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RADIOGRAPHERS



RADIOGRAPHY

Developing the business case for consultant radiographers

THE SOCIETY OF
RADIOGRAPHERS





R A D I O G R A P H Y

Developing the business case for consultant radiographers

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Introduction

The purpose of this briefing paper is to offer guidance for managers, local Society of Radiographers representatives and emergent radiographer consultants to gain an understanding of the processes involved in the development of consultant radiographer posts, and the purpose and role of these positions. It is acknowledged that for some individuals some of the information contained within this document may be superfluous, however, it was felt important to provide an inclusive guidance document that details all steps.

More detailed information relating to the purpose and role of consultant posts is available in the documents cited in the reference section on page .

'Meeting the Challenge: a Strategy for the Allied Health Professions' (DH 2000) sets out how the role of the Allied Health Professional will be supported and developed in the future to ensure that their work is acknowledged, valued and supported.

The role of therapist consultants has been developed in recognition of their contribution to patient care. The target is for 250 therapist consultants to be in post by 2004.

The consultant radiographer is a champion in the clinical, academic or research field that brings innovative solutions to patient care. The role is one that defines professional development and influences at a strategic level. As such, the consultant radiographer will play a pivotal role in the integration of clinical practice, education and research findings. The consultant radiographer is able to initiate clinical service developments and deliver improved patient outcomes through the implementation of the findings of:

- **Clinical research**
- **Clinical audit**
- **Clinical governance**
- **Clinical risk assessment**

Consultant radiographers are independent, creative thinkers who are advancing research and education for service developments, and are able to work across boundaries. They provide leadership and function as consultants to other practitioners but are also engaged in clinical supervision activities to support them in their role. They have developed mature clinical reasoning skills, underpinned by practice experience and relevant education.

The Society and College of Radiographers (SCoR) has been involved in developing the framework for consultant therapist posts, in conjunction with other Allied Health Professions and the Department of Health (DH). The SCoR welcomes this career development opportunity for radiographers and endorses the introduction of consultant radiographers across the scope of radiography practice. The SCoR wishes to encourage managers, members and local Society representatives to use the guidance detailed in this document to support the development of these exciting new posts. Further help may be obtained from the Professional & Education Department at the SCoR on 0207 740 7224.

Guidance on developing the proposal and business case for establishing consultant radiographer posts

Understanding the process

Below are some guidelines and thought provoking issues that should be considered when developing a proposal and business case. Remember, the submission and the funding request (business case) for a consultant AHP post need developing, progressing and acquiring agreement concurrently.

What is meant by a proposal/submission?

This is the robust evidence upon which the business case depends. It has the following key features: a covering letter, proposal, and business case.

Covering letter

The covering letter needs to state the proposer's name and address as well as the name and address of the sponsoring organisation. Additionally it should contain a purpose, key points covered and reference to any accompanying documentation such as completed proposal forms.

Proposal

The proposal is a highly detailed document that sets out the rationale for the proposed consultant post and the following need to be included:

1. Profile of the current service provision
2. Organisation – name of the Trust/PCT
3. Post title, eg Consultant Radiographer - Mammography
4. Summary/background, eg description of the Trust/PCT core functions and range of initiatives to improve local patient care, followed by a more detailed description of the service improvements achievable by implementing this new post.
5. Other organisations/professionals consulted to ensure that relevant stakeholders support the proposal
6. Clinical field identification of the scope of clinical practice to be undertaken by the consultant
7. Clinical leadership - details of the practice domain, eg cross-boundary working arrangements
8. Strategic direction – relationship to current initiatives and the impact new ways of working may have for the Service
9. Post accountability – eg to include details of clinical and managerial accountability
10. Support and resources - eg to include base of post, funding arrangements for post and infrastructure funding arrangements
11. Role and function (four key areas identified in Advance Letter PAM PT'A' 2/2001)
12. Performance review - eg identifying how will this be achieved?
13. A timetable and details of the appointment process
14. A provisional assessment of salary and confirmation of agreed recurrent funding
15. Attachments as follows:
 - draft job description
 - person specification
 - profile of the proposed new service configuration
 - additional local or national strategies that impact on this post

To ensure that the above is provided, it is suggested that the following be undertaken:

PEST (Political Economic Sociological Technological) and possibly SWOT (Strengths Weaknesses Opportunities and Threats) analysis

Consider local, national and international health economy needs/drivers, to identify a niche in service delivery

Prior to developing the proposal for submission it is essential to develop a close working relationship with the business manager/ finance department to ensure that the proposal meets the criteria for capacity and local delivery plans (financial planning arrangements).

Canvass support from within and out with the employing organisation, eg multi-disciplinary team and wider local higher education institution links that will need to form a support network for this post and identify key working relationships for the post holder

Undertake background research to identify the following information:

- Trust context
- Wider political context/implications of the health and social care agendas

Network with local nurse or other allied health profession consultants within the local or a neighbouring organisation (normally through the nurse director) to get an inside view/tips on submission and what to expect.

Collate evidence from relevant bodies such as the Commission for Health Improvement, Community Health Council reports, Audit Commission and use published documents to support case, eg NHS Plan, Cancer Plan, Education and Professional Development (EPD) Strategy for Radiographers, Meeting the Challenge, and any local initiatives documents.

Build a robust business case in conjunction with the line manager responsible for taking forward the proposal, designed around the key functions identified in *Advance letter PAM 2/2002*, considering capacity and local delivery plans, (financial planning arrangements), National Service Frameworks and other relevant initiatives.

Ensure suitable support network is available, such as arrangements for clinical supervision and opportunities for mentoring of post holder.

Engage at a strategic level to ensure that posts are funded appropriately

Ensure that the infrastructure is available for a consultant radiographer. Remember that this is likely to be similar to that required for a medical consultant.

Communicate and engage with professional body to access support mechanism

Ensure that risk assessment information of the professional and legal liabilities is undertaken and recorded

Consideration needs to be given to how the performance review of such a post will be undertaken

Consider carefully the presentation and style of 'bid'.

Consider the dates for submitting proposals. Normally these should be submitted, *one month* prior to the tranche date, jointly to the AHP lead and the lead nurse at the local strategic health authority. Contact details for this person can normally be obtained from the human resources department within your organisation or, contact your strategic health authority.

A notification and assessment panel that meets after each tranche of submissions will assess the proposal.

Advance Letter PAM PT'A' 2/2001 sets out the composition of the notification and assessment panel and normally includes the following representatives;

- Lead Nurse, Directorate of Health and Social Care
- AHP Lead/Deputy/AHP Project Manager
- Research and development representative
- Workforce Development Confederation representative
- An expert practitioner in the specialist area
- Educational representative
- Patient/Patient Advisory Liaison Service representative

Remember that all consultant posts must be advertised nationally and all equal opportunity rules will apply.

Note that the title Consultant Practitioner will **ONLY** apply to new posts established under the agreement set out in the *Advance Letter PAM PT'A' 2/2001* for England. Similarly, for Scotland, the arrangements are set out in *PCS(PAM)(PTA)2003/1* and it can be viewed at www.show.scot.nhs.uk/sehd/pcs.asp

The line management arrangements for consultant posts need considering. Although consultant radiographers will have clinical responsibilities beyond their immediate management structure, it is envisaged that normal management principles will apply.

Include information on the appointment process giving a timetable, external assessor arrangements, selection process, interview panel, etc.

Having dealt with the first two parts of the 'bid' (covering letter and contents of the proposal), below is given some information about the business case that needs developing concurrently with the proposal. Much of the information is duplicated. However, the business case needs to be very much more succinct than the proposal.

Business Case

What is meant by a business case?

1. Feasibility study - What will the proposed change actually achieve? Test it, if possible
2. Use a planning model, for example:
 - How – much will it cost?
 - When – consider when this is going to happen within the financial year?
 - Who – will fund it?
3. A route to identify funding?
4. A way of gathering support? Engaging with all appropriate stakeholders
5. Ideally it must be a clear, concise and quantifiable statement of the proposal

The business case is not just a bid for funding! It is a mechanism to put forward a 'case'/argument in a way that is attractive to the organisation.

There are key features that it **must** include and these are;

- **Financial analysis** – cost versus savings
- **Impact** – on for example performance indicators/targets
- **Evidence** – on what basis will it succeed, has it been tested and does it work?
- **Risk** – what could go wrong in terms of clinical risk, factors outside one's control, such as failure to recruit, or no suitable training /education programmes currently available
- **Timescale** – for the implementation taking into account capacity and local delivery plans and realistic lead-in time.

Tips on getting the business case approved include:

- Understanding the employment context, eg organisational (Trust/Primary Care Trust) strategic direction, objectives and the wider political context
- Looking at the impact of a new consultant role

Understanding the organisational context(s)

What does the organisation need? Examples could include improved star rating/maintenance and enhancing of quality gains

What is its current position? In terms of retention and recruitment, performance on access targets, star rating, financial position, etc.

This type of information may often be obtained from the services manager, annual reports, chief executive's office and human resources.

Gather support from the health community that is served and consider the impact of the post on the local health community/economy.

What is the organisation's timescale for action?

When to present the proposal may be crucial in it being accepted

Organisations wishing to improve their performance targets may be easier to influence than those wanting to maintain their standard, eg a 3* trust. However, the case may be 'sold' on the perceived kudos or external drivers that come into play! Examples of these may be avoiding costs from penalties such as the European Working Time Directive (EWTD) for junior doctor hours, or meeting a nationally set target.

Costs, benefits and deficits

Consider if these are one-off (initial advertising of the post) or recurring (pay, training).

Savings – what does the role replace? Again link to impact on performance targets, consider existing staff and vacancies, agency and locum costs, EWTD compliance, early redundancy, true cost of staff turnover.

Analyse costs and savings over the financial years when they are expected to happen.

If the case suggests that quality will be increased this must be measured against the benchmark or starting point.

Analyse the management effort needed to make the change happen. Canvass support from human resources department and organisation management to see it through.

Impact

Ensure that all evidence on the impact of the service is considered such as the NSF's health improvement programme and from published evidence contained within CHI/CHC reports, Audit Commission, etc.

Risks

Governance issues need addressing including financial, clinical and corporate.

What to do next?

Do your homework! Gather all possible sources of information and contact details needed and think laterally.

Each organisation will have a standard format that includes completing the form and sending to the appropriate person/place.

It may be necessary to work up an outline/short proposal and then a full-blown proposal, including the business case, once the idea has been floated.

If asking for additional funding, state how much and for how long. Be prepared to answer questions such as "Is there payback?"

How the decision is taken will be a matter for local arrangements but the board chair, secretary, or equivalent will be able to assist in understanding this process.

Engage the assistance of the organisations' finance and/or HR department to provide help with financial analysis.

Consider key-stakeholders from a wider perspective that may need to be called to support the case, eg links to local education providers/professional body.

Further reading and references

Further reading

Advance letter PAM (PTA) 2/2001 Arrangements for consultant posts for staff covered by professions allied to medicine PT'A' Whitley Council

PAM (PT'A') Whitley Council staff side guidance on the implementation of the AHP consultant agreement

PCS(PAM)(PTA)2003/1 <http://www.show.nhs.uk/sehd/pcs.asp>

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