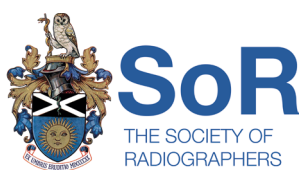


Consultant Radiographer

Guidance for the Support of New and Established Roles

ISBN: 978-1-909802-75-9
September 2022 | Second Edition



207 Providence Square
Mill Street, London
SE1 2EW, UK

020 7740 7200
info@sor.org

www.sor.org



Contents

Subgroup of the Society of Radiographers Consultant Radiographer Group	04
Forward	05
What is a Consultant Radiographer?	06
The four pillars of practice	08
Expert clinical practice	08
Strategic and enabling leadership	10
Learning, developing and improving across the system	10
Research and innovation	11
Terms and conditions	12
Person specification	13
Job planning	16
Demonstrating impact of trainee and established CRs	19
Resources and support for trainee Consultant Radiographer development	21
Consultant practitioner development	24
Accreditation of a Consultant Radiographer	25
Consultant Radiographer Advisory Group	26
Special interest groups and committee member value	27
Research resources and how to find funding	28
What next for Consultant Radiographers?	30
Radiographer clinical directors	30
References	31

Contents

Appendix 1 – SCoR-endorsed job description for a Consultant Radiographer	35
Job description – Example 1	35
Job description – Example 2	41
Job description – Example 3	53
Appendix 2 - National profiles for Consultant Radiographers: Therapeutic	64
Appendix 3 - National profiles for Consultant Radiographers: Diagnostic	65
Appendix 4 – SCoR-endorsed job plan for a Consultant Radiographer	66
Job plan – Example 1	66
Job plan – Example 2	68
Appendix 5 – Publications to enable the Consultant Radiographer to identify, assess, consider and share approaches to demonstrate impact	69

Subgroup of the Society's Consultant Radiographer Group

Chaired by: **Stella Campbell**, Consultant Radiographer, Yeovil District Hospital

- **Shelly English**, Consultant Radiographer, Head and Neck Radiotherapy, Specialist Medicine and Support Services, North Middlesex University Hospital NHS Trust
- **Jonathan McConnell**, Consultant Reporting Radiographer, Queen Elizabeth University Hospital, Glasgow
- **Val Middleton**, Consultant Radiographer, Imaging Department, University Hospitals of North Midlands NHS Trust
- **Karen Moore**, Consultant Radiographer, Lung Radiotherapy, Beatson West of Scotland Cancer Centre
- **Neill Roberts**, Consultant Radiographer, Breast Radiotherapy, The Leeds Cancer Centre
- **Steve Savage**, Consultant Sonographer, Radiology Department, Yeovil District Hospital NHS Foundation Trust
- **Linda Deane**, Consultant Radiographer, Breast Screening, The Shrewsbury and Telford Hospital NHS Trust
- **Tracy O'Regan**, Professional Officer Clinical Imaging and Research, The Society and College of Radiographers

Foreword

Since the 2017 publication of Society of Radiographers (SoR) Guidance for New and Established Consultant Radiographers, the healthcare landscape has changed significantly. With new policies, frameworks and guidance produced by various governing and arms-length bodies across the UK, a worldwide pandemic, and increasing shortages of medical staff, Advanced and Consultant roles have developed further for all allied health professionals. The increase in expectations for Consultant Radiographers (CRs) has been profound, and consequently, it is time to review and update the guidance to support emerging roles.

I have had the pleasure to once again chair the working group challenged with the task of this update. This group consists of CRs from a range of specialities within diagnostic and therapeutic radiography, and representation from the SoR, providing valuable insight for all aspects of CR practice.

This document is for use by radiographers, sonographers, their managers and commissioners in the four countries of the UK, and we have therefore tried to incorporate all the relevant publications. However, it is recognised that there are variations in the terminology used by the different educational bodies: Health Education England (HEE), NHS Education Scotland (NES), Health Education and Improvement Wales (HEIW) and the Department of Health in Northern Ireland (DoH).

By including more detailed information on job planning, a training framework, illustration of impact, and examples of job descriptions, it is hoped that this document will continue to help shape a more cohesive and sustainable workforce, while improving job satisfaction and patient care across the NHS.

Stella Campbell

SoR-Accredited Consultant Radiographer | Yeovil District Hospital

What is a Consultant Radiographer?

In November 2000, the Department of Health (DoH) defined a Consultant Allied Health Professional (AHP) as an individual who provides clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education.¹

In radiography, although these posts were developed at a time of medical consultant shortages, they were designed not as a replacement but to enhance service delivery in:

- providing better outcomes for patients by improving quality and services
- providing a new career opportunity to help retain experienced staff and recognise their clinical contribution
- strengthening professional leadership.²

It is now more than 20 years since the introduction of these roles in the UK and in this time the role has become embedded in both diagnostic and therapeutic radiography. It was originally intended that the Consultant Radiographer (CR) role would be an alternative to a purely management role, and a way to retain clinical excellence and experience within a service.³ Price and Paterson (2002) described this as being the pinnacle of clinical excellence, marking the summit for career progression within the radiographic professions.⁴

More recently, the notion of advanced clinical practice (ACP) has been defined, with clinical practice being one of four pillars (previously known as core domains) in a scope of practice that also includes leadership and management, education and research⁵ (see Figure 1).

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.

Figure 1: Excerpt from *Multi-professional Framework for Advanced Clinical Practice in England*⁵

It is within this context that the guidance for new and established CRs (to be used alongside the Health Education England (HEE) Non-Medical Consultant Impact Framework) ensures that CRs continue to lead the profession in standard-setting and complement/support other advanced practice roles.

With this in mind, HEE developed the Multi-professional Consultant-level Practice Capability and Impact Framework, which defines capability and impact at this level.⁶ The framework updated the titles of these pillars to expert practice; strategic and enabling leadership; learning, developing and improving across the system; and research and innovation. NHS Education for Scotland offer a similar post-registration framework for nursing, midwifery and allied health professionals.⁷

In addition to the four pillars of advanced practice, the HEE framework identifies ‘consultancy’ as a fundamental capability of the consultant-level practitioner. Consultancy approaches and opportunities can be used across the system of care to maximise impact on practices, services, communities and populations.⁷ CRs can demonstrate impact in many organisational settings, across different populations and over different time points.^{8,9} In line with the HEE ACP framework, it is expected that a CR will hold master’s level qualifications, and ideally be working towards doctoral qualifications.¹⁰

CR post holders are adept at exercising a wide sphere of influence at regional, national and international level within and beyond the practitioner’s profession. It is expected that consultant-level radiographers are proficient and even dynamic in moving between the four pillars of practice, which evidences the broad scope of these roles and the expert skill and experience of the post holder.

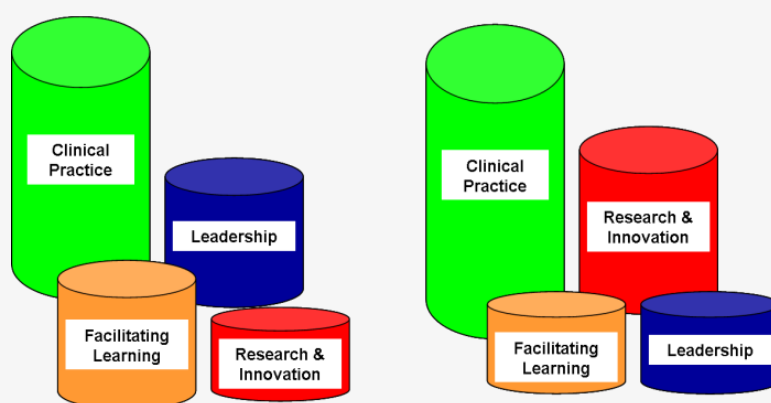


Figure 2: Working between the four pillars at consultant practice level

As demonstrated in Figure 2, the job plan of a CR can change on a regular basis in order to continually meet the four pillars of practice, with clinical practice being the dominant domain (at least 50% of time¹¹). The time and resources given to one particular domain may differ during the week, month or year depending on the project being undertaken, how it has been prioritised and its frequency. It is this freedom to act, combined with a constant need to apply high-level skill, knowledge, leadership and decision-making across a breadth of practice areas, that truly defines the CR.

The four pillars of practice

Although there may be differences across the UK nations in terms of wording, the ethos and intent of the pillars for consultant AHPs is consistent. The pillars are described by HEE as:

- expert clinical practice
- strategic and enabling leadership
- learning, developing and improving across the system
- research and innovation

Expert clinical practice

The Consultant

- i. is responsible for, and manages, a complex caseload, which must include providing and managing an expert clinical advice service
- ii. is responsible for delivering a whole-system, patient-focused approach that is not rooted in a uni-professional perspective
- iii. demonstrates advanced knowledge, skills and experience within specific specialist or generalist areas of practice

-
- iv. promotes and demonstrates best practice, most particularly facilitating the integration of the most up-to-date research theory into practice through an advanced level of clinical reasoning and decision-making across a spectrum of practice
 - v. demonstrates responsibility for adherence to the ethical and moral dimensions of practice
 - vi. exercises the highest degree of personal professional autonomy, involving highly complex facts or situations that require analysis and interpretation of data, leading to the implementation of a treatment or management strategy for the patient
 - vii. creates and develops protocols of care, and designs patient care pathways with the aim of providing best practice examples to others within the region, nationally and internationally
 - viii. is recognised as a national and/or international expert within their own speciality, service or field, ensuring that locally endorsed standards are evidence-based to reflect the very best available practice
 - ix. is responsible for facilitating and promoting a learning culture within the organisation, enabling others to develop to their full potential within the specialist field.

The SoR explains more specifically that expert clinical practice is not confined to direct face-to-face patient contact sessions, but covers, for example:

- direct patient contact, eg clinic sessions, examining patients, undertaking imaging tests on a 1:1 basis, portal imaging review, breaking unexpected news to patients
 - reporting and administrative work associated with these sessions
 - active participation in, chairing and preparation for multidisciplinary team meetings (MDTMs) where patient diagnosis and treatment is discussed
 - case discussion on individual examinations/fractionations
 - support and advice to other staff, including supervising other practitioners while they are providing direct patient care
 - advice to carers and families
 - collaboration and discussion with colleagues to enhance an individual patient's journey.
-

Strategic and enabling leadership

The Consultant

- i. is an effective leader and communicator who motivates and inspires others to deliver the optimum quality of care within the specialist field and beyond, including other staff groups and organisations
- ii. is an acknowledged source of expertise who develops innovative practice and service delivery models and ensures that they are applied throughout the organisation
- iii. challenges current structures and identifies organisational and professional barriers which limit/inhibit services
- iv. can process complex, sensitive or contentious information, leading to the development of strategic plans which will drive change within and across the healthcare organisation and its partners
- v. provides expert input into the employer's quality strategy, including influencing and delivering the clinical governance agenda.

Learning, developing and improving across the system

The Consultant

- i. ensures that high-quality, patient-centred services are based on the best available evidence
 - ii. leads and collaborates on the development of protocol-driven services
 - iii. contributes to strategic planning and leads local implementation of relevant national policy
 - iv. evaluates the provision of clinical services leading to development and/or redesign
 - v. is an influential factor in the development and provision of cross-disciplinary services
 - vi. promotes and facilitates the development of a learning environment to enable others to achieve their potential, particularly by encouraging and supporting reflective practice so that the service is demonstrably one which continuously improves and develops
-

-
- vii. provides learning opportunities for health professionals and others in the specialist field, including acting as a mentor or supervisor and providing a direct link to a higher education institution (HEI)
 - viii. provides education in a specific field of clinical expertise nationally and internationally by lecturing or through publishing research in professional journals
 - ix. assists individuals, the team and the organisation in identifying their own particular learning needs
 - x. contributes (or makes a major contribution) to educational policy for both pre- and post-qualifying practitioners.

Research and innovation

The nature of the CR post requires a portfolio of career-long learning, experience and typically formal education, usually up to full master's level.

The Consultant

- i. undertakes teaching or research and as a result can demonstrably ensure and enhance the links between practice, professional bodies and academic and research institutes
- ii. establishes research partnerships with HEIs and industry partners
- iii. is responsible for initiating and/or facilitating and/or undertaking, in some circumstances, research and development programmes which enhance the evidence base and have an impact outside the organisation
- iv. is responsible for identifying gaps in the evidence base
- v. can act as a reviewer for peer-reviewed journals such as *Radiography*.

These lists are not exhaustive, and many activities will straddle more than one pillar. CRs may identify other means of meeting the requirements of the four pillars of practice (eg in education and professional development, contributing to published literature/reference books, developing training programmes or contributing to the setting of national standards for training in a specific field).

Appendix 1 provides an example of a SoR-endorsed job description for a CR which comprehensively incorporates the four core pillars.

Terms and conditions

Contractual arrangements and job roles are different from those that apply to the medical workforce.

A CR working in the NHS has their pay defined by Agenda for Change (AfC) job profiles, supported by the Skills for Health Career Framework.¹² The national profiles must be used if a new post is developed to match to the banding (Appendix 2 and 3), although it is recognised that there is disparity in these profiles between diagnostic and therapeutic radiographers.

There is an expectation that all CR roles will reflect the profile allocated to a role consistently across healthcare organisations and disciplines. This should be independent of the number of practitioners employed. There is no evidence to suggest that the presence of multiple CRs reduces the value of the individual roles, and banding should therefore be applied consistently. Fiscal pressures should not determine the grading process, and strategic development must incorporate appropriate costs, including a training/development budget, when planning to appoint a CR. To support recruitment and retention and safeguard these roles within the profession, it is important to have clarity within the individual roles.

In the independent sector, terms and conditions will be determined by organisational policy and individual negotiations. CRs may wish to refer to NHS AfC as a starting point for negotiations.

When recruiting to a new post, the pathway/banding progression should be agreed/made clear. If a person is appointed to the role of trainee CR, an indication of the expected timescale for progression to consultant status and clarity of the stages involved should be provided. If a trainee consultant or consultant radiographer is in any doubt about terms and conditions, they are advised to speak with their local department's SoR trade union representative, who will provide advice and/or contact the SoR regional trade union industrial relations (TUIR) officer (See [Union representation for members | SoR](#)).

Person specification

Criteria	Essential	Desirable
Physical requirements	<ul style="list-style-type: none"> • Ability to carry out a full range of duties associated with the post with any aids and adaptations that may be appropriate • Occupational health clearance for the role specified 	
Education and qualifications	<ul style="list-style-type: none"> • BSc (Hons) in Radiography or equivalent • HCPC registration • Evidence of post-graduate study in relevant specialist area • MA/MSc in relevant specialist area 	<ul style="list-style-type: none"> • Teaching qualification • Leadership training • Doctorate-level qualification in relevant specialist area • Accreditation with the professional body (plans to complete accreditation)
Knowledge, skills and experience	<ul style="list-style-type: none"> • Proven leadership skills • Excellent use of a range of communication skills, including written and oral, selected to facilitate relationships and share complex information with people, including colleagues, patients, carers and relatives • Developed political awareness • Developed patient care skills • Experience of managing staff and difficult and sensitive people issues 	<ul style="list-style-type: none"> • Equipment procurement • Budget management • Published papers

Person specification continued

Criteria	Essential	Desirable
Knowledge, skills and experience	<ul style="list-style-type: none"> • Presentation skills • Evidence of participation in clinical audit • Time management skills and the ability to work within deadlines • Commitment to continuing improvement of service delivery and care • Analytical and problem-solving ability • Developed organisational skills • Experience of research, study design, and evaluation of impact • Teaching experience • Experience as an independent practitioner • Ability to use a range of computer software programs as appropriate to practise, record, review and analyse data in line with local and national digital skills policies • Ability to influence senior staff • Evidence of being a team-player 	

Person specification continued

Criteria	Essential	Desirable
Knowledge, skills and experience	<ul style="list-style-type: none">• Ability to motivate staff• Proven influencing skills• Ability to manage conflict	
Personal characteristics	<ul style="list-style-type: none">• Self-motivated• Reliable, flexible and adaptable• Ability to use initiative• Creative and innovative• Ability to stay calm and focused• Developed political awareness• Independent• Ability to lead and motivate a team• Proven ability to work as a team member	

Job planning

The experience of the current cohort of CRs indicates that the use of a job plan facilitates fulfilment of their job description requirements and the delivery of all elements of the role.

To achieve the requirements of all four pillars, which are integral to a Consultant AHP role, protected time for supporting professional activities (SPA) is essential. Additional NHS responsibilities (ANR) and external duties (ED) should also be included. Indeed, in 2019 NHS England and NHS Improvement (NHS E&I) came together to create a best practice guide for all AHPs¹³ (see Figure 3). In the context of this guidance document, figure 3 provides a useful summary of elements of the CR role.

DCC Direct clinical care		SPA Supporting professional activities	ANR Additional NHS/trust responsibilities	ED External duties (funded)
Individual patient-attributable	Non-individual patient-attributable	Activities that support the delivery of high quality clinical services	Additional trust-wide appointed roles	Roles undertaken by trust employees that are external roles and externally funded
Direct intervention with patient	Clinical activities not attributed to a single patient: eg ward/board rounds, MDTs, clinical reviews	Clinical service management – includes appraisal (appraiser)	Use to categorise roles within the trust (eg transformation lead) and the wider NHS (eg member of a clinical reference group)	External income-producing activity for individuals
Indirect intervention for a specific patient		Students – time allocated for students		Teaching/guest lectures
		CPD – personal study, journal clubs, IST		Research
		Generic – includes job planning, appraisal as an appraisee		
Travel	Travel	Travel	Travel	Travel

Figure 3: Job planning the clinical workforce – allied health professionals: A best practice guide¹³

A job plan is a “prospective, professional agreement describing each employee’s duties, responsibilities accountabilities and objectives”.¹³

The SCoR CR group have identified challenges in incorporating research into their roles: Harris and Paterson highlighted the need to include specific time in the job plan.¹⁴ It is expected that expert clinical practice will be fundamental to all the pillars of practice. Harris and Paterson quoted the DoH Advanced Letter (no longer available) which recommended that expert clinical practice should account for no less than 50% of a Consultant AHP’s workload, and not be confined just to direct patient contact sessions. It has been widely quoted that the remaining 50% should be spread across the remaining pillars,¹⁵ while Henwood, Booth and Miller suggested that all four pillars should carry equal weight.¹⁶

However, the four pillars are not mutually exclusive and most professional activity will encompass elements across all of the pillars of consultant practice. The CR job description has huge scope for non-clinical responsibilities, which must be identified in the job plan if they are to be achieved. Based on the anecdotal experience of the current cohort of CRs, these non-clinical responsibilities cannot be achieved in less than 30% of the workload. This does not diminish the commitment to patient care and safety and will ultimately enhance the patient experience. Due to the nature of the CR role, the 'non-clinical' aspects of the role require the practitioner to analyse, evaluate and improve service delivery. There will be a variation in personal continuing professional development (CPD) and departmental need for SPA/ANR, but this should reflect a commitment by practitioners and employers to incorporate the necessary time to facilitate a high-quality service in the modern healthcare system. This should be determined based on the requirements of the job role and will need to be flexible.

The four pillars are a requirement of the role as defined by HEE,⁶ and are underpinned by SoR policy and guidance and throughout the College of Radiographers (CoR) accreditation system; this is independent of the number of CRs in any given department. Because the title 'Consultant Radiographer' is not currently protected by the Health and Care Professions Council (HCPC), standardised accreditation by the CoR is recommended to ensure consistency in the quality of practice and evidence of adherence to the four pillars. There must be an inherent caveat that trainee CRs will require time to build a portfolio of the evidence required to achieve accreditation status.

Job plans and a robust appraisal system should be utilised to address the individual and departmental requirements as recommended within the Quality Standards for Imaging (QSI).¹⁷ In England, an annual job plan review along with meaningful appraisal is an essential requirement of the Care Quality Commission (CQC).¹⁸ This may require the support of medical as well as managerial colleagues, to allow sufficient assessment of the high-level clinical component of the role. Appendix 4 provides an example of a SoR-endorsed job plan.

There have been reports of CRs using their own time to complete other elements of their role due to clinical demands taking longer.¹⁹ Clinical demands must, of course, be met, but consideration should be given to the requirement for the CR to encompass all components of their role as part of their normal working practices and in keeping with the overall well-being of the CR. A team approach should be taken to manage increasing clinical work to include job planning with realistic expectations; a CR impact toolkit can facilitate agreement of the clinical/non-clinical balance at appraisal.

Alternative arrangements should be made when considering CRs with heavy clinical workloads, allowing them undisturbed SPA/ANR. It is acknowledged that some posts are jointly funded by HEIs and the NHS, and the requirements for SPA/ANR/ED will therefore be variable.

Requirements for staying up to date and for ongoing CPD at this high level will be broadly similar to those for the medical workforce and pertinent to the job role of the CR. Professional standards are to be maintained as set out by the regulatory body (HCPC)²⁰ and professional body (SoR).²¹

In 2021, the NHS People Plan illustrated what people in the NHS could expect, with the promotion of a culture of inclusivity and belonging.²² One of the key themes was the implementation of new ways of working and delivery of care, including the provision of flexible and/or remote working, which, in turn, would facilitate a more sustainable work/life balance. Since the Covid-19 pandemic, there have been a number of advances in technology that could enable a CR to work from home. The NHS People Plan suggests that attendance at meetings has increased with access to virtual environments and, as long as appropriate equipment is provided, productivity could actually be greater. Supporting a CR to access remote working solutions would bring the professional in line with medical colleagues and other nursing, midwifery and allied health professionals, and must be considered when job planning.

Demonstrating impact of trainee and established CRs

For this guidance document, ‘impact’ is defined as the difference that is made for people, services and systems in healthcare.²³ At various times a CR may be focusing on different pillars of consultancy, depending on the needs of the service. The pillars of consultancy often overlap. The main impacts of CRs include direct and indirect improvements for services, how services can be provided, and innovative pathways enabled for teams and staff. Ultimately, the measurement of impact will also assist the CRs to:

1. define what and where service pressures are
2. demonstrate the results of values-based and person-centred practice
3. collaborate with teams to implement system-wide service improvement and/or to innovate as necessary.

The SoR work to evidence the impact of CRs was originally inspired by the results of a research project undertaken by Gerrish, McDonnell and Kennedy.²³ The trio developed a toolkit designed to help nurse consultants assess the impact they had on patients, the staff that they worked with and their organisation, and their contribution outside the employing organisation. Following publication of that work, a group of CRs undertook a review to adapt the toolkit.²⁴

Also in 2018, an example outcomes framework was published²⁵ that enabled a standardised measure of CR role outcomes. In addition to the measurement of specific predefined outcomes, stakeholders may also want to understand what impact the role of the CR has on multiprofessional teams and service users, especially patients and the public. For that reason, trainee consultant and consultant radiographers are advised to:

- identify the key areas of impact relevant to a post
- assess barriers and facilitators to capturing impact
- consider different approaches to demonstrate impact
- share the results of those approaches to inform services and use those outcomes to influence CPD / assist with providing evidence for accreditation or re-accreditation of consultant practice.

This framework has subsequently been illustrated by Tsang et al.²⁶ (see Figure 4), with impact outcomes related to the four pillars of practice.

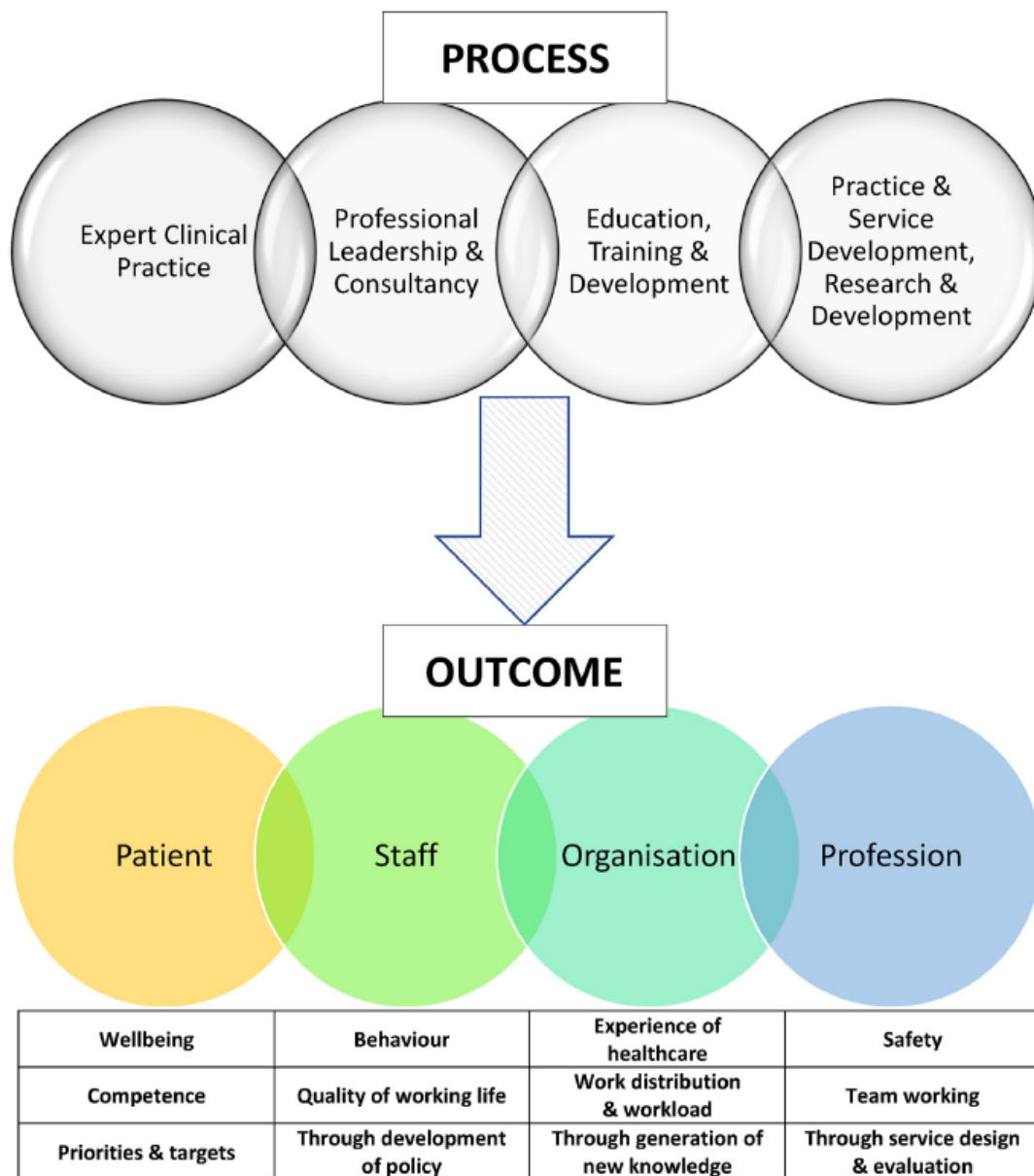


Figure 4: Impact framework and outcome ²⁶

The ethos of the demonstration of impact therefore aligns with [Principles for continuing professional development and lifelong learning in health and social care | SoR](#).²⁷ The fifth principle for CPD and lifelong learning is a commitment to record and show the effect on each person's area of practice, ie to demonstrate how learning improves quality of practice. An underlying premise to the principles is the notion that learning should include activities across: 1) health and social care; 2) learning and education; 3) leadership; and 4) evidence, research and development. An essential element of that CPD process is therefore to seek out and demonstrate the effect and impact of consultant roles and pillars of practice on service users, staff and service delivery.

Further publications that will assist trainee consultant and consultant radiographers to identify, assess, consider and share approaches to demonstrating impact can be found in Appendix 5. Collectively these publications will enable staff to identify key stakeholders and intended audiences, and to identify areas and measures of impact with example tools and case studies, such as those found in the forthcoming Education and Career framework. The SoR suggests that trainee consultant and consultant radiographers access all the publications to fully inform their local approach to measuring impact.

Resources and support for trainee Consultant Radiographer development

It is acknowledged that for some CR posts, a training period prior to commencing full independent practice is required.²⁸ Employers will need to incorporate training costs into the business case. The basic requirements for a trainee should include:

- full master's degree
- training programme with target dates and expectations
- named mentorship
- departmental clinical and managerial support
- time for study
- release to required courses as directed by academic institution dates; the relevant post-graduate modules run infrequently and have to be attended when they are available, and this should be factored into the business plan for new posts, including study leave and funding
- being supernumerary until all aspects of the clinical elements of the role have been audited to an agreed standard
- progress meetings with the named mentor
- specific job plan
- agreed progression of pay (Annex 21 of AfC²⁹ describes the appropriate support for pay progression of trainees, depending on the length of the training period).

Nightingale, Hardy and Snaith designed a detailed outcomes framework to facilitate the transition to consultant practice (Figure 5).²⁵ The framework may be supplemented by specific goals for an individual trainee, to be discussed with the named mentor. For trainees in services without pre-existing CRs, finding an appropriate mentor can be challenging. Advice can always be sought from the SoR CR group. SCoR hosts an online forum for all CRs, where advice can be sought and ideas can be exchanged between peers and SCoR professional officers. A CR can request admission to this forum by emailing the SCoR (pande@sor.org).

	Expectations	Outcomes	Development Focus	Timeframes (by month)	Rating (Circle)
1	Pre-requisite 1	Complete MSc including dissertation component			Completed
2	Pre-requisite 2	Evidence of high-level clinical expertise in specialist area, including audit outcomes and peer assessment			Completed
3	Pre-requisite 3	Evidence of 'entry level' involvement and engagement across all 4 domains			Completed
4	Identification of learning and development needs	Gap analysis (self) which may include SWOT analysis; NHS 360° appraisal; Myers Briggs inventory	<u>Individual</u> Patient Facing Organisational Professional	1 & 12	Exceeded Achieved Developing
5	Mentorship and coaching	Identification of internal mentor to provide support through programme	<u>Individual</u> Patient Facing Organisational Professional	1	Exceeded Achieved Developing
6	Mentorship and coaching	Identification of external mentor / coaches	<u>Individual</u> Patient Facing Organisational Professional	3	Exceeded Achieved Developing
7	Dissemination & publication	1 submission to a professional journal or magazine (CPD article, letter, information piece)	<u>Individual</u> Patient Facing Organisational Professional	6	Exceeded Achieved Developing
8	Dissemination & publication	1 article submitted to a peer reviewed journal	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing
9	Dissemination & publication	1 presentation at a study day or CPD event (internal or external to the organisation)	<u>Individual</u> Patient Facing Organisational Professional	12	Exceeded Achieved Developing
10	Dissemination & publication	1 conference abstract submitted to a national peer reviewed conference	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing
11	Leadership of service	Minimum of 2 clinical pathways reviewed and redefined where appropriate and presented for consideration at relevant strategic level	<u>Individual</u> Patient Facing Organisational Professional	6 & 12	Exceeded Achieved Developing
12	Change management project	Successfully conclude a defined and agreed change management project of appropriate size/complexity	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing
13	Academic engagement	Undertake 'guest lectures' for an external educational organisation	<u>Individual</u> Patient Facing Organisational Professional	12	Exceeded Achieved Developing
14	Academic partnership	Identify, explore and develop opportunities for academic partnership in terms of education and research	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing

	Expectations	Outcomes	Development Focus	Timeframes (by month)	Rating (Circle)
15	Research	Develop a detailed research proposal relevant to your specialist practice area, in collaboration with clinical and academic colleagues where appropriate, and obtain ethical/research approval for commencement	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing
16	Training needs analysis and workforce development plan	Present a 5-year workforce plan with staff training needs in own specialism. To include internal/external education; impact; cost/benefit analysis; growth and succession planning	<u>Individual</u> Patient Facing Organisational Professional	12	Exceeded Achieved Developing
17	Promote and initiate audit programme for specialist clinical area	Scope and define a 3-year cycle for audits in own area of practice	<u>Individual</u> Patient Facing Organisational Professional	3	Exceeded Achieved Developing
18	Promote and initiate audit programme for specialist clinical area	Conduct or initiate 3 audits of practice within timescale presented	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing
19	Service representation internally within organisation	Membership of at least 2 relevant groups or committees within employing organisation including (preferably) 1 outside clinical department	<u>Individual</u> Patient Facing Organisational Professional	12	Exceeded Achieved Developing
20	Service representation internally within organisation	Membership/contribution to at least 1 relevant MDT meeting	<u>Individual</u> Patient Facing Organisational Professional	12	Exceeded Achieved Developing
21	Business case for substantive cons post, and / or Consultant Accreditation	Develop and submit a business case for a substantive consultant post including exploration of funding implications (costs/savings and potential income generation opportunities). Where a substantive post already exists (e.g., new in post consultants) then achievement of professional body accreditation as a Consultant Radiographer is required	<u>Individual</u> Patient Facing Organisational Professional	18	Exceeded Achieved Developing

Figure 5: Outcomes framework for trainee or new in post consultant practitioner²⁵

Consultant practitioner development

The SCoR Education and Career framework states that continuing development in the scope of individuals' CR roles is expected. As clinical staff, CRs develop their practice and the services they provide, while broadening the range of their activity. Examples include leading multidisciplinary/multi-organisational care teams, introducing and validating new techniques and technologies, leading and directing clinical services, and conducting research and publishing in peer-reviewed journals.

The CR will be innovative in delivering modern practices at an expert level for best patient outcomes, including patient safety, improving service delivery and supporting modernisation of the health service. Personal and professional development will be required to allow the CR to gain the skills, knowledge and continued underpinning education to deliver at this level. This ongoing development should be accommodated through access to and funding for appropriate amounts of study/training leave, discussed and agreed at appraisal or development review.

Development activities may take a variety of forms, for example:

- coaching
- shadowing on the job
- more formalised programmes of study
- presentation to national and international conferences
- short courses
- academic awards.

Study leave should be provided for some activities. Other development activities should be incorporated into the job plan such as:

- research
 - teaching
 - preparation for exams
 - professional study days/conferences
 - training.
-

Accreditation of a Consultant Radiographer

The CoR voluntary accreditation scheme is free to all members and provides CRs with a platform to demonstrate the extensive array of evidence achieved throughout the previous four years. The important value of accreditation is analogous to quality and continuous improvement within healthcare, as seen with QSI.¹⁷

With the current absence of regulation of the use of the title 'Consultant', the CoR voluntary accreditation scheme similarly offers reassurance to the public of the capability of the consultant. Accreditation evidences to peers, employers and service users that the CR has met professional body requirements and practises all four pillars of consultant practice.³⁰

Achieving voluntary accreditation is significant as it affords an opportunity to gain recognition from a national body through the identification of all the key components needed to be a consultant. This crucially provides evidence, not only to peers and patients but also to employers, thereby validating that the CR is meeting the national standards for consultant practice. This is a benchmark for identifying not only expert clinical practice but also the contributions consultants make to leadership, education and research values. Consequently, CoR accreditation bestows recognition for practices that are fundamental to the consultant role but may not be straightforwardly measured. The application process grants consultants the opportunity to receive high-quality peer review and commendation for all their achievements, which enhances the distinguished level of the accreditation award.

The voluntary accreditation scheme also provides clarity on the consultant role nationally, ensuring transferability to other healthcare sectors.³⁰ It can also support the development of a consultant role. The process of acquiring voluntary accreditation and, in due course, re-accreditation can enable individuals to evaluate the delivery of the service through evidenced-based care expressed to peer accreditors. The scheme currently requires renewal every four years, which affords further progression and development to be recognised and consideration of future direction in career and service development.

Going forward, there will also be the opportunity to apply for HEE's Centre for Advanced Clinical Practice register, which would demonstrate evidence of meeting the multi-professional framework for advanced clinical practice.³¹

Consultant Radiographer Advisory Group

The aim of the Consultant Radiographer Advisory Group (CRAG) is to provide leadership and ongoing development by empowering and supporting the accredited CR, patients, carers and healthcare staff.³² CRAG comprises CRs from all areas of radiography and radiotherapy and a SCoR professional officer. There are currently 15 members and each member will serve a tenure of four years, with the option to apply for one further term. A chairperson is elected from these members. To be considered for membership of the group, an expression of interest with a CV can be sent to the SCoR. When the tenure of members has ended, advertisements are published in the SCoR circulations.

The CRAG leadership function includes the promotion of a culture responsive to changing healthcare needs.

- CRAG is tasked with influencing strategic direction through advice and expert analysis provided to the SCoR.
- CRAG provides the SCoR with advice and expert analysis to support the delivery of service improvements and to demonstrate the impact and benefits to patient services within the interprofessional environments of diagnostic imaging and radiotherapy.
- CRAG aims to make a significant contribution to the development of the profession and to raising its profile nationally. It aspires to be an effective voice for the community of diagnostic and therapeutic radiographers and the wider diagnostic imaging and radiotherapy workforce within the SoR.
- CRAG aims to raise the CR profile across the profession and the wider healthcare team. Its work includes promoting the visibility of the hidden impacts of the CR role, with the aim of ultimately benefitting patient services.

Aside from CRAG, the SCoR hosts an online forum for all CRs, where advice can be sought and ideas exchanged between peers and the SCoR professional officers. A CR can request admission to this forum by emailing the SCoR (pande@sor.org).

Special interest groups and committee member value

Being invited or volunteering to join a committee can be daunting for many reasons, including feeling out of one's depth, not having enough time to contribute, not knowing enough about the group, not having the confidence to speak up, and probably many more.

However, being part of a special interest group (SIG) can help overcome some of these fears and increase confidence and knowledge. A SIG is a safe place for peers to come together and discuss issues that are relevant to their respective careers. Membership of SIGs is open to all levels of radiographer, and is not restricted to CRs. SIGs provide an opportunity to learn and help to share knowledge on a subject that has a common thread. Often these groups publish information that is current and relevant, such as comments on press statements or contributions to government consultation papers. It is possible that a member could be called upon to check accuracy or tone.

Developing areas for education and contributing to education and study days can be extremely rewarding. This activity can provide the opportunity to influence the structure and content of education and to learn the different perspectives of peers within the SIG. Collaboration with peers can lead to the development of projects that have an impact within the specialist field.

After contributing to a radiography-specific committee, a CR will develop in confidence and be motivated to join other multidisciplinary groups. Working within a multidisciplinary team allows promotion of the profession, by providing a voice, sharing knowledge and educating others. This is an opportunity for people with a common interest to share and disseminate information and to empower peers to review services and innovate locally.

The time commitment is often a difficult area to balance. However, these groups typically meet four or five times a year on a regular schedule to enable planning. At the time of writing, most meetings are being conducted remotely, which reduces the time commitment and makes being part of an external group more achievable.

The SoR website hosts links to a range of SIGs run by SoR members: [Special Interest Groups \(SIGs\) | SoR](#).³³

The following is an example of a CR's experience of a SIG:

As part of the BIR radiotherapy special interest group, I have contributed to the annual congress, I have invited inspirational speakers from my profession and even been asked to be a speaker myself. Being part of this group has provided me with a network that would not have been available to me before being part of the committee and I have grown into my role here.

Research resources and how to find funding

Research activity is a fundamental pillar of the CR role but is often the most challenging to accomplish. This is often due to increasing clinical demands, leading to lack of time, and concerns around funding for university fees and research costs. A CR with limited research experience may benefit from collaborative work or mentorship in the first instance.

One of the objectives for which the SoR was established is:

“To promote study and research work in radiography and radiotherapeutic technology and allied subjects and to publish the results of all such study and research.”³⁴

The CoR-funded Formal Radiography Research Mentoring scheme (FoRRM) is for budding researchers with at least a master's qualification, so is ideal for a CR. The scheme aims to increase the research capacity and quality of radiographers in the UK. The participant is paired with a mentor who has a high level of research experience. There are various different outcomes, such as drafting a research proposal, guidance on ethics submissions, signposting to funding streams, and production of publications. The scheme also provides the opportunity to meet other researchers, with whom there is the potential to collaborate on projects.

A CR can also demonstrate achievement of this domain by participating in collaborative projects or smaller studies which may lead to publication. If a CR does have capacity to conduct a more substantial project, there is a wider range of resources available. This section provides an initial introduction to such resources.

The CoR can signpost the research radiographer to many resources, pathways and funding streams to facilitate research activity. A comprehensive list of funding opportunities can be found at: <https://www.collegeofradiographers.ac.uk/research-grants-and-funding/finding-funding>

Examples are:

- CoR Doctoral Fellowship Grants

The CoR offers two grants per year to fund radiographers to undertake doctoral research which benefits patients and families. Each recipient is encouraged to submit a publication to the college's peer-reviewed journal, *Radiography*.

- College of Radiographers Industry Partnership Scheme (CoRIPS)

This scheme offers access to small grants for projects related to science and practice in radiography, with an expectation to submit a publication to *Radiography*.

Alternative resources can be found at:

- Health Education England/National Institute for Health Research (HEE/NIHR)
- NHS Scotland (NES), via the effective practitioner website: [Effective Practitioner \(scot.nhs.uk\)](https://www.scot.nhs.uk/effective-practitioner/)
- Fellowship/funding opportunities are advertised on the NIHR website (<https://www.nihr.ac.uk/researchers/>)
- Council for Allied Health Professions Research (CAHPR)

CAHPR aims to develop the scale depth and quality of AHP research. The council can support skills development and provide resources both on the website and via regional hubs.

Various grants are available which, although may not be directly focused on radiography, could be accessed depending on the research subject. For example, the British Scoliosis Research Foundation supports research into scoliosis from small- to large-scale projects.

Other organisations/charities can also be approached for funding, such as:

- [Macmillan Cancer Support](#)
- [Cancer Research UK](#)
- [American Society of Radiologic Technologists \(ASRT\) Foundation](#)
- [Royal Osteoporosis Society](#)

What next for Consultant Radiographers?

Radiographer clinical directors

In 2018, the NHS Breast Screening Programme published guidance for leading a breast screening service.²⁵ They advised that clinical directors do not have to have a medical background, but must have leadership, management and strategic skills as well as full clinical competence.

This is supported by a Skills for Health document which illustrates the key elements of the career frameworks for AHPs, including Level 9, Director.¹² Professionals working at this level are described as requiring:

“Knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation.”

With these expectations, a CR is in a clear position to fulfil this role. At the time of press there are known to be at least four radiographer clinical directors in post within breast screening units and radiotherapy departments.

References

1. NHS (2000). Meeting the Challenge: A Strategy for the Allied Health Professionals. Available at: <http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/assetRoot/04/05/51/80/04055180.pdf>
2. SCoR (2009). Consultant Radiographers: Succession Planning. Society and College of Radiographers, London. Available at: [Consultant Radiographers: Succession Planning \(sor.org\)](#) [Accessed February 7, 2022].
3. Woodford, Amanda J. (2005). An investigation of the impact/potential impact of a four-tier profession on the practice of radiography – A literature review. *Radiography* 12 (4), 318–326.
4. Price, R. and Paterson, A. (2002). Consultant practitioners in radiography – a discussion paper. *Radiography* 8 (2), 97–106.
5. NHS (2017). *Multi-professional Framework for Advanced Clinical Practice in England*.
6. NHS HEE (2020). *Multi-professional Consultant-level Practice Capability and Impact Framework*. Available at: [Report template \(hee.nhs.uk\)](#)
7. NHS Education for Scotland (no date). Nursing, midwifery and allied health professionals (NMAHP) development framework. Maximising potential impact at every level of practice. Available at: [Career Framework \(scot.nhs.uk\)](#) [Accessed February 7, 2022].
8. Gerrish, K., McDonnell, A. and Kennedy, F. (2013). The Development of a Framework for Evaluating the Impact of Nurse Consultants in the UK. *J. Adv. Nurs.* 69 (10), 2295–2308.
9. Snaith, B., Williams, S., Taylor, K., Tsang, Y., Kelly, J. and Woznitza, N. (2018). Is a Nurse Consultant Impact Toolkit Relevant and Transferrable to the Radiography Profession? An Evaluation Project. *Radiography* 24 (3), 257–261.
10. Coleman, L. (2013). *Education and Career Framework for the Radiography Workforce*. Available at: [Education and Career Framework for the Radiography Workforce \(sor.org\)](#) [Accessed February 10, 2022].

-
21. Harris, R. (2013). Code of professional conduct. Society of Radiographers. Available at: <https://www.sor.org/getmedia/dd242043-8c3a-449a-8f47-cc532e6d34f6/Code-of-Professional-Conduct> [Accessed February 14, 2022].
 22. NHS England and NHS Improvement and Health Education England (2020). We are the NHS: People Plan 2020/21 - Action for us all. Publishing approval reference: 0067. Available at: <https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf> [Accessed April 26, 2022].
 23. Gerrish, K., McDonnell, A. and Kennedy, F. (2011). Capturing the Impact of Nurse Consultants. Sheffield Hallam University. Available at: <https://research.shu.ac.uk/hwb/ncimpact/background.html> [Accessed February 14, 2022].
 24. Snaith, B., Williams, S., Taylor, K., Tsang, Y., Kelly, J. and Woznitza, N. (2018). Is a nurse consultant impact toolkit relevant and transferrable to the radiography profession? An evaluation project. *Radiography* 24 (3), 257–261.
 25. Nightingale, J., Hardy, M. and Snaith, B. (2018). Embedding consultant radiographer roles within radiology departments: a framework for success. *Radiography* 24 (4), 289–297.
 26. Tsang, Y., Roberts, N., Wickers, S. and Nisbet, H. (2021). Embracing Skill Mix in the Clinical Oncology Workforce—Capturing Impacts of Consultant Therapeutic Radiographers in the UK. *Clinical Oncology* 33 (5), e239–e242.
 27. The Interprofessional CPD and Lifelong Learning UK Working Group (2019). Principles for continuing professional development and lifelong learning in health and social care. College of paramedics. Available at: https://www.sor.org/getmedia/0bdb91c3-8dee-4e60-a339-18fdd95a63e2/principles_of_cpd_and_lifelong_learning_2019.pdf_2 [Accessed February 14, 2022].
 28. Roberts, N. (2016). A development framework for the consultant radiographer in oncology: The Leeds experience. *Journal of Radiotherapy in Practice* 15 (2), 210–214.
 29. NHS Staff Council (2016). NHS terms and conditions of service handbook. Amendment Number 36—Pay and Conditions Circulars (AfC), (1). Available at: [NHS \(scot.nhs.uk\)](https://www.nhs.uk) [Accessed February 14, 2022].
 30. Society of Radiographers (no date). Consultant practitioner accreditation. Available at: [Consultant practitioner accreditation | SoR](https://www.sor.org/consultant-practitioner-accreditation) [Accessed February 14, 2022].
-

-
31. NHS HEE (no date). Credentials. Available at: [Credentials - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/credentials-advanced-practice) [Accessed February 14, 2022].
 32. Tsang, Y., Williams, S., Nisbet, H., Skermer, L., Wickers, S. and McConnell, J. (2020). Consultant Radiographers in the United Kingdom – The Society and College of Radiographers Advisory Group (CRAG) Position Paper. *Imaging and Oncology, SCoR*, Deeson, London, June 2020.
 33. Society of Radiographers. Special interest groups. Available at: <https://www.sor.org/about/get-involved/special-interest-groups> [Accessed February 14, 2022].
 34. Strudwick, R., Harris, M., McAlinney, H., Plant, P., Shuttleworth, P., Woodley, J., Harris, R. and O'Regan, T. (2021). The College of Radiographers Research Strategy for the next five years. *Radiography* Jul 9.
 35. Public Health England (2018). Breast screening: best practice guidance on leading a breast screening service. 1 November. Available at: <https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service>
-

Appendix 1 – SCoR-endorsed job description for a Consultant Radiographer

Job description – Example 1

- **POST:** Consultant Radiographer
- **DEPARTMENT:** Paediatric Interventional Radiology
- **GRADE:** 8C
- **CLINICAL UNIT:** Medicine and DTS
- **ACCOUNTABLE TO:** Clinical Chair of MDT/Chief Nurse and Director of Education
- **RESPONSIBLE TO:** Professional Lead – Radiology

Job purpose:

The principal aim of the Consultant Radiographer post is to facilitate expert and autonomous care of patients referred to Interventional Radiology. The Consultant Radiographer will make and receive referrals directly to and from teams in the hospital and other centres both nationally and internationally. In this post the Consultant Radiographer will meet with patients and their families either in the Interventional Radiology Clinic or on the wards to discuss treatment plans and after procedures to explain results. The post holder will support the advancement of radiographer practice to further establish extended roles for radiographers. This post will have the responsibility for establishing, developing and co-ordinating research projects for radiographers in interventional radiology and main radiology.

The Consultant Radiographer will work to a job plan agreed with the Professional Lead for Radiology.

Duties and responsibilities:

Expert practice:

1. To be an expert radiographer, demonstrating advanced communication and radiography skills, using expert knowledge and decision-making skills in treatment planning for children requiring interventional radiology procedures.

-
2. To meet with patients and families pre-procedure either in the interventional radiology clinic or on the wards.
 3. To explain interventional radiology procedures to patients and families in a clear and understandable manner and where appropriate obtain consent for these procedures.
 4. To provide all aspects of post-procedure information and examination results for the patient, families and ward staff.
 5. To expertly perform interventional radiology procedures as required by the interventional radiology service.
 6. To contribute to the central venous access programme by undertaking line insertions.
 7. To further extend the role by learning new procedures.
 8. To report imaging studies in line with the radiology reporting policy.
 9. To prepare and present image findings at multidisciplinary meetings.
 10. To be an expert radiographic resource within the interventional radiology department, throughout the Trust and for key stakeholders of the service. This would focus on being a resource in the management of children and families who require interventional radiology services.
 11. To demonstrate advanced radiography practice with regard to complex interventional radiology procedures.
 12. To utilise evidence-based best practice to improve or modify current exposure settings on the angiography equipment.
 13. To be an expert in the use of the angiography equipment.
 14. To develop imaging protocols for cone beam CT, including advanced use of post-processing software.

Professional leadership and consultancy:

1. To provide professional leadership and support for radiographers working in interventional radiology and cardiology.
-

-
2. To work closely with colleagues to develop evidence-based best practice within paediatric interventional radiology.
 3. To offer expert radiographic advice on practice where there are no precedents or defined protocols.
 4. To act as a consultant to nursing, medical and other allied health professionals, both internally and externally to the Trust.
 5. To provide expert advice on issues of clinical governance and actively contribute to the clinical governance agenda.
 6. To contribute to the strategic development and planning of the interventional radiology service.
 7. To maintain and further develop a national and international profile as a Consultant Radiographer in paediatric interventional radiology.

Education and training:

A key role of the Consultant Radiographer is to make a difference to radiographic practice in interventional radiology. This is, in part, through the education and teaching of nursing and medical staff and allied health professionals. This education aims to develop skills and competencies to improve the care given by interventional radiology.

1. To identify training needs to support evidence-based best practice delivery for interventional radiology procedures.
 2. To co-ordinate role extension for radiographers in interventional radiology, including setting policies, and standardising training and competencies.
 3. To lead policy and guideline development for all aspects of interventional radiology procedures.
 4. To work closely with the interventional radiology consultants, radiographers and nursing staff and members of referring teams to provide a seamless interventional radiology service.
 5. To provide formal and informal teaching sessions at relevant sites.
 6. To identify and initiate new training programmes to facilitate change in clinical practice.
 7. To publish papers in national and international journals as well as present at national and
-

international meetings.

8. To develop areas of research and oversee radiographer research projects.
9. To maintain contemporary and extensive knowledge of paediatric interventional radiology through participation in ongoing education and research, as well as being committed to continual self-development.
10. To support the development of emerging consultant practitioners in a systematic way, so facilitating succession planning within the service.

Practice and service development, research and evaluation:

1. To evaluate the interventional radiology service through audit and research, producing an annual report to further the development of evidence-based best practice and clinical effectiveness of the service.
2. To collaborate with other professionals to initiate and promote research that will inform the Trust's research and development strategy.
3. To contribute to the Trust's Strategy for Radiology Services.
4. To evaluate the effect of the Consultant Radiographer post on the improvement of service delivery.

Other information

General

[Name of Trust] is a dynamic organisation, and therefore changes in the core duties and responsibilities of this role may be required from time to time. These guidelines do not constitute a term or condition of employment.

Personal responsibilities

We expect all our staff to share the values that are important to the Trust and behave in a way that reflect these. In keeping with the Trust's Personal Responsibility Framework and the Single Equality Scheme and Equality Policy, the post holder will be expected at all times to take responsibility for their own actions, support multidisciplinary and partnership working and develop a working environment of courtesy, fairness and mutual respect.

Conflict of interest

You are required to declare any involvement, either directly or indirectly, with any firm, company or organisation which has a contract with the Trust. Failure to do so may result in your application being rejected, or, if it is discovered after appointment that such information has been withheld, then this may lead to your dismissal.

Confidentiality

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of employment should not be used for any purpose other than that intended. Unauthorised disclosure of information is a disciplinary offence.

Criminal records

[Name of Trust] is a regulated organisation and as such, you will have your criminal record checked. You will be asked at interview if you have any criminal convictions and a police check on the existence of a criminal record will be made if you are the preferred candidate for appointment to the post. The Trust reserves the right to withdraw any conditional offer of employment made on the basis of the outcome of your criminal records check.

Infection prevention and control

You will be required to participate in performance audits with respect to infection prevention and control and will be required to discuss this in your annual performance review. The following should also be noted:

- The post holder should ensure a suitable and efficient assessment is made of the risks to both the recipient and provider of care in respect of infection prevention and control issues.
- The post holder is required to make themselves aware of and comply with national and local infection prevention and control guidance.
- Where children are in their care, the post holder must investigate any healthcare-associated infection.
- The post holder should audit performance with respect to infection prevention and control (in a way appropriate to their service) and discuss this in their annual appraisal.

Health and safety

All staff have a general accountability for ensuring, so far as is reasonably practicable, the health, safety and welfare of Trust employees. The following should also be noted:

- Each employee is required to take reasonable care for their own acts or omissions and the effect that these may have upon the safety of themselves or any other person.
- Every employee must use safety equipment or clothing in a proper manner and for the purpose intended.
- Any employee who intentionally or recklessly misuses anything supplied in the interests of health and safety will be subject to disciplinary procedures.
- Every employee must work in accordance with any health and safety procedures, instructions or training that has been given.
- No employee may undertake any task for which they have not been authorised and for which they are not adequately trained.
- Every employee is required to bring to the attention of a responsible person any perceived shortcoming in the Trust's safety arrangements or any defects in work equipment.
- All employees are under a duty to familiarise themselves with the Trust's Health and Safety Policies.

Risk management

You will be required to ensure that you implement systems and procedures at a local level to fulfil the requirements of the organisation's Risk Management Strategy, including local management and resolution of complaints and concerns, management of SUIs/incidents and near misses. Your specific responsibility for risk management will be clarified to you by your manager at your local induction.

Emergency planning

In accordance with the organisation's responsibilities under the Civil Contingencies Act 2004, you may be required to undertake alternative duties as is reasonable directed at alternative locations in the event of and for the duration of a significant internal incident, major incident or pandemic.

Human rights

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your employment.

Sustainable development

You will be required to demonstrate a personal commitment to the Trust's Sustainable Development Plan and to take personal responsibility for carrying out your work duties in a way which is compliant with this plan.

Job description – Example 2

Post Title	Consultant Radiographer
Department	Breast Imaging, Radiology
Manager responsible to	Lead Superintendent Radiographer
Professionally responsible to	Clinical Lead for Breast Imaging Director of Breast Screening Radiology Centre Manager

Qualifications

- BSc in Radiography or equivalent
- Certificate of Competence in Mammography or equivalent
- Post-graduate qualifications in Advanced Medical Imaging (Breast) including Image interpretation, breast ultrasound and interventional techniques
- Full master's qualification relevant to role
- Extensive experience as an Advanced Practitioner
- HCPC registration

Organisational position



JOB SUMMARY

The post holder will be expected to provide and facilitate an expert level of care in breast imaging services. They will exercise the highest degree of professional autonomy enabling and embedding values-based practice across pathways, services, organisations and systems, working in partnership with individuals and teams. This extends beyond developing expertise in professional practice and independent decision-making within complex and unpredictable contexts. They will demonstrate expertise and evidence-informed practice.

The post holder will:

- Work collaboratively with colleagues delivering a seamless continuity of service for the NHS Breast Screening Programme (NHSBSP) and symptomatic breast services at [name of Trust].
 - Liaise with colleagues regarding annual leave and during times of increased workload, ensuring
-

clinical workload commitments are covered to maintain continuity of service in both the screening and symptomatic services.

Clinical duties will be undertaken at both [Location 1] and [Location 2]. As such, the post holder must have a current driving licence and access to private transport.

This post requires extremely high levels of clinical judgement involving frequent periods of intense concentration, utilising a significant amount of physical, emotional and intellectual resourcefulness in managing patients, equipment and external influences.

The post is structured around the core domains of consultant practice requiring the post holder to demonstrate involvement in, and contribute towards:

- expert clinical practice
- leadership
- education and training
- practice development and research

MAIN DUTIES AND RESPONSIBILITIES

Clinical practice

The post holder will:

- Provide an exceptionally high level of expertise in the specialist clinical field of imaging in relation to management and diagnosis of breast diseases in both the screening and symptomatic environment. This will require the use of highly advanced clinical skills, to the level of a Consultant Radiologist, providing expert consultancy and patient-centred care.
 - Provide and facilitate an expert level of care to patients presenting with, or at risk from, breast cancer and other breast diseases, including the assessment and diagnosis of patients. Advise on the role and appropriateness of further complex imaging such as MRI or CT in the evaluation and workup of breast problems.
 - Exercise the highest degree of professional autonomy in the decision-making process, assimilating highly complex facts or situations that require analysis and interpretation of data, leading to the implementation of an appropriate management strategy for the patient.
-

-
- Work totally autonomously in day-to-day practice being professionally accountable and legally liable for their acts and omissions as an independent clinical practitioner; this may on occasion require deviation from standard practice while working within national and departmental guidelines.
 - Create and develop protocols of care and design patient care pathways, aiming to provide examples of best practice within the Trust to be disseminated across the region and nationally. Provide clinical expertise, consultancy and professional education as part of a multidisciplinary approach to patient care.
 - Work in collaboration with the MDT, and involve users of the service, to ensure continuous improvement in patient care. Present and discuss difficult, highly complicated cases which do not have clear differentiating features to indicate benign or malignant disease at the MDT. Discuss and evaluate the most appropriate, ethical course of action required to further investigate and provide a diagnosis and further management.
 - Operate within existing guidelines and work both autonomously and closely with Consultant colleagues, to provide seamless breast imaging services at both clinical sites.
 - Manage their own caseload, working entirely unsupervised during symptomatic and screening assessment clinics, prioritising workload combining clinical and administrative work.
 - Use the highest level of interpersonal skills to communicate complex, sensitive and distressing information to patients, clients and their relatives in a professional manner at all times.
 - Be responsible for reassuring and independently discharging patients from NHSBSP assessment clinics.
 - Perform ultrasound and stereo-guided interventional procedures, including tumour marker clip insertions, wire localisations, cyst aspirations, FNA and axillary node biopsies, using all types of ultrasound and X-ray equipment within the Breast Imaging Department. A great deal of manual dexterity is required and excellent hand–eye coordination in order to obtain representative samples and avoid any sampling error and damage to adjacent structures, as a lesion may only be several millimetres in size.
 - Independently interpret and diagnose screening and symptomatic mammograms and be able to describe images, suggest diagnosis and suggest histological investigation as appropriate.
 - Interpret a minimum of 5,000 screening mammograms per annum as a film-reader, according to
-

local and national protocols and in line with NHSBSP requirements.

- Participate in the unit's double reading protocol and in arbitration/consensus sessions.
- Participate in the unit interval cancer reviews.
- Act as arbitrator in cases where there is uncertainty as to whether a patient should be recalled for further investigation.
- Direct the imaging workup in two week wait clinics and the assessment of women recalled from the NHSBSP according to all guidance and quality standards. This will involve concurrent use of mammographic interpretation, ultrasound investigation and invasive biopsy skills in conjunction with excellent abilities in patient communication and support.
- Use highly skilled professional judgement to determine the most appropriate course of action for patient-centred care on a case-by-case basis, incorporating information from the wider context (including CT, MRI and PET).

Leadership

The post holder will:

- Facilitate workplace cultures that are person-centred, safe, effective and good places to work through enabling collective leadership that embeds shared values in workplace systems and networks.
 - Contribute to discussions within the Trust on service developments.
 - Acts as a role model promoting high-quality, person-centred, compassionate relationships, translating shared values for patients, resulting in safe, effective, care/services delivered by all.
 - Provide specialist knowledge and advice to senior medical staff, patients, carers and other members of the breast team, including imaging colleagues.
 - Demonstrate expert knowledge in mammography for both symptomatic and screening environments, acting as a source of reference for colleagues.
 - Be a core member of the multidisciplinary team, presenting both their own and colleagues' caseload, and contribute to the clinical decision-making process regarding patient-centred treatment.
-

-
- Use knowledge and clinical reasoning skills to determine appropriateness of referrals and breast imaging requests and guide and direct appropriate imaging requirements.
 - Engage with other clinicians across professions in the development and advancement of innovative practice.
 - Engage with the planning and organisation of a broad range of complex issues and components in order to formulate plans and strategies to implement improved service delivery and staff development.
 - Actively participate in national forums and share best practice, advising and proposing policy changes or service development at a local, regional and national level.
 - Continually assess, monitor and report clinical risk and challenge own and others' practice.

Education and training

The post holder will:

- Have attended an approved Advanced Communications Skills Course and be able to discuss diagnoses of breast cancer with patients and to break bad news.
 - Encourage the development of and provide expert assistance to junior colleagues and act as a role model to all members of staff.
 - Teach junior medical staff and specialist radiology trainees and organise suitable educational experiences within the breast unit for medical and other health professional students.
 - Train health professionals in advanced mammography practice.
 - Develop clinical protocols for breast imaging and interventional procedures that are evidence-based and up to date.
 - Be a HCPC-registered practitioner authorised under IR(ME)R responsible for the justification and authorisation of medical exposures to ionising radiation.
 - Consistently adhere to the Health and Care Professions Council Standards and the Society of Radiographers Code of Professional Conduct, local Trust policies, and national and local protocols and guidelines, and be actively involved in clinical supervision and peer review.
-

-
- Demonstrate knowledge of current breast issues in all aspects of breast disease and its management, leading on the implementation of new and innovative technologies.
 - Continue education and self-development, including regular reviews of performance and a high level of critical self-awareness through robust audit process.
 - Develop specialist training and educational programmes for the mammographic staff, covering new developments in breast imaging.
 - Share professional knowledge and expertise through formal and informal teaching using various methods of delivery.
 - Undertake annual performance review and develop personal development plans for consultant practice.
 - Promote a reflective, questioning approach to clinical practice and support the use of clinical supervision to enhance the quality of patient care.
 - Provide interprofessional support and education within the speciality for staff of all disciplines studying at undergraduate and post-graduate levels.
 - Help others to develop and deliver appropriate strategies to meet the educational needs of patients and monitor and evaluate the effectiveness of these strategies.
 - Develop and bring strategic direction within breast imaging in order to continually improve services, modernise the clinical team and facilitate the achievement of national targets.

Practice development and research

The post holder will:

- Take a leading role in research, development and audit and be responsible for the implementation of evidence-based practice within breast imaging.
 - Take part in regular client satisfaction surveys and participate in regional QARC audits and visits.
 - Participate in national film-reading QA performance (PERFORMS) audits and other CPD activities.
 - Support and work with the Director of Breast Screening to participate in, and seek opportunities
-

for, research projects, working in collaboration with colleagues in relevant academic establishments regarding radiographic and/or interprofessional research.

- Examine and develop research and evidence-based practice to support clinical effectiveness within breast imaging.
- Participate in further development and evaluation of Consultant Radiographer posts locally and nationally.
- Contribute towards integration of the screening, assessment and symptomatic services with due regard to the importance of communication in a split-site service.
- Actively disseminate experiences through professional and academic publications and major national conference proceedings.
- Contribute to the development of integrated care pathways relating to the care of patients with breast problems requiring breast imaging.
- Present and publish results of such research both locally and nationally.

Operational

The post holder will:

- Liaise with the Lead Superintendent Radiographer on matters relating to day-to-day departmental activity.
 - Contribute to the strategic and operational development of the breast imaging service within the Trust, working closely with all relevant interested parties, eg breast surgery.
 - Assist in the development of the annual business plan and training plan for the service, taking into account national strategy for the NHSBSP and Trust strategy for both the breast screening and breast symptomatic services.
 - Work with the regional breast QA team (SQAS) to monitor the service and implement actions.
 - Be an active member of the Breast Screening Programme Board, attending quarterly meetings to monitor performance and plan future strategy.
 - Attend Radiology Governance meetings, contributing to the development of policies and
-

pathways and governance issues such as complaints and risk management.

- Work with the Director of Breast Screening and the Programme Manager in formulating policies and protocols, providing evidence, and monitoring and reviewing against relevant national standards in order to influence their development.
- Be familiar with and comply with all Trust and Radiology/Breast Imaging policies and procedures and ensure adherence by all members of the team.

Technical

The post holder will:

- Be fully competent with the operation of all appropriate imaging equipment within the department and responsible for its safe use by the post holder and other members of staff.
- Participate in ultrasound and X-ray equipment evaluation, testing and quality assurance, providing relevant feedback to [name/position].
- Be fully competent on the operation of all additional equipment within the department, eg suction, oxygen, manual handling devices.
- Actively participate in all aspects of the NHSBSP QA programme, follow national guidelines and meet all specific NHSBSP quality targets.

Administration/IT

The post holder will be expected to:

- Be competent in the use of Trust IT systems, eg Microsoft Office, NBSS, CRIS, PACS, SemaHelix, Review.
 - Ensure that patient/client confidentiality is maintained at all times in accordance with NHSBSP and Trust policy.
 - Complete all handwritten records accurately and legibly and in a timely fashion.
 - Make appropriate referrals to hospitals in other Trusts as necessary.
 - Be responsible for entering clinical data directly and maintain accurate records for audit purposes.
-

Health and safety

As an employee of the Trust, you have a responsibility to:

- Take reasonable care of your own Health and Safety and that of any other person who may be affected by your acts or omissions at work.
- Co-operate with the Trust in ensuring that statutory regulations, codes of practice, local policies and departmental health and safety rules are adhered to.
- Not intentionally or recklessly interfere with or misuse anything provided in the interests of health and safety.

Infection prevention and control

The prevention and management of acquired infection is a key priority for the Trust. Any breach of infection control policies is a serious matter which may result in disciplinary action. As an employee of the Trust, you have a responsibility to:

- Ensure that your work methods are compliant with the Trust's agreed policies and procedures and do not endanger other people or yourself.
- Be aware of infection prevention and control policies, practices and guidelines appropriate for your duties and follow these at all times to maintain a safe environment for patients, visitors and staff.
- Maintain an up-to-date knowledge of infection prevention and control, policies, practices and procedures through attendance at annual mandatory updates and ongoing continuing professional development.
- Challenge poor infection prevention and control practices of others and report any breaches, using appropriate Trust mechanisms (eg incident reporting policy).

Information governance

The Trust is committed to compliance with Information Governance standards to ensure that all information is handled legally, securely, efficiently and effectively. You are required to comply with the Trust's Information Governance policies and standards. Failure to do so may result in action being taken in accordance with the Trust's Disciplinary Procedure.

-
- *Confidentiality and security* - Your attention is drawn to the confidential nature of information collected within the NHS. While you are employed by the Trust you will come into contact with confidential information and data relating to the work of the Trust, its patients or employees. You are bound by your conditions of service to respect the confidentiality of any information you may come into contact with which identifies patients, employees or other Trust personnel, or business information of the Trust. You also have a duty to ensure that all confidential information is held securely at all times, both on and off site.
 - *Disclosure of information* - The unauthorised use or disclosure of information relating to the Trust's activities or affairs, the treatment of patients or the personal details of an employee will normally be considered a serious disciplinary offence which could result in dismissal. Upon leaving the Trust's employment and at any time thereafter you must not take advantage of or disclose confidential information that you learnt in the course of your employment. Unauthorised disclosure of any of this information may be deemed a criminal offence. If you are found to have permitted the unauthorised disclosure of any such information, you and the Trust may face legal action.
 - *Information quality and records management* - You must ensure that all information handled by you is accurate and kept up to date and you must comply with the Trust's recording, monitoring, validation and improvement schemes and processes.

Professional standards and performance review

As an employee of the Trust, you have a responsibility to:

- Participate in statutory and mandatory training as appropriate for the post.
 - Maintain consistently high personal and professional standards and act in accordance with the relevant professional code of conduct.
 - Take responsibility for the maintenance and improvement of personal and professional competence and encourage that of colleagues and subordinates.
 - Participate in the Trust's appraisal processes, including identifying performance standards for the post, personal objective setting and the creation of a personal development plan in line with the KSF outline for the post.
-

Safeguarding children and vulnerable adults

We all have a personal and a professional responsibility within the Trust to identify and report abuse. This may be known, suspected, witnessed or have raised concerns. Early recognition is vital to ensuring the patient is safeguarded; other people (children and vulnerable adults) may be at risk. The Trust's procedures must be implemented, working in partnership with the relevant authorities. The sharing of information, no matter how small, is of prime importance in safeguarding children, young people and vulnerable adults.

As an employee of the Trust, you have a responsibility to ensure that you:

- Are familiar with and adhere to the Trusts Safeguarding Children procedures and guidelines.
- Attend safeguarding awareness training and undertake any additional training in relation to safeguarding relevant to your role.

Social responsibility

The Trust is committed to behaving responsibly in the way we manage transport, procurement, our facilities, employment, skills and our engagement with the local community so that we can make a positive contribution to society. As an employee of the Trust, you have a responsibility to take measures to support our contribution and to reduce the environmental impact of our activities relating to energy and water usage, transport and waste.

The duties and responsibilities listed in this job description are not meant to be exhaustive and changes may be made to reflect the needs of the service following discussion with the post holder.

I agree that this job description is an accurate reflection of my current role and responsibilities.

	<u>Post holder</u>		<u>Manager</u>
Name		Name	
Signature		Signature	
Date		Date	

Job description – Example 3

JOB DESCRIPTION

Title:	Consultant Breast Radiographer (Radiotherapy)
Directorate:	Cancer Services
Board/corporate function:	Specialist Hospitals
Band:	8C
Responsible to:	Radiotherapy Service Manager.
Accountable to:	Divisional Manager for Cancer Services
Hours:	37½
Location:	[Location]

INTRODUCTION

[General description of Trust, its location and premises, its specialisms, and any other relevant information].

JOB PURPOSE

The post holder will work as an independent Consultant Therapy Radiographer delivering a comprehensive radiotherapy service to patients with breast cancer with a high degree of autonomy. This will include accepting new patient referrals, obtaining informed consent, identifying and delineating treatment volumes, prescribing radiation therapy, approving complex plans, and long-term patient follow-up.

To achieve this, the post holder will:

- Provide expert clinical practice, advice and support to other professionals, the wider multidisciplinary team (MDT), patients and their families/carers across the radiotherapy pathway from referral to treatment delivery and follow-up.
 - Work alongside colleagues locally and nationally to provide professional and clinical leadership, acting as an expert resource developing standards in breast radiotherapy.
-

-
- Lead breast radiotherapy audit and research on both a local and network level to optimise breast radiotherapy and build upon the current evidence base.
 - Lead the training and development of the wider MDT, identifying educational needs and acting proactively with regard to breast radiotherapy.

The post will be structured around four core functions:

- expert practice
- professional leadership and consultancy
- education and training
- practice and service development

DIMENSIONS AND KEY RESULT AREAS

Expert practice

The post holder will:

- Manage their own patient caseload, accepting new patient referrals from the local MDT, Consultant Clinical Oncologist and from across the region. This will include providing new patient clinics, planning and prescribing breast radiotherapy and long-term post-treatment follow-up.
 - Be an integral part of the Oncology MDT, providing the highest possible standard of care for patients with breast cancer.
 - Participate in clinical decisions regarding patient management within the MDT, using expert knowledge and analytical skills.
 - Undertake appropriate clinical assessment of patients prior to treatment, in terms of confirming treatment site(s) and obtaining informed written consent.
 - Practise at a consultant level, providing specialist expert care for patients undergoing breast radiotherapy, having a high degree of autonomy.
 - Be responsible for radiotherapy target selection, target delineation, radiation prescribing and on-treatment monitoring for breast radiotherapy as an independent practitioner.
-

-
- Assess, recognise and manage radiotherapy radiation-induced toxicity and cancer-related side effects during and after treatment.
 - Provide advice, information, education and support to patients and their families from the point of initial referral, throughout their treatment and into late follow-up.
 - Practice as an operator, practitioner and referrer in radiotherapy as defined by IR(ME)R.
 - Make appropriate external referrals for patients and their families as required, before, during and after radiotherapy.
 - Ensure that the emotional and physical well-being of patients, families and carers is fully considered at all times in the context of their care and actively participate in decision-making.
 - Continually monitor, audit and evaluate the clinical practice of self and others.
 - Provide expert clinical advice, information, education and support to the MDT.
 - According to current legislation, undertake independent or dependent prescribing or administration of medication.

Professional leadership and consultancy

The post holder will:

- Work alongside colleagues locally and nationally to provide professional and clinical leadership, acting as an expert resource developing standards in breast radiotherapy.
 - Lead and co-ordinate the breast radiotherapy service, ensuring evidence-based practice and technique development, including development of business cases and strategic plans for future service provision.
 - Provide expert clinical leadership, support, advice and education for the MDT, with a high degree of autonomy.
 - Act as a resource for primary and secondary care teams, ensuring continuity of care within the hospital and the community.
 - Lead service evaluation, initiating and carrying out audit and research to improve current services and plan for future service provision and development.
-

-
- Network across the Trust, cancer network and breast-specific groups to ensure dissemination of good and evidence-based practice.
 - Actively promote the role of AHPs within the MDT, thereby supporting and encouraging colleagues towards achieving excellence in their role.
 - Provide direct support and supervision for specialist breast radiographers working in the Trust and cancer network, regularly reviewing these roles in order to develop staff structure and meet service need.
 - Carry out departmental managerial roles such as recruitment and appraisal.
 - Lead the development of post-treatment rehabilitation of patients following breast radiotherapy, ensuring continuity of service across the region.
 - Strategically review the breast patient pathway to ensure the radiotherapy pathway is optimised.
 - Be responsible for ensuring sound engagement in national portfolio breast clinical trials.

Education and training

The post holder will:

- Lead in the planning and implementation of programmes, activities and competency standards in breast radiotherapy for the education and training of colleagues, MDTs and the wider healthcare teams as appropriate.
 - Identify the educational needs of the breast MDT and respond proactively.
 - Be proactive in developing and improving their own competence in recognised ways, including accessing professional clinical supervision that may be interprofessional.
 - Develop appropriate strategies for continuing self-audit and self-appraisal in order to evaluate their performance in relation to service delivery and effect change accordingly.
 - Demonstrate a portfolio of career-long learning, experience and education, and share knowledge and skills both within and outside the Trust.
 - Actively encourage staff to acquire new and advanced clinical skills to facilitate the development
-

of extended AHP roles and radiographer-led services as appropriate.

- Provide educational sessions within the Trust, cancer network and nationally with regard to best practice and service development.
- Form links with higher education institutions, providing expert advice to influence curricula development.
- Regularly contribute to national educational forums via poster and oral presentations (conferences/publications).
- Mentor master's level work-based learning, assessing attainment of the required clinical competencies.
- Prioritise workload to ensure time is made available to study and update regarding radiotherapy practice.
- Take an active role in the training of medical SPRs, such as lectures and workshops in preparation for FRCR exams.
- Build strong links with higher education providers to support the development of appropriate educational and training programmes for both undergraduate and post-graduate radiotherapy radiographers and assistant practitioners.

Practice and service development and research

Research and audit will be a major component of this role, which may require linking with other hospitals, industry and higher education institutions.

The post holder will:

- Work across professional boundaries to provide a seamless, best practice service to patients.
 - Lead breast radiotherapy audit and research on both a local and network level to optimise breast radiotherapy and build upon the current evidence base.
 - Disseminate research and best practice findings in the form of publications, presentations and posters to a national and international audience.
 - Lead the development of standards and guidelines for breast radiotherapy within the
-

multidisciplinary team and within the cancer network.

- Build strong relationships nationally and internationally with other specialist breast practitioners (radiographers and oncologists) to maximise sharing of best practice, knowledge, skills, training, techniques and research opportunities.
- Using expert knowledge, act as a resource for the Radiotherapy Services Manager, MDTs and Divisional Managers with regard to service provision and development with the Trust and cancer network, to ensure suitable provision of funds and cost-effectiveness of treatment and care.
- Develop new partnerships in the best interest of the breast radiotherapy service.
- Actively lead primary research, from protocol development, obtaining ethical approval, pursuing funding streams, data collection and data analysis, through to publication and presentation of findings at national and international conferences.
- Support participation in national and international clinical radiotherapy trials, from local approval and protocol development to patient recruitment and long-term follow-up.
- Monitor the impact of the consultant role on the breast cancer service.
- Develop and implement clinical protocols and policies that are evidence-based, facilitating changes in service and technique delivery where necessary.

GENERAL

The post holder will:

- Adhere to the Trust's Service Commitment and adopt a professional approach to customer care at all times.
 - Comply with the Trust's Equal Opportunities Policy and treat staff, patients, colleagues and potential employees with dignity and respect at all times.
 - Take personal responsibility for promoting a safe environment and safe patient care by identifying areas of risk and following the Incident, Serious Incidents and Near Misses reporting policy and procedure.
 - Take personal responsibility for ensuring that the Trust's resources are used efficiently and with minimum wastage and to comply with the Trust's Standing Financial Instructions (SFIs).
-

-
- Comply with Trust policies for personal and patient safety and for prevention of healthcare-associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment and safe disposal of sharps.
 - In accordance with the Trust's responsibilities under the Civil Contingencies Act 2004, undertake work and alternative duties as reasonably directed at variable locations in the event of and for the duration of a significant internal incident, major incident or pandemic.
 - Be aware of and adhere to all Trust policies and procedures, the Health and Safety at Work Act and the Data Protection Act.
 - Maintain confidentiality at all times.

OTHER

Using highly developed interpersonal skills, the post holder will be an effective communicator to patients, colleagues and the wider MDT and health care community. In addition, they must monitor signs of stress in self, staff and patients and activate appropriate support mechanisms

The radiographer-led breast planning service is broad and challenging for the specialist radiographers working under the Consultant Radiographer within the extended roles scope of practice. The post holder must apply their experience and knowledge to support staff appropriately to ensure a consistent and seamless high-quality service.

The role necessitates maintaining a high level of concentration at all times. The daily environment consists of constant interpersonal, technical and administrative demands. In addition, team leadership is required to ensure an optimum service is provided and all documentation is complete.

The post holder must be able to oversee many tasks at once in a calm and well-structured manner.

These guidelines are provided to assist in the performance of the contract but are not a condition of the contract. The job description is not intended to be exhaustive, and it is likely that duties may be altered from time to time in the light of changing circumstances and after consultation with the post holder.

All staff will be regularly assessed on their knowledge, skills and behaviour, and application of all aspects of the job description, in line with the Trust's Personal Development Review (PDR) process.

Staff will also be expected to abide by the relevant code of professional practice relating to their discipline.

Person specification

Post: Consultant Breast Radiographer (Radiotherapy)

Dept/Ward: Radiotherapy

REQUIREMENTS	HOW WILL CRITERIA BE ASSESSED? APPLICATION / TEST / INTERVIEW / REFERENCES				
	ESSENTIAL / DESIRABLE*	<u>A</u>	<u>I</u>	<u>I</u>	<u>R</u>
<u>Knowledge and qualifications</u>					
BSc in therapeutic radiography or equivalent and relevant master's degree or evidence of post-qualification education and development	E				
HCPC registration as a therapeutic radiographer	E				
Interest in research	E				
MSc level qualification (or equivalent) in radiographer-led breast planning	E				
Post-graduate courses in management/leadership or another relevant clinical subject	E				
Clinical experience in planning and dosimetry	E				
Participation in audit/clinical governance	E				
MSc or master's level equivalent experience	D				
Knowledge of statistics	E				
Evidence of previous research undertaken	E				
Understanding of research governance	D				
Supplementary prescriber	D				
Progress towards a doctorate-level qualification	E				
Knowledge of principles and practice of radiotherapy breast oncology	E				
Knowledge and application of the regulations related to obtaining informed consent	E				
Knowledge and application of the regulations related to medical research	E				

<u>Experience</u>					
Extensive post-qualification experience across the breast radiotherapy pathway at advanced level	E				
At least five years' experience working autonomously as a breast specialist	E				
Practical experience in planning and delivering complex radiotherapy	E				
Leadership skills and experience	E				
Experience of successful working in a multidisciplinary team	E				
Experience of independent working with regard to service development and research	E				
Reflective and self-appraising	E				
Experience of managing multiple priorities	E				
Experience of challenging and questioning practice	E				
Experience of change management	E				
Experience of patient review and assessment	D				
Contribution to regional and national radiotherapy breast agenda	D				
Development of educational standards	D				
Leadership of research projects	E				
Evidence of publication and oral presentation at national meetings	E				
<u>Communication</u>					
Excellent communicator, able to provide information and support about cancer, and communicate highly distressing, sensitive information to patients and relatives/carers	E				
Proven ability to influence and negotiate with all staff grades, crossing professional boundaries, with the ability to lead a team through times of change	E				
Use excellent communication skills to relate confidently across all professional boundaries to Trust staff and external contacts	E				
Ability to produce written reports and professional publications	E				

Skills and abilities					
Provide specialist clinical training and undertake presentations, both within the department and nationally in conferences and workshops	E	X			
Plan, carry out and analyse clinical and departmental audits	E	X		X	
Be confident to work autonomously within scope of knowledge and experience	E			X	
Problem-solve and make decisions using mathematical and evaluative skills	E			X	
Plan, prioritise and organise own and service workload	E	X			
Be committed to self-development and continued professional development	E	X			
Demonstrate knowledge of radiotherapy equipment QA to ensure its safe use	E			X	
Knowledge of radiation protection	E			X	
Demonstrate ability to work under pressure in an unpredictable working environment, maintaining a calm and professional attitude	E			X	
Work flexibly in a variety of situations and participate in shift work as required	E	X		X	
Demonstrate knowledge and ability to ensure compliance with quality system	E				
Work confidently within the multidisciplinary team	E				
Interpret a wide range of imaging modalities for planning and treatment optimisation	E				
Desire to pursue additional education, training and development	E				
Demonstrate drive and resilience	E				

<u>Personal qualities</u>					
Enthusiastic, professional, reliable, versatile, committed and caring	E			X	
<u>Other requirements</u>					
Understand equality and diversity issues as they relate to staff and patients	E			X	
Adhere to current legal and professional guidelines and regulations	E			X	

Post short listed YES / NO If no, reasons why.....

Post offered YES / NO If no, reasons why.....

Appendix 2 - National profiles for Consultant Radiographers: Therapeutic

Job Title:	Radiographer Consultant (Therapy)
Job Statement:	<ol style="list-style-type: none"> 1. Carries out an expert practitioner role within radiotherapy, provides a consultant service, including clinical leadership and strategic direction 2. Proposes and implements changes within national cancer plan 3. Responsible for R&D as a major job component 4. Co-ordinates CPD and specialist training in department

Factor	Relevant Job Information	JE Level
1. Communication & Relationship Skills	Provide and receive highly complex, sensitive or contentious information; agreement or co-operation required; Present complex, sensitive or contentious information to large groups Communicates specialist condition-related information; communicates information relating to changes in practice, which may be highly contentious and requiring co-operation from staff and consultants. Presents specialist information to large groups	5(a)(b)
2. Knowledge, Training & Experience	Highly developed specialist knowledge, underpinned by theory and experience Degree and training to master's level equivalent in specialist area, plus practical experience	7
3. Analytical & Judgemental Skills	Highly complex facts or situations requiring analysis, interpretation, comparison of a range or options Problem-solving, including deciding on method of treatment, where there is a range of options and a requirement to decide outside existing protocols	5
4. Planning & Organisational Skills	Plan and organise complex activities or programmes, requiring formulation, adjustment/broad range of complex activities, formulates, adjusts plans and strategies Plans specialist radiotherapy service provision, including education and training/multi-disciplinary activities, research, service planning	3-4
5. Physical Skills	Developed physical skills; manipulation of objects, people; narrow margins for error/ Highly developed physical skills, high degree of precision Treating patients where there are very narrow margins for error/tattooing patient treatment area, marking and transferring 3D tumour volumes	3(a)-4
6. Responsibility for Patient/Client Care	Provide highly specialist clinical technical services Leading provision of a specialist service, including contributing to development of care programmes, patient care pathways, including giving highly specialised advice.	6(b)
7. Responsibility for Policy/Service Development	Propose policy or service changes, impact beyond own area Significant input into policy making, including policies beyond own area, e.g. skincare, chemo-irradiation policies, developing and implementing clinical guidelines, evidence based care, clinical audit	3
8. Responsibility for Financial & Physical Resources	Authorised signatory; Hold delegated budget Authorises overtime, agency staff and on-call payments for the department; holds delegated budget for e.g. training, care pathway	3(a)(d)
9. Responsibility for Human Resources	Teach/deliver specialist training/Teach, devise training and development programmes, major job responsibility Provides specialist training and education/ develops training programmes in conjunction with University	3(c)-4(b)
10. Responsibility for Information Resources	Record personally generated information Updates client records	1
11. Responsibility for Research & Development	Co-ordinate, implement R & D activity as job requirement/initiate, develop R & D activities Co-ordinates R & D programmes/ develops, leads R & D programmes including the securing of funds	4-5
12. Freedom to Act	General policies, need to establish interpretation Lead practitioner for department; interprets and contributes to guidelines and policies, and helps to set standards for practice.	5
13. Physical Effort	Occasional/frequent moderate effort for several short periods Manipulating patients; lifting lead weights, equipment	2(d)-3(c)
14. Mental Effort	Frequent concentration, work pattern predictable Concentration when planning or carrying out treatment; checking dosimetry	2(a)
15. Emotional Effort	Frequent distressing or emotional circumstances Working with patients with terminal illnesses	3(a)
16. Working Conditions	Occasional/frequent unpleasant/occasional highly unpleasant conditions Body odours, body fluids	2(a)-3(a)(b)
JE Score/Band	JE Score 577-641	Band 8a,b,c

[NATIONAL PROFILES FOR DIAGNOSTIC & THERAPEUTIC RADIOGRAPHY \(nhsemployers.org\)](http://nhsemployers.org)

Appendix 3 - National profiles for Consultant Radiographers: Diagnostic

Job Title:	Radiographer Consultant (Diagnostic)	
Job Statement:	<ol style="list-style-type: none"> 1. Carries out an expert practitioner role within diagnostic radiography, provides a consultant service 2. Provides advice and leadership on evidence-based changes to practice 3. Responsible for R&D as a major job component 4. Co-ordinates CPD and specialist training in department 	
Factor	Relevant Job Information	JE Level
1. Communication & Relationship Skills	Provide and receive highly complex, sensitive or contentious information; barriers to understanding; present complex, sensitive or contentious information to large groups Communicate specialist condition related information/ presents specialist and highly complex information to large groups	5 (a) (b)
2. Knowledge, Training & Experience	Highly developed specialist knowledge, underpinned by theory and experience Degree and training to master's level equivalent in specialist area, plus practical experience	7
3. Analytical & Judgemental Skills	Highly complex facts or situations requiring analysis, interpretation, comparison of a range of options Skills for interpreting, reporting on patient conditions, diagnosis from range of options. Possibly conflicting interpretation, recommending further action, changing practice	5
4. Planning & Organisational Skills	Plan and organize complex activities or programmes, requiring formulation, adjustment/ Plan and organise broad range of complex activities, formulates, adjusts plans or strategies Plans specialist diagnostic radiography service provision, including education and training/multi-disciplinary activities, research, service planning	3-4
5. Physical Skills	Highly developed physical skills, high degree of precision Skills required for core biopsies, cervical cannulation, laparoscopic scanning	4
6. Responsibility for Patient/Client Care	Provide highly specialist clinical technical services; provide highly specialised advice concerning care Develops highly specialised programmes and applications to enhance service to patients and clinicians; provides highly specialised advice on services and caseload.	6(b)(c)
7. Responsibility for Policy/Service Development	Propose policy or service changes, impact beyond own area Responsible for developing and implementing policies and procedures which impact on other departments, e.g. radiographer reporting, design of protocols and care pathways which impact on other areas	3
8. Responsibility for Financial & Physical Resources	Authorised signatory; hold delegated budget Authorises overtime, agency staff and on-call payments for the department; holds training budget	3(a)(d)
9. Responsibility for Human Resources	Teach/deliver specialist training/teach, devise training development programmes, major job responsibility Responsible for staff CPD programmes, specialist teaching and training/teach in conjunction with Higher Education Institutions	3(c)- 4(b)
10. Responsibility for Information Resources	Record personally generated information Updates client records	1
11. Responsibility for Research & Development	Co-ordinates, implements R & D activity as job requirement/ initiate, develop R & D activities Co-ordinates R & D programmes/develops R & D programmes including securing funding	4-5
12. Freedom to Act	General policies, need to establish interpretation Interprets and contributes to national guidelines and policies, and helps to set standards for national practice.	5
13. Physical Effort	Occasional/ frequent moderate effort, several short periods Positioning, manoeuvring patients, equipment	2(d)- 3(c)
14. Mental Effort	Frequent concentration, work pattern unpredictable Concentration on patient information & reporting, interruptions to deal with emergencies, giving highly specialised advise	3(a)
15. Emotional Effort	Frequent distressing/occasional highly distressing or emotional circumstances Imparts unwelcome and distressing information to patients; identifies cancers and other pathologies	3(a)(b)
16. Working Conditions	Frequent unpleasant/occasional highly unpleasant conditions Body odours, body fluids	3(a)(b)
JE Score/Band	JE Score 602 – 646	Band 8b,c

[NATIONAL PROFILES FOR DIAGNOSTIC & THERAPEUTIC RADIOGRAPHY \(nhsemployers.org\)](http://nhsemployers.org)

Appendix 4 – SCoR-endorsed job plan for a Consultant Radiographer

Job plan – Example 1

The job plan covers a one-month period, with an alternating weekly programme. It averages 37.5 hours per week in months with four Mondays, and 37.9 hours in months with five Mondays.

Weeks 1, 3 and 5

Number of hours = 39.5 hours

Weeks 2 and 4

Number of hours = 35.5 hours

26% radiography teaching

- Teaching radiographers complex aspects of IR radiography and other teaching

12% ward rounds and tracheal reporting

- Pre- and post-operative ward rounds
- Reporting (mainly tracheal)
- Teaching airway intervention (Consultants, IR fellow, other junior doctors)

29% operating lists

- Performing and assisting at other IR procedures
- Learning new procedures

3% tracheal meeting preparation

- Preparing the images for the tracheal meeting
 - Procedural images
 - Review of imaging from outside referrals
-

6% tracheal meeting and post-meeting administration

- Tracheal meeting:
 - ◊ Presenting imaging findings
 - ◊ Recommending follow-up strategy for patients on the tracheal lists, including recommendations for further imaging if necessary
 - ◊ Participating in planning treatment for new and current patients
- Post-meeting work:
 - ◊ Arranging operation slots for tracheal patients discussed in the meeting
 - ◊ Providing summary email for IR Consultants

5% RVH meeting preparation

- Preparing the images for the meeting
- Deciding on IR plan to discuss at meeting
- Reviewing imaging from outside referrals

2% RVH meeting

17% Admin/Audit/Research

- Committees
 - Attend meetings such as departmental operations meeting
 - Trust Members Council (five meetings a year on a Wednesday afternoon)
 - IR redevelopment planning and purchase of equipment
 - CPD
 - Reviewing journal articles
 - Reviewing books
-

- Covering sick and other unplanned leave by other radiographers
- Authoring papers and book chapters
- Devising methods of presenting outcome data in IR
- Reviews of clinical service
- Audit
- Clinical research
- Preparing cases for M&M meetings
- Preparing presentations for departmental, hospital, national and international meetings
- Applying for research grants

Job plan – Example 2

	Monday	Tuesday	Weds	Thursday	Friday
Morning	Professional Development	MDT Outpatient clinic (trial follow-up)	MDT Outpatient Clinic (new and on-treat review)	Outpatient Clinic (new and follow-up)	R&D
Afternoon		Educating	RT Planning	RT planning	R&D

9 PA's
 1 Professional Development
 1 Educating
 2 R&D
 5 Clinical

Appendix 5 – Publications to enable the Consultant Radiographer to identify, assess, consider and share approaches to demonstrate impact

- [Is a nurse consultant impact toolkit relevant and transferrable to the radiography profession? An evaluation project - *Radiography* \(radiographyonline.com\)](#)
- [Beyond image interpretation: Capturing the impact of radiographer advanced practice through activity diaries - *Radiography* \(radiographyonline.com\)](#)
- [Reflections on the role of consultant radiographers in the UK: The perceived impact on practice and factors that support and hinder the role - *Radiography* \(radiographyonline.com\)](#)
- [A literature review exploring the perceived impact, challenges and barriers of advanced and consultant practice in therapeutic radiography - *Radiography* \(radiographyonline.com\)](#)
- [Multi-professional consultant-level practice capability and impact framework \(hee.nhs.uk\)](#)