



# A strategy for the education and professional development of therapeutic radiographers



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## RATIONALE

In order to deliver care to patients in a way, which is sensitive to their needs and expectations, recent government policies have identified health care priorities and the skills required to deliver those priorities effectively. One of these is an ambitious programme to reduce deaths from cancer and further improve standards in cancer services.

It is our professional view that this will increase pressures on cancer services, requiring those who work within the service to respond flexibly by exploring and developing new roles within and across professional boundaries. As key members of the inter-professional cancer care team, it is essential that therapeutic radiographers redefine their roles to embrace innovative ways of providing services to the benefit of people with cancer and their carers.

This paper describes a strategy for the education and professional development of therapeutic radiographers. We envisage that it will enable practitioners to function effectively within the inter-professional team at all points along the cancer patients' pathway of care, promoting the cancer care ideal of a seamless and equitable service. The strategy proposes widening entry to the profession, enabling flexible career pathways, and importantly, outlines a clear framework for career development to ensure that highly skilled professionals are retained within the clinical setting. It also advocates that both pre- and post registration education and professional issues are addressed in a context of continuing responsiveness to cancer service developments.

The strategy brings to the fore the need for this group of professionals to change their name from therapeutic radiographers to cancer therapists. This proposed title is more reflective of current and evolving roles as a result of multi-skilling within the profession. Additionally, it may be supportive of recruitment and retention by ensuring that the profession will be more clearly recognisable by people with cancer, their carers, the wider health care team and others.

## CONTEXT OF CHANGE

The continuing increase in the number of patients diagnosed with cancer, earlier diagnosis, rising patient expectations, variability of outcomes, together with the advancement and complexity of new technology, are driving changes to cancer services. In response to these factors, the National Service Framework for Cancer (DoH 1995) and subsequent legislation have led to profound changes in the provision and delivery of cancer care. Emerging clinical outcomes guidance, with their imperatives for consistent best practice and patient centred care, are challenging current models of service delivery.

The vision of continuous quality improvement and the introduction of clinical governance (DoH 1998), including arrangements for accreditation of cancer services, rest on a clear commitment to evidence based practice and the use of protocols. This requires appropriate development of the workforce through education and training, CPD and

lifelong learning. The proposed Health Professions Act will strengthen arrangements for professional self-regulation and reinforce the individual's professional responsibility and accountability for practice.

A number of other government initiatives are affecting the delivery of cancer care and promoting new models of inter-professional work. The recommendations in the Crown Report (DoH 1998) for revision of the Medicines Act (1968) will permit greater flexibility in the arrangements for prescribing. The Ionising Radiation (Medical Exposure) Regulations 2000 differentiate clinical from medical responsibilities, and define functional duties. A Health Service of all the Talents (DoH 2000) reinforces this ethos through its proposals for developing the NHS workforce.

## THE STRATEGY

This educational and professional development framework will benefit patients by recognising and developing the skills of therapeutic radiographers.

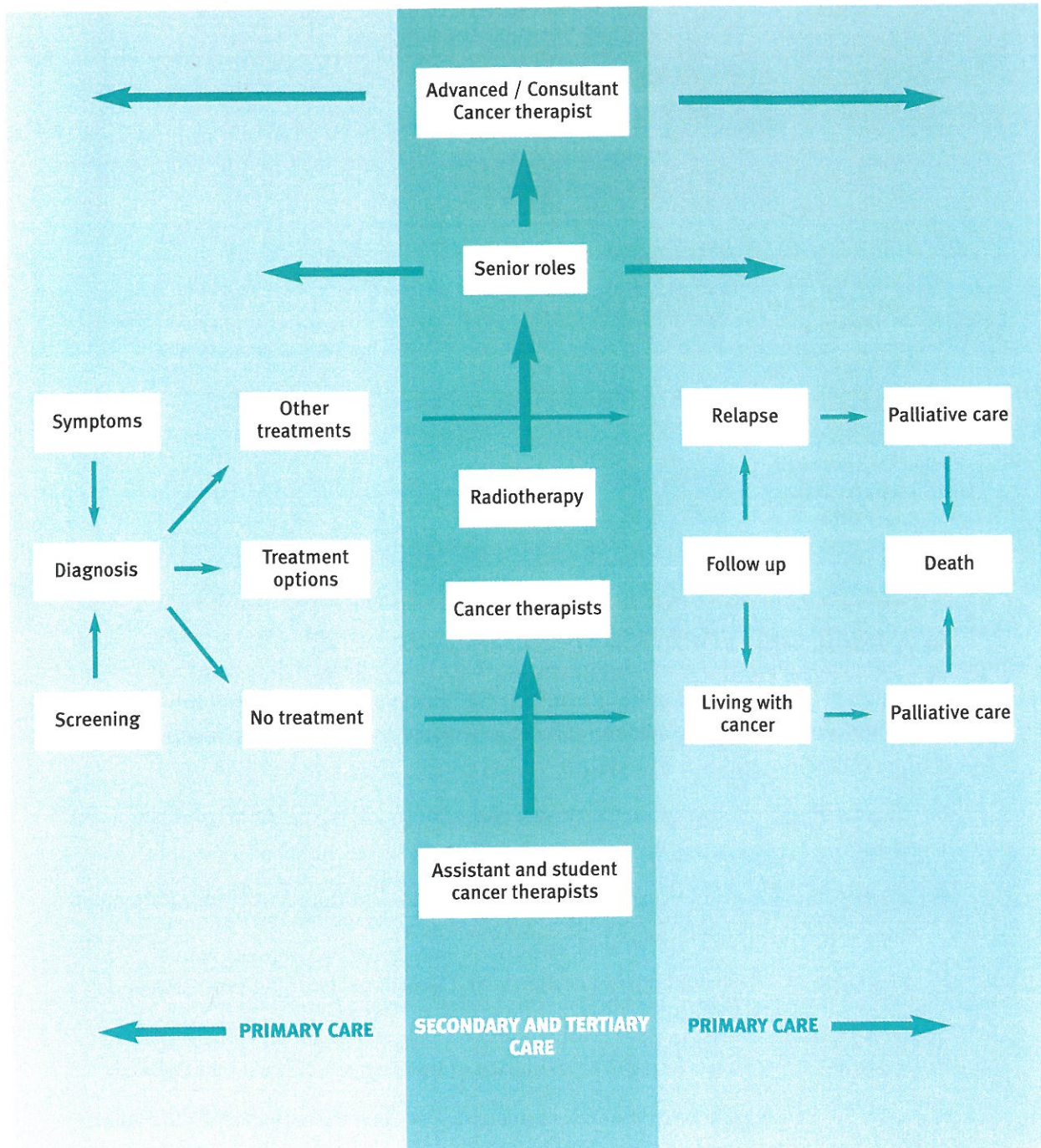
Specifically the strategy:

- matches education and professional development to service needs;
- proposes a new title for this group of professionals, Cancer Therapists, which better reflects their current and developing role within the cancer patient's care pathway;
- continues to protect the public through safe working practices;
- reaffirms that state registration will remain core to professional practice;
- widens entry to the profession;
- develops alternative pathways to state registration and a new category of assistant therapist at NVQ level 3;
- promotes a learning environment which supports the development of cadet, healthcare assistant and other clinical support posts into the assistant therapist role;
- advocates inter-professional shared learning at all levels of practice;
- defines a structured preceptorship with specified goals for new registrants to the profession;
- introduces a system of clinical supervision for all therapists to support a culture of continuing personal and professional development;
- describes an enabling structure to support higher levels of clinical practice;
- capitalises on opportunities within the changing context of health care.

## CANCER PATIENT PATHWAY

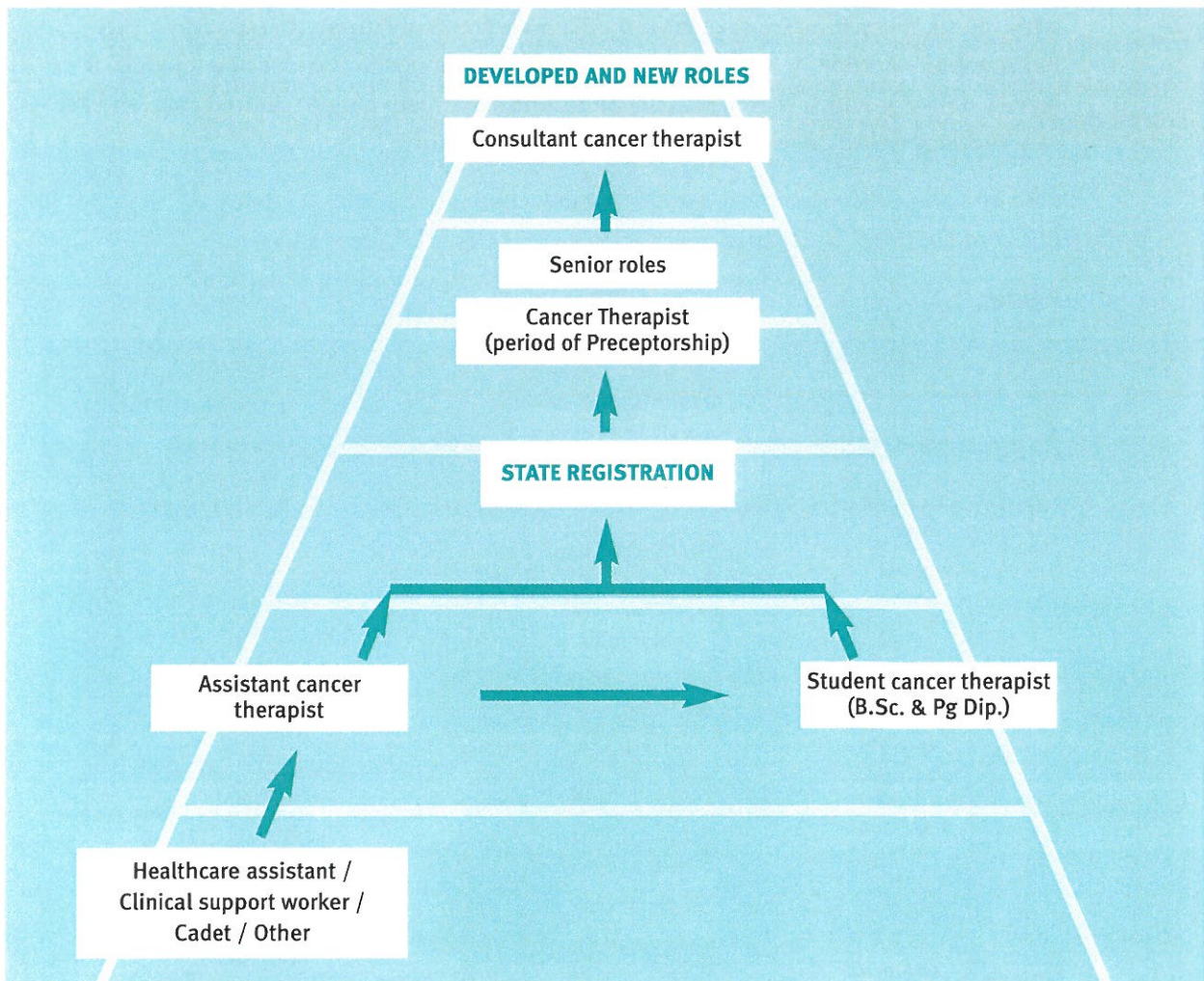
The diagram (Figure 1) demonstrates the breadth of the care pathway for people living with cancer, the setting for that care and the main focus of current therapeutic radiography practice. It also highlights the potential opportunities for new models of service delivery which encompass the philosophy of timely patient centred care, and for cancer therapists to develop new roles in different settings.

Figure 1



## THE LADDER OF PROFESSIONAL DEVELOPMENT

Figure 2



### ACADEMIC AND VOCATIONAL FRAMEWORK

The continuum of professional development articulated in the diagram above:

- provides flexible pathways for career development involving credit accumulation and transfer;
- matches the proposed Occupational Standards for Cancer Care and National/Scottish Vocational Qualifications (N/SVQ) (See Appendix 1).
- ensures parity of esteem between academic and vocational learning processes and outcomes, (See Appendix 1);
- demands formal validation and accreditation of learning wherever it takes place;
- assures a quality workforce through partnership between the service, the education providers, professional and regulatory bodies;

## CLINICAL ROLES AND RELATIONSHIPS

The safe and successful implementation, development and future management of this strategy depends on the service being managed by a member of the profession. This is the view of the Audit Commission (1995), which stated that radiographers are best placed to be managers of the service because of their knowledge of systems, staff, equipment and daily activities.

### Assistant cancer therapists

Assistant cancer therapists who are experienced and trained to N/SVQ level 3 will competently and safely care for, and treat patients under the direct supervision of a state registered cancer therapist. Assistant cancer therapists would normally be recruited locally from a diverse range of backgrounds, including age, education and culture. Additionally, assistant cancer therapists would normally be employees of the Trust.

Qualification as an assistant cancer therapist will be via an accredited occupational standards competency based approach to training and development. Therefore the speed at which an individual recruit can acquire assistant cancer therapist status will vary. In addition, the ratio of employed assistant cancer therapists to state registered therapists at various levels of practice must be aligned to local service needs and should be in accordance with best practice guidelines from the relevant authority in conjunction with the professional body.

Conversion from assistant cancer therapists to state registration as a cancer therapist will be via an accredited programme of education and training which satisfies the requirements of any relevant regulatory and professional bodies.

### Registered cancer therapists (Preceptorship period)

Cancer therapists will be competent to practise at registration and it is intended to link these competencies to occupational standards currently under development. However it is recognised that newly qualified therapists experience role transition anxieties and require additional support to develop into confident practitioners, especially if they move to a different setting on qualifying. A period of preceptorship will be introduced to promote independence and confirm good clinical practice in a variety of situations and settings.

The philosophy of preceptorship is to enable the newly qualified therapist to consolidate knowledge (educative), to be inducted into the policies and procedures of the workplace (normative) and to reflect on their practice, especially on challenging experiences (restorative). At the end of the preceptorship period therapists should feel confident about engaging with regular supervision throughout their careers.

During the period of preceptorship it is expected that therapists will work with their preceptor for a specific period of time during the working week. The period of preceptorship is not time limited but is the subject of a learning agreement which sets out mutually agreed goals in relation to decision making and know how in the context of departmental protocols for treatment delivery and patient care. Preceptorship will end

when preceptor, therapist and manager agree that goals have been attained. This whole process will be incorporated into the performance management systems already in place within departments.

### Senior and consultant therapist roles

Senior therapists working at higher levels of practice have generally developed knowledge and expertise in a specific field of practice such as simulation, treatment delivery, treatment planning, patient review or information and support. They will be reflective, fully accountable practitioners with developed judgement and decision making skills in their chosen field. They will contribute to research and evidence its utilisation in practice. Senior therapists will give professional leadership in teamwork and be engaged in practice development, quality improvement and the support and supervision of colleagues.

Consultant therapists are those who have achieved mastery of their field of practice and have an inspirational approach to the development of new skills and the identification of their own and others' learning needs. They are able to foresee opportunities for service and professional development and act as agents for change, working across boundaries to enhance patient care. Consultant therapists are strategic, independent, creative thinkers who are advancing research and education to enrich practice and who are using their skills to develop and advise others.

Table A summarises the proposed minimum standards which will be evidenced by cancer therapists at the various levels of practice.



Table A

	Typically people here will, at a minimum, be competent....	Typically posts will include...	Typically people here will have been educated and trained to..
<b>Assistant Therapist</b>	.. to provide support to therapists and to initiate a range of routine treatments and patient care under the supervision of cancer therapists.	.. assistant therapists	N/SVQ level 3 240 CATS accredited in conjunction with the relevant professional body with a commitment to continuing development.
<b>Cancer Therapist</b>	.. to do the above, exercise reflective clinical judgement, assume professional responsibility for the assessment, planning and delivery of patient care and treatment. They will liaise effectively with other professionals and supervise assistants, students and other staff.	newly registered therapists, post preceptorship and established registered therapists.	N/SVQ level 3 / 4 .. graduate or post graduate level qualification which confers eligibility for state registration and professional accreditation. .. a range of CPD activities including named accredited qualifications. .. engage with clinical supervision.
<b>Senior roles</b>	...to do the above, and be reflective accountable practitioners with developed judgement and decision making, teaching and team leadership skills in their chosen field. They will contribute to research and evidence its utilisation in clinical practice.	registered therapists working at higher levels of practice, perhaps in specialist areas.	N/SVQ level 4/ 5 .. above qualification in addition to relevant post graduate study up to and including masters.
<b>Consultant</b>	..to do the above, and be expert, strategic, independent, creative thinkers who are advancing research and education for service development, able to negotiate and work across boundaries. To provide leadership and function as consultants to other practitioners.	consultants in primary, secondary or tertiary sectors, pre/during/post cancer therapies.	in addition to the above doctorate level or its equivalent commensurate with standards proposed for recognition of the highest levels of practice.

Ref: NHS Executive (1997)

## CONCLUSION

Government has indicated clearly its concerns about cancer care and its determination to modernise services to achieve better quality of life and improved outcomes for people with cancer. This strategy is a robust and timely response, pivotal to meeting those concerns. It is designed to broaden the profile of the cancer therapy workforce to meet the needs of the service whilst assuring the general public of the level of protection to which it is entitled. It will also extend and develop the skills and knowledge of the professional workforce, enabling them to offer patients a service which is rooted soundly in clinical and professional expertise, is needs led, and able to respond positively to the ever changing context of cancer care.

## REFERENCES AND BIBLIOGRAPHY

- Audit Commission (1995) *Improving Your Image*, HMSO
- Clinical Oncology Faculty Board (1998) *Radiotherapy Equipment, Workload and Staffing*, RCR
- Colyer et al (1999) *The Practice and Process of Therapeutic Radiography: A Professional Perspective*, College of Radiographers
- Crown J (1998) *The Review of the Prescription, Supply and Administration of Medicines*. London, Department of Health
- Department of Health (1999) *Saving Lives: Our Healthier Nation*. London, Department of Health
- Department of Health (1999) *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare*. London, Department of Health
- Department of Health (2000) *A Health Service of all the Talents: Developing the NHS workforce (CONSULTATIVE DOCUMENT)* London, Department of Health
- Department of Health (1999) *Modernising Health and Social Services: Developing the Workforce*, Department of Health
- EL (95) 27 *Education and Training in the New NHS*, NHS Executive
- EL 95 (51) (1995) *The Report by the Expert Advisory Group on Cancer to the Chief Medical Officers of England and Wales: A policy framework for the commissioning of cancer services*. London, Department of Health
- EL (95) 84 *Building on the Benefits of Occupational Standards and National Vocational Qualifications in the NHS*, NHS Executive
- Faculty Board of Clinical Oncology/CoR (1999) *Inter-professional Roles and Responsibilities in Clinical Oncology Departments* RCR
- Health Care 2000 (1995) *UK Health and Healthcare Services: Challenges and Policy Options*, Healthcare 2000
- HMSO (2000) *The Ionising Radiation (Medical Exposure) Regulations 2000* Statutory Instrument No. 1059 HMSO
- King's Fund (1997) *The Workforce and Training Implications of the Calman/Hine Cancer Report*, King's Fund
- Minister of State for Health (1998) *Working Together: Securing a Quality Workforce for the NHS*, HMSO
- NHS Executive (1997) *Using Occupational standards and NVQs: Information Briefing notes (in 3): Identifying and Defining Training Needs*. London, Department of Health
- RCR/CoR/RCN (1999) *Skills Mix in Clinical Oncology*

Sheffield University (1998) *Exploring New Roles in Practice (ENRiP): Implications of Developments within Clinical Teams*

The College of Radiographers/CPSM (1996) *The Developing Role of the Radiographer: Issues Affecting the Future Curriculum*

The College of Radiographers (1997) *Therapeutic Radiography: A Vision for the Future*, CoR

The College of Radiographers (1997) *Continuing Professional Development Strategy*, CoR

The College of Radiographers (1998) *National Occupational Standards in Clinical Oncology*, CoR

The College of Radiographers and Radiographers Board at CPSM (1999) *The Handbook of the Joint Validation Committee*, CoR

The Secretary of State for Health (1997) *The New NHS: Modern and Dependable*, HMSO

The Secretary of State for Health (1998) *A First Class Service: Quality in the New NHS*, HMSO

The Secretary of State for Health (1999) *Agenda for Change: Modernising the NHS Pay System*, HMSO

UKCC (1999) *A Higher Level of Practice*

Williams P & Berry J (1997) *Competence to Practise?* The University of Salford

## APPENDIX 1

### National Occupational Standards (NOS)

National Occupational Standards provide a framework of standards for a competency-based approach to training and development which will link the competencies individuals demonstrate in the workplace to properly recognized nationally accepted qualifications.

Occupational standards projects involving PAMs and Scientific staff in the NHS have shown that National Occupational Standards can support organisational change through a structured analysis of skills and training needs, whether for teams or individuals.

Occupational standards in cancer care will define agreed good practice and are precise descriptions of what practitioners are expected to achieve from the perspective of service users.

### National Vocational Qualifications (NVQs)

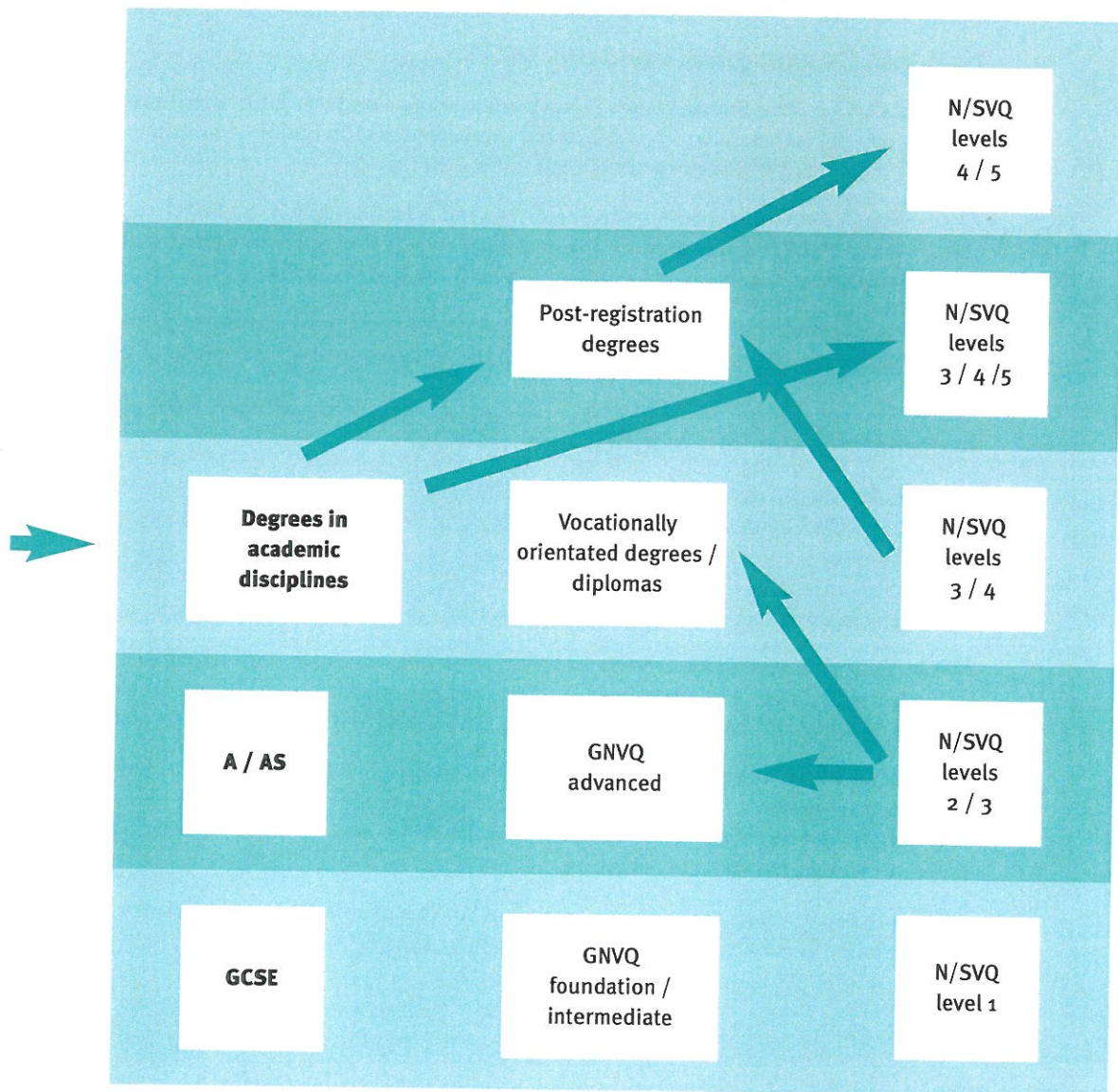
These are nationally recognized awards (in Scotland, SVQs) which, through meticulous assessment procedures, measure the competence of candidates against appropriate occupational standards. Demonstration of competence will require evidence of both performance and an understanding of the required underpinning knowledge. Competence will be judged by a qualified assessor either from within an organisation or externally.

NVQs (SVQs) are available at a range of levels, level 1 representing work which is routine, basic and may be under supervision; through to level 5, which will require demonstration of substantial analytical and innovative skills, and consequently such personnel may have considerable levels of autonomy.

N/SVQs are programmes of training based on assessment in the work setting against national occupational standards for that work setting. N/SVQs are not training courses. However placing an individual's learning within an N/SVQ framework allows the individual to work at his/her own pace towards national, transferable qualifications.

The figure below shows the current relationship between N/SVQ levels and existing academic levels as designated by the Credit Accumulation and Transfer Scheme (CATS).

Figure 3: Relationship between academic and vocational pathway



### NVQ level 1

Carries out a range of routine work under supervision

### NVQ level 2

Carries out a broad range of work in a variety of contexts ... some individual and collaborative responsibility

### NVQ level 3

Carries out a broad range of varied work activities with considerable autonomy and responsibility for others and staff

### NVQ level 4

Carries out a broad range of complex, technical and professional activities with a degree of personal responsibility and autonomy .... also responsibility for others and resource allocation

### NVQ level 5

Applies fundamental principles and complex techniques in a variety of contexts.... substantial personal autonomy and accountability for analysis, diagnosis, planning etc.