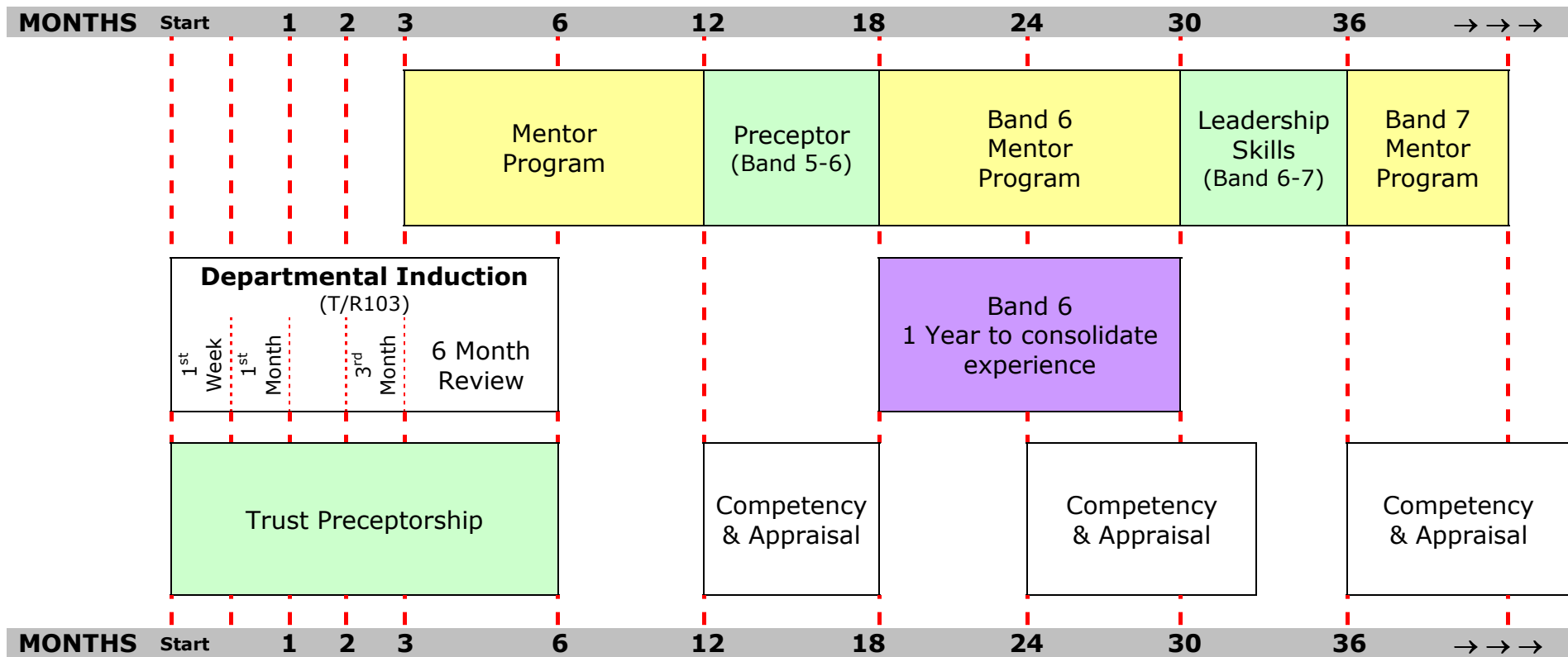
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Clinical Director

Signed \_\_\_\_\_ Date \_\_\_\_\_  
ADO Oncology



APPENDIX 7

**Mandatory for all new employees**



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- <sup>19</sup> General Medical Council (1998) *Seeking patients' consent: the ethical considerations who obtains consent*. London: General Medical Council
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