

Consultant Practice Roles in Radiotherapy: A Leeds Perspective

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Oral Paper Session 4

Consultant Practice Roles in Radiotherapy: A Leeds Perspective

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Health Professions

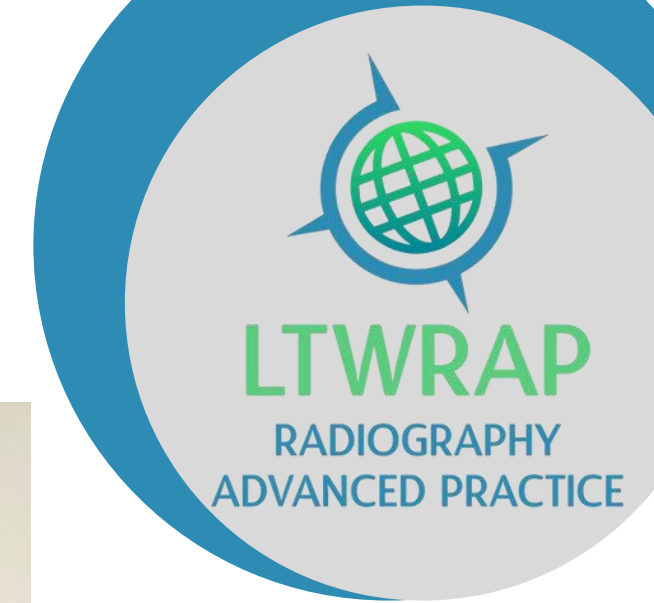


Disclosures or Conflict of Interest

Nothing to disclose or declare.

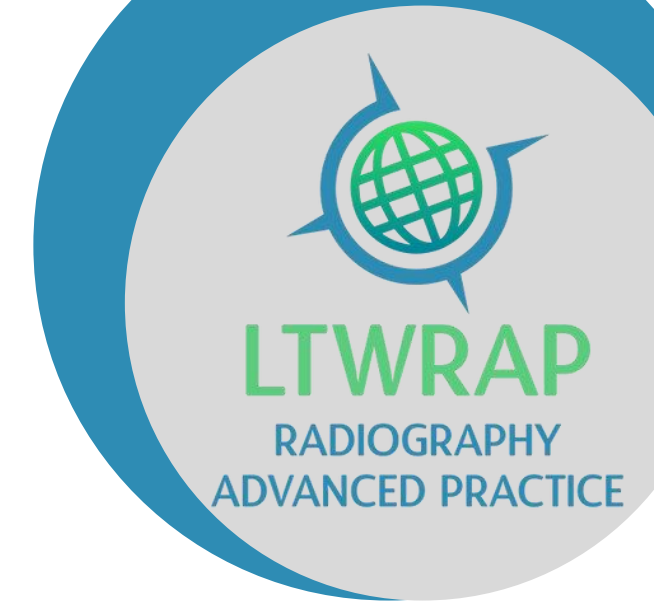
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Introductions....



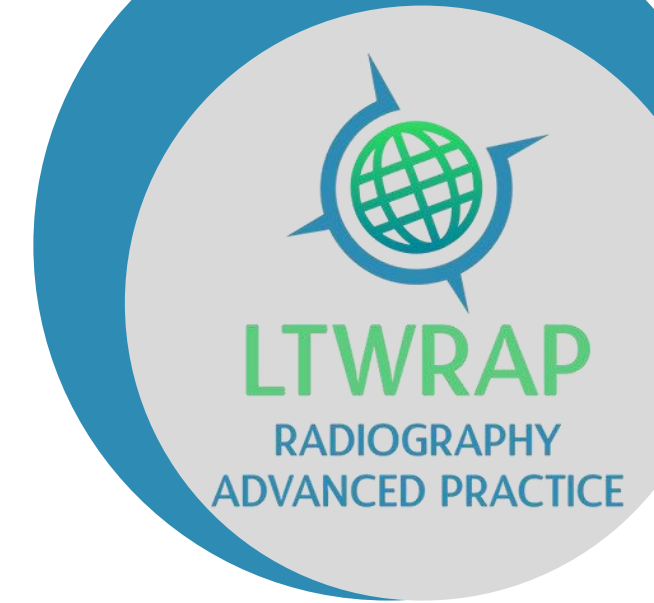
The Leeds team of Consultant Therapeutic Radiographers (CTRs)

Where is Leeds?



<https://www.britannica.com/place/Leeds-England>

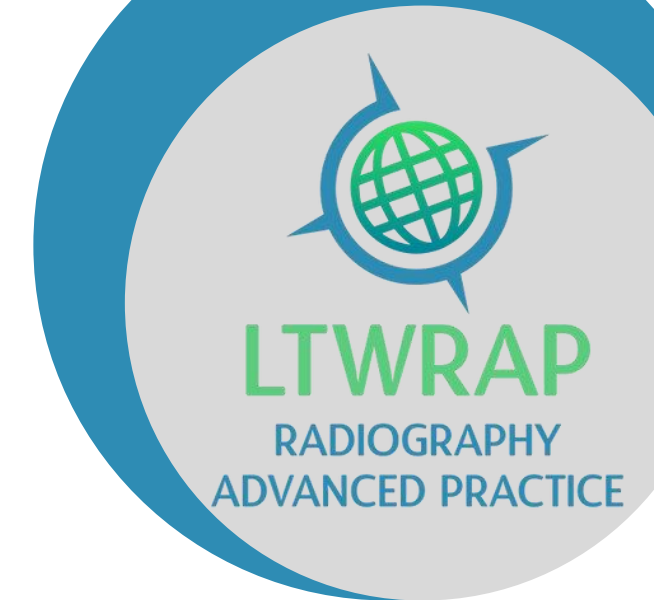
Leeds Cancer Centre



Leeds radiotherapy department at St James one of the largest centres in the UK treating around **6,500** patients annually from a referring population of 2.7M across Yorkshire.

- 12 linear accelerator treatment machines
- 4 CT simulators
- 1 MR Simulator
- A brachytherapy suite
- Gamma Knife
- 46 Consultant clinical oncologists
- 3 CTRs
- Around 130 radiographers (RTTs)
- 120 Research, planning and admin staff
- 30 registrars
- 15 nursing staff





Consultant Therapeutic Radiographers (CTRs)

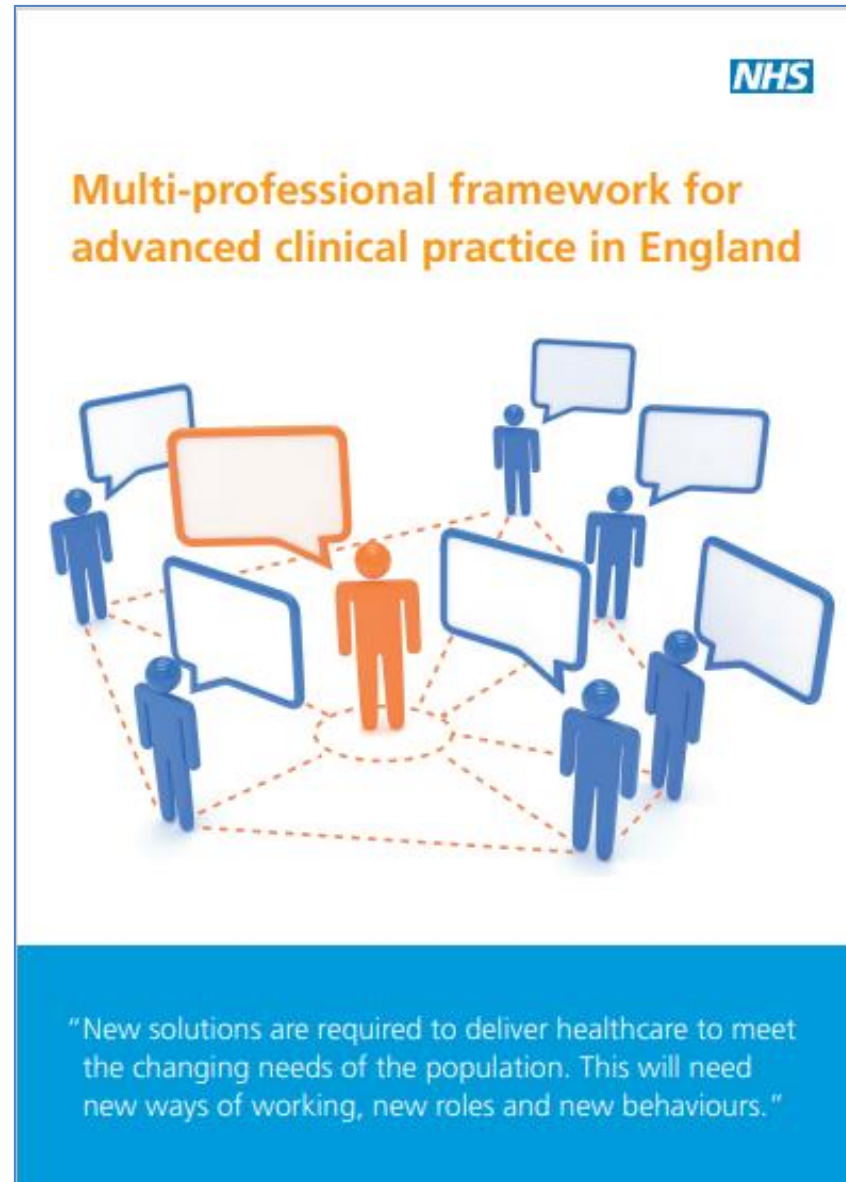
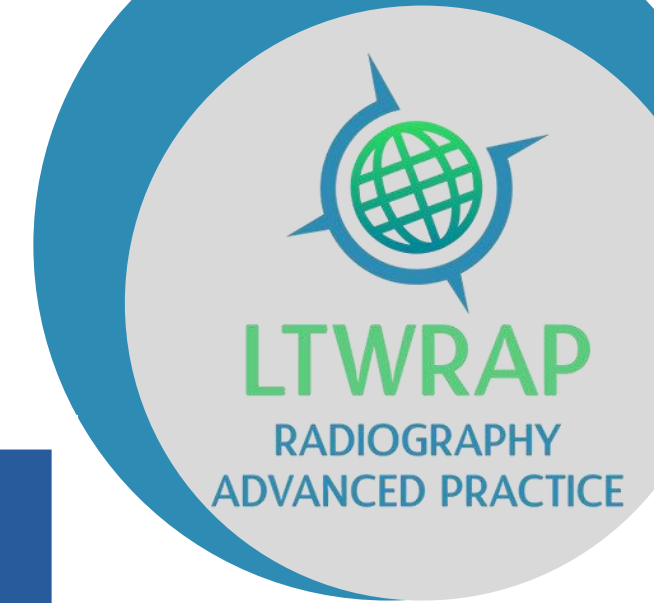
- The Department of Health first defined a Consultant level Allied Health Professional (AHP) in 2000 as;
*'An individual who provides clinical leadership within a specialism, bringing strategic innovation and influence through practice, research and education'*¹
- The NHS long term plan(2019)² then promised investment in consultant practice to aid retention of highly skilled Allied Health Professionals (AHPs).
- The subsequent success of these consultant roles, particularly in Oncology, has helped maintain a focus on creation of further positions.
- In radiotherapy specifically, clinical oncologist buy in has supported the creation of more CTRs.
- Not just about vacancy replacement – skill set and experience of CTRs adds value!
- The Long Term Workforce Plan (2023)³ builds on the workforce needs upskilling in terms of greater numbers of Advanced Practitioners BUT ALSO more educators and supervisors for these staff.....going back to the point about Cons Practitioners being enablers.

1. NHS Plan (2000): A plan for investment, a plan for reform <https://webarchive.nationalarchives.gov.uk/>

2. NHS (2019) Long Term Plan. www.longtermplan.nhs.uk/

3. NHS (2023). The Long term workforce plan. <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

National guidance



NHS
Health Education England

Multi-professional consultant-level practice capability and impact framework



Developing people
for health and
healthcare
www.hee.nhs.uk



Consultant Radiographer

Guidance for the Support of New and Established Roles

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



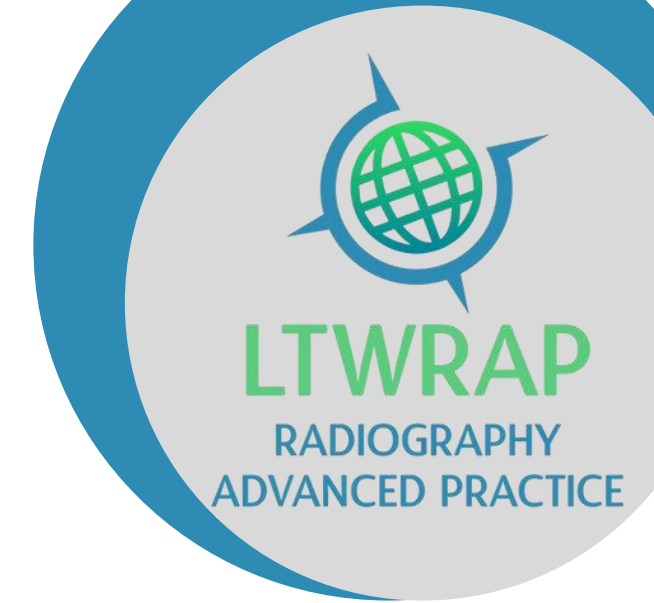
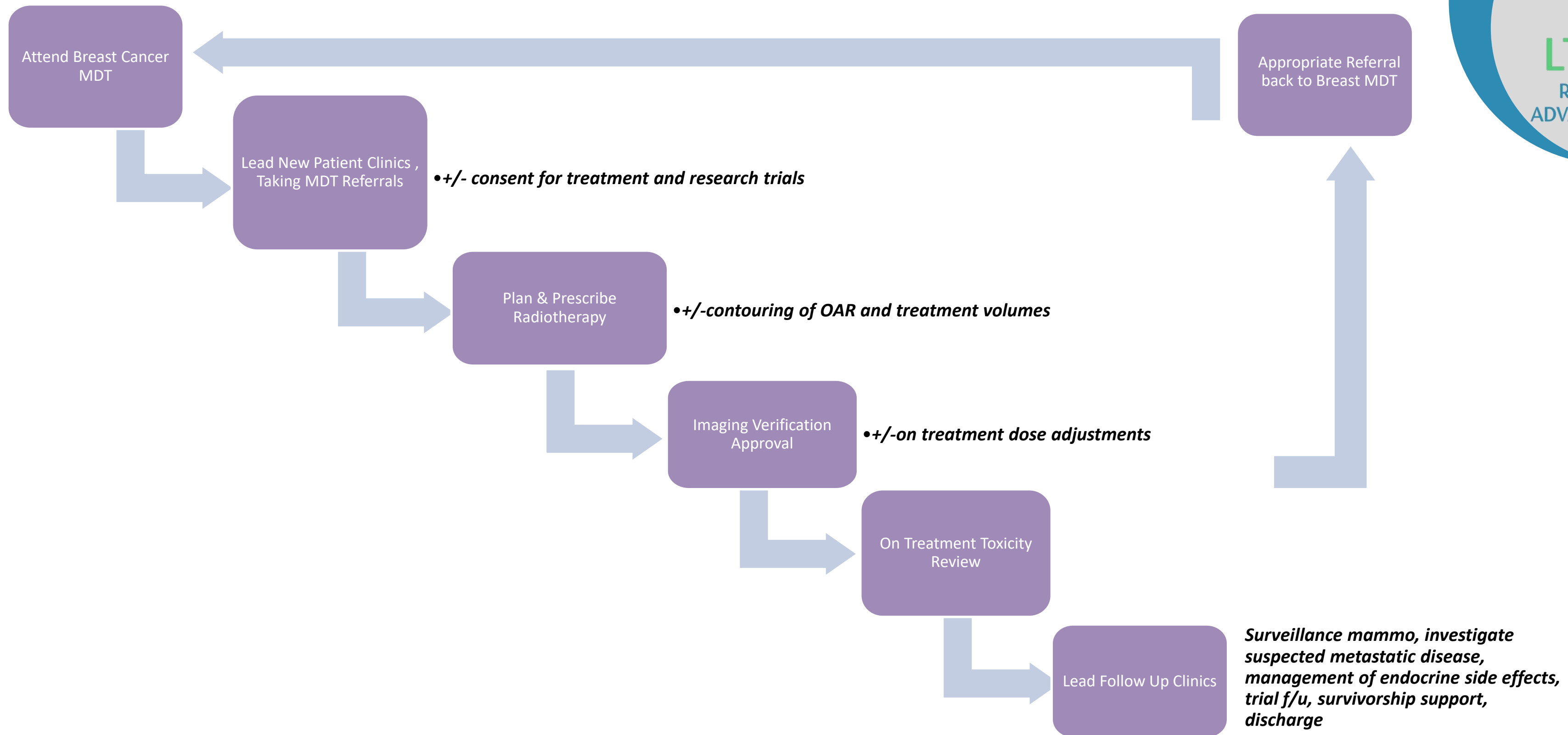
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info@sor.org

www.sor.org

5. NHS England. 2017. Multi-professional framework for advanced clinical practice in England.
7. Health Education England **DATE** Multi professional consultant level practice capability and impact framework
4. The Centre for Advancing Practice. August 2023. Multi-professional consultant-level practice capability and impact framework.
6. The Centre for Advancing Practice. August 2023. Multi-professional consultant-level practice capability and impact framework. Self-Assessment tool.
8. The Society of Radiographers. 2022. Consultant Radiographer. Guidance for the Support of New and Established Roles.

What does a CTR at Leeds do?



CTR Training Documents



Specialty training curriculum in Clinical Oncology for Consultant Therapy Radiographers (CTR)

November 2020

**Adapted with permission from the Faculty of Clinical Oncology,
Royal College of Radiologists**

In addition to this curriculum document there are three appendices:

1. Clinical Oncology - Common competencies across all tumour sites
2. Underpinning scientific knowledge -Radiobiology, physics, statistics and radiotherapy planning – supported by FRCR lectures
3. Site Specific - Competencies related to chosen tumour site

Workplace Assessments



2.2 Outpatient consultation

To be able to structure an outpatient consultation and to communicate with patients clearly and in an empathetic manner.		
Knowledge	Assessment Methods	GMP
Recognises that patients do not present a history in a structured fashion	mini-CEX,	1,3
Recognises that patient's wishes and beliefs and the history should inform examination and investigations	mini-CEX	1
Discusses the need for targeted clinical examination	CbD, mini-CEX	1
Discusses the limitations of physical examination and the need for appropriate investigations to confirm a diagnosis	CbD, mini-CEX	1
Skills		
Assesses and summarises the previous hospital notes	CbD, mini-CEX	1
Greets patient appropriately and establishes a rapport, overcoming barriers to communication	mini-CEX	1,3
Elicits patient's main concerns	mini-CEX	1,3,4
Performs focused history and examination	CbD, mini-CEX	1,3
Determines the level of information the patient wishes to receive	mini-CEX	1,3,4
Explains the current situation to the patient	mini-CEX	1,3,4
Negotiates agreed outcomes with the patient	mini-CEX	1,3,4
Organises appropriate investigations, treatment and referrals to other professionals	CbD, mini-CEX	1,3
Communicates clearly in the notes and in the letter to the referring doctor and GP	mini-CEX, MSF	3,4
Behaviours		
Treats patients with respect and without discrimination, is polite, considerate and honest and shows respect for dignity and privacy.	mini-CEX, MSF, Patient survey	1,3,4
Treats patients fairly and as individuals	mini-CEX, MSF	1,3,4
Shows empathy with the patient's situation and offers appropriate emotional support	mini-CEX, MSF, Patient survey	3,4
Ensures appropriate personal language and behaviour	mini-CEX, MSF,	1,3

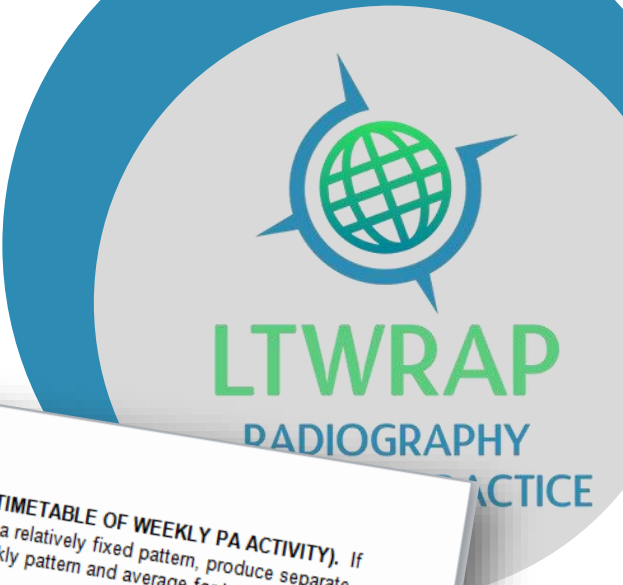
Competency Assessment

1. Able to undertake patient examination and assessment - Complete a full consultation with patients - Demonstrates excellent listening and communication skills - Undertakes breast examination and assessment of a post-surgical patient	EPA - patient examination, assessment and consultation
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Mini Clinical Evaluation Exercise (Mini-CEX) for Trainee Consultant Therapy Radiographer Assessment

Trainee's Name	Trainee's HCPC Registration	Date of Assessment (DD/MM/YY)						
		17/03/22						
Assessor's Name	Speciality site							
	Breast							
Quarter of speciality training Q3								
Case description:	Lead the physical assessment of three trial patients in outpatient clinic. This involves examination of both breast, axillae and neck nodes (including one patient with palpable, painful scar tissue) followed by supervised completion of trial CRF forms which assess post radiotherapy tissue changes.							
Setting:	F2F							
Case complexity:	Low/Moderate							
What type of consultation was this?	Trial Follow Up (Face to face)							
Brief description of case Including curricula areas Covered:	Competency 1 of Appendix 3: Site specialty. Undertakes breast examination and assessment of post-surgical patient.							
	Please tick box	Well below expectation for stage of training	Below expectation for stage of training	Borderline for stage of training	Meets expectation for stage of training	Above expectation for stage of training	Well above expectation for stage of training	Unable to comment *
1	History taking							✓
2	Physical Examination				✓			
3	Professionalism					✓		
4	Clinical Judgement					✓		
5	Communication skills				✓			
6	Organisation/ efficiency					✓		
7	Overall clinical care					✓		
*Unable to comment - Please mark this if you have not observed the behaviour and feel unable to comment.								
Assessor's comments-if you have noticed anything especially good or needing further development please note it here (mandatory field)								
Confident approach to patient examination and communication of findings.								
This is the area of site specialty I have struggled to get much experience with due to COVID so it was great to have a whole clinic of patient assessment. It has really helped my confidence and give me experience in comparing post-surgical changes with malignancy. I recently completed breast assessment training at Leeds Uni and it highlighted how useful this was putting it into practice.								
Trainee's signature					Assessor's signature			

CTR Training Completion



Leeds Cancer Centre

The Scope of Practice for the Consultant Therapy Radiographer - Breast Radiotherapy

Oct 2019

NR/HR/SDK

The Leeds Teaching Hospitals

NHS

Leeds Cancer Centre

The 4 Core Domains of the role (DoH 2000, LTHT 2014)

Expert Clinical Practice
(at least 50% of the role)

Research

Education

Service Development / Leadership

Oct 2019

NR/HR/SDK

The Leeds Teaching Hospitals

NHS

Leeds Cancer Centre

Appendix 1

*MDT:

Core member for Adjuvant breast RT referrals.

*Does not take referrals for palliative RT or retreat.

NP Clinic:

- Outline indications for: RT (whole breast RT (ac/DIG, boosting the tumour bed, loco regional nodal irradiation, post mastectomy RT (ac/post NACT), consent, discussion and randomisation of relevant research trials.

**NP/On treatment review/RT FU Clinic:

- Describe the impact and effect of adjuvant RT: Timings in relation to chemo, Herceptin, surgery and endocrine therapy, short term toxicities and remedies/advice.
- Delayed toxicities including implications of cardiac irradiation and other organs at risk.
- Describe the impact/rationale for adjuvant hormone therapies and adjuvant bisphosphonates, including patient benefit and associated risks (toxicities). Where appropriate to prescribe and manage patients requiring these drugs, including appropriate monitoring.
- Describe the pathway for breast cancer patients: Diagnostic pathway, treatment options and management, follow up pathway (ac/discharge, advice and information after treatment for early stage breast cancer
- Able to undertake patient examination and assessment: Complete a full consultation with patients, undertakes breast/chest wall examination and assessment of a post-surgical patient. Records relevant outcome measures for trials.

Oct 2019

NR/HR/SDK

The Leeds Teaching Hospitals

NHS

Leeds Cancer Centre

Recurrence of cancer, incidental findings, medical emergencies, red flags to be referred on appropriately (+/- image request)

Manages treatment (RT and ET) associated toxicities and prescribes supportive medications where necessary.

**Does not prescribe or manage chemotherapy - [or targeted treatments including monoclonal antibodies]. Assesses and refers on appropriately.

***Radiotherapy Planning:

- Undertake Planning and prescribing of the following: Standard tangential breast radiotherapy. Standard tangential chest wall radiotherapy. Radiotherapy to SCF+AXILLA, IMN where appropriate. Volume and prescribe boost radiotherapy. Review of treatment verification images when needed. Authorise and approve re scans. Decisions about treatment delays and gaps.

***Does not make decisions about non-standard dose/ fractionation outside clinical trials...

Future Role:

NB Acts both as Independent Prescriber and non-medical referrer to carry out these functions.

Oct 2019

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The Leeds Teaching Hospitals

NHS

NHS

Job planning the clinical workforce – allied health professionals

A best practice guide

July 2019

NHS England and NHS Improvement

1. JOB CONTENT (TIMETABLE OF WEEKLY PA ACTIVITY). If weekly timetable changes on a relatively fixed pattern, produce separate weekly timetables for the weekly pattern and average for total PA section.

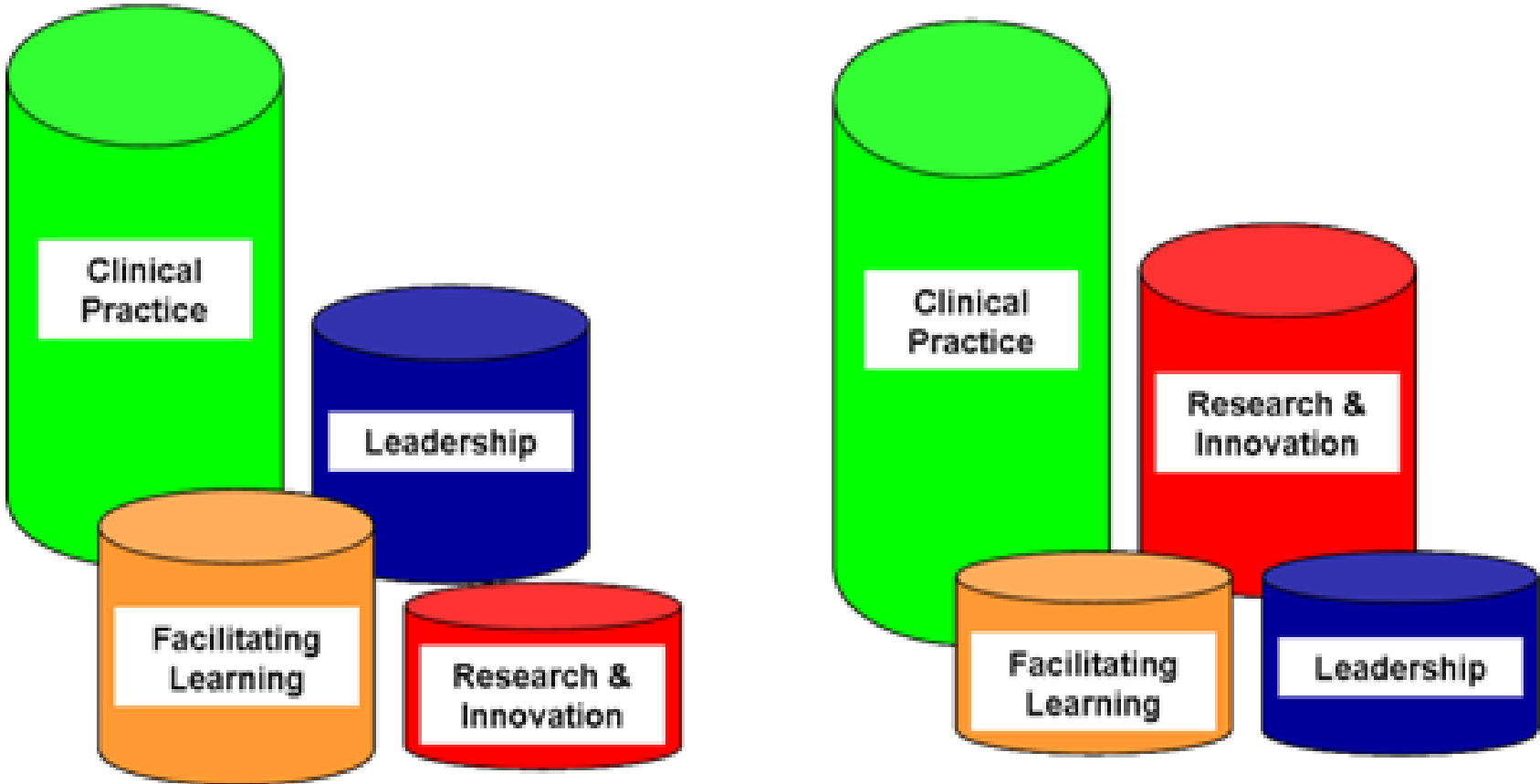
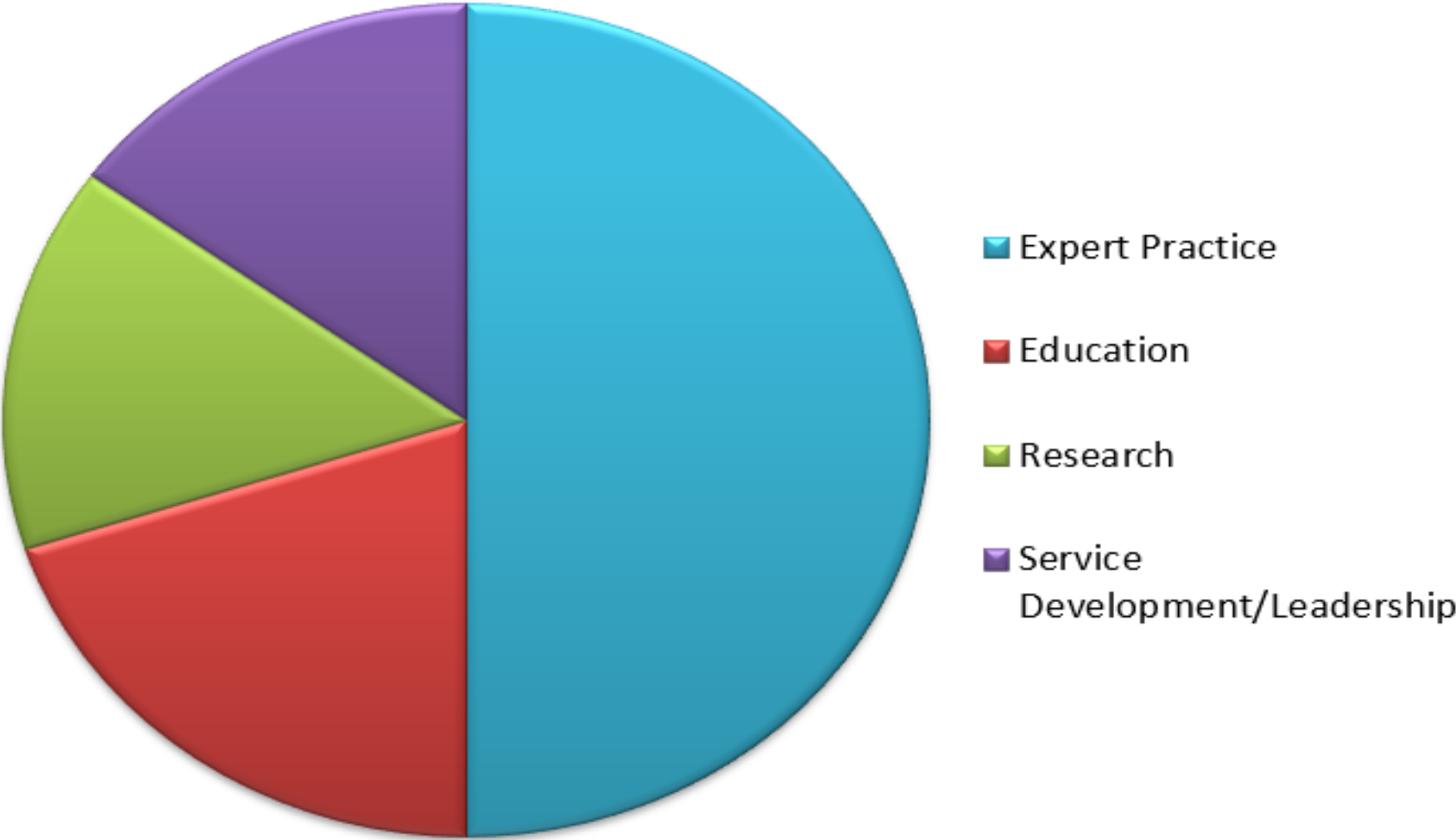
Weekly timetable

Day	Time From	Time To	Location	Description of Activity	Agreed quantity	Category	No. of PAs
Mon	00:00	00:00	0.00		0	DCC	0.00
Tues	07:30	18:30	Sheffield Hallam including travel		25	ED	1.64
	08:00	10:00	SJUH	MDT preparation	17	DCC	0.20
	10:00	12:00	SJUH	Breast MDT	17	DCC	0.20
	12:30	13:30	SJUH	Clinical admin	17	DCC	0.10
	13:30	18:00	SJUH	Breast clinic	9	DCC	0.24
	13:30	18:00	SJUH	SPA	8	SPA	0.21
Wed	08:00	09:00	SJUH	Clinical admin	42	DCC	0.25
	09:00	13:30	SJUH	Radiotherapy review clinic	42	DCC	1.13
	13:30	18:00	SJUH	Radiotherapy planning	21	DCC	0.56
	13:30	15:00	SJUH	Radiotherapy planning	21	DCC	0.19
	15:00	17:00	SJUH	Departmental meetings/SPA	21	SPA	0.25
	17:00	18:00	SJUH	Radiotherapy	21	DCC	0.13

10. Leeds Teaching Hospitals, (2019). CTR Training documents
11. NHS. (2019). Job planning the clinical workforce. <https://www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf>

4th Biennial Global LTWRAP 2023 | SINGAPORE

CTR Annual Performance Report

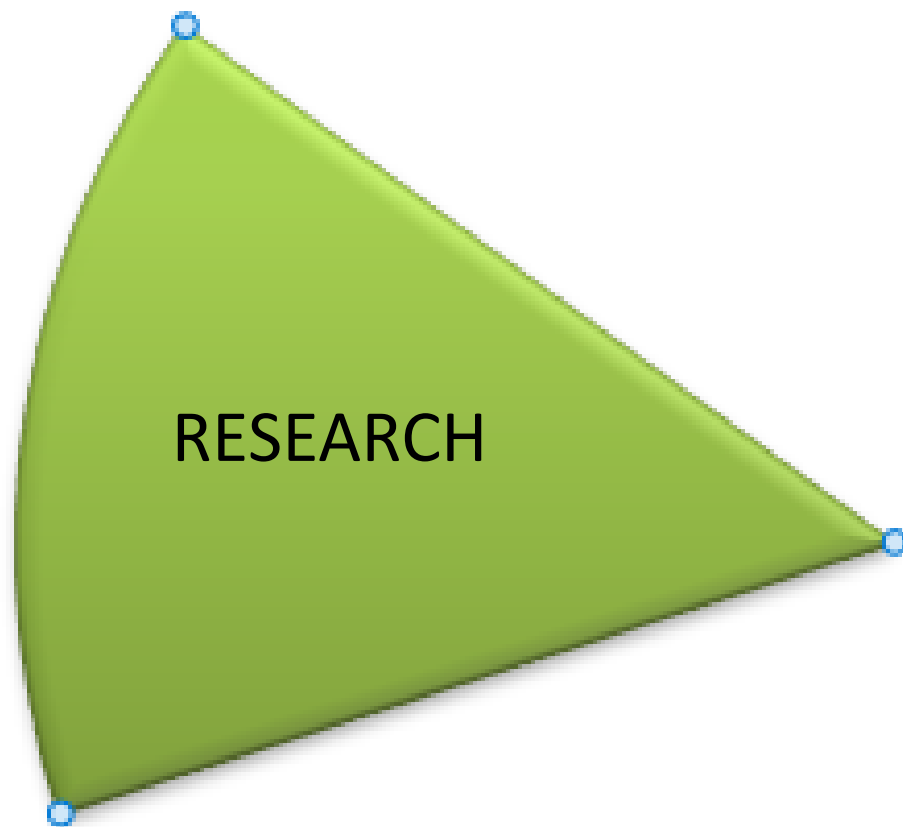
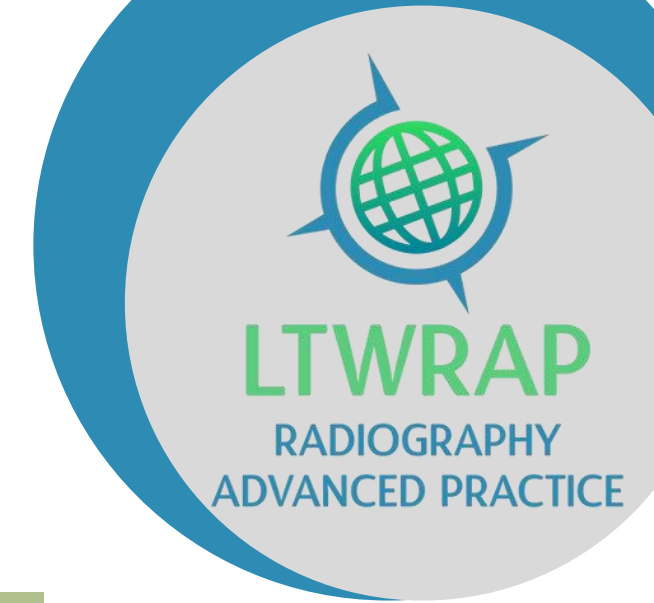


SCoR, 2022¹

7. The Society of Radiographers. 2022. Consultant Radiographer. Guidance for the Support of New and Established Roles.



Case Study 1. Breast CTR 7 years in post



RESEARCH PILLAR:

- **PI (Principal Investigator) at Huddersfield for PRIMETIME trial** with 37 patients recruited – trial closing
- **Member of national PRIMETIME TMG (Trial Management Group)**
- **PI for ATNEC trial at Leeds and Huddersfield** – first patients now recruited
- **Collaborative NIHR National Programme Development Grant application with Sheffield Hallam University submitted**
- **Clinical audit of practice: ovarian function suppression in breast cancer treatment, poster at EBCC (European Breast Cancer Conference)**



Case Study 2. Urology CTR 2 years in post



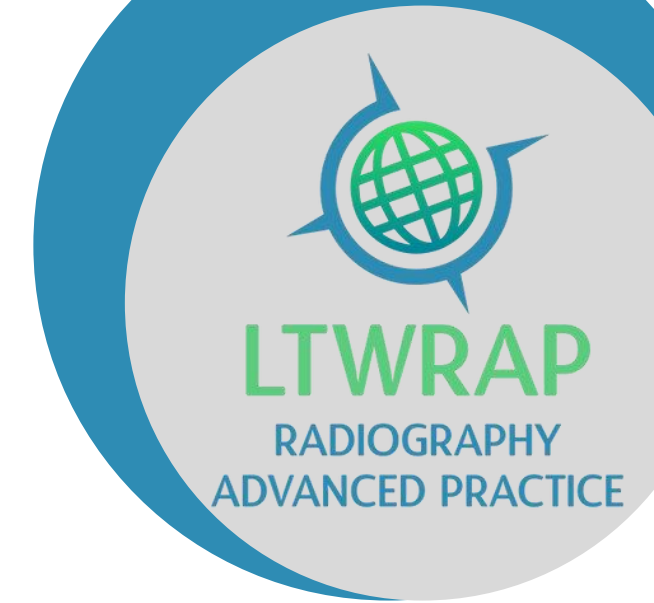
LEADERSHIP

SERVICE DEVELOPMENT AND LEADERSHIP PILLAR

- Reviewer for RCR consent form standardisation project
- Interviewed by freelance journalist for Nature Outlook, article on sexual and gender minorities in prostate cancer and reviewed final article
- Reviewed article for British Journal of Healthcare Management on LGBTQ+ patients with prostate cancer
- Patient information reviewer for Prostate Cancer UK
- Patient information reviewer for Live Through This: LGBTQI+ Cancer Charity
- Stakeholder for 'Improving outcomes and care for gay and bisexual men with prostate cancer' project with Guy's and St Thomas' Hospital



Case Study 3. Breast CTR 1 year in post

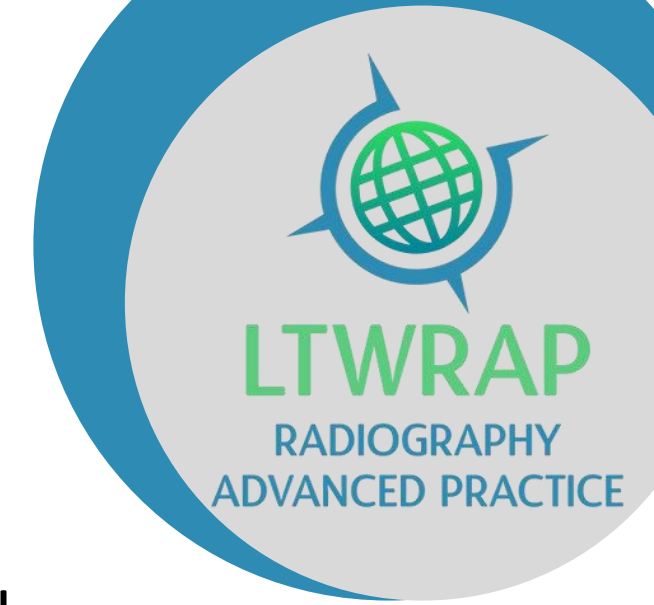


Education

EDUCATION PILLAR

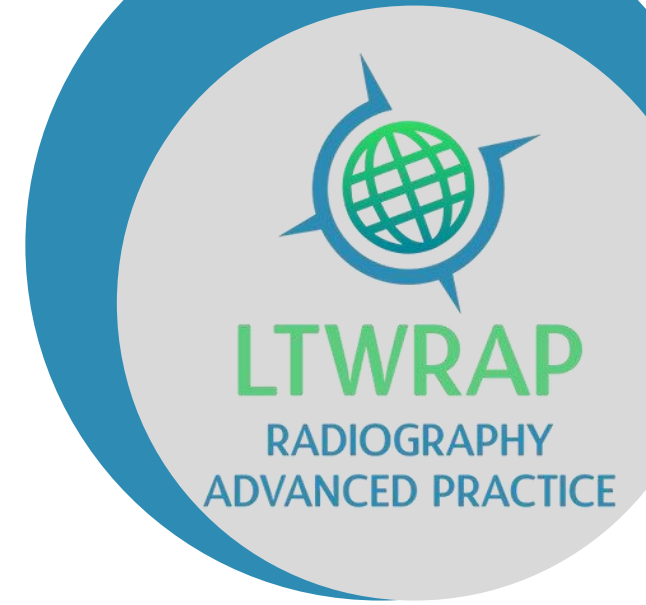
- **Organise and lead departmental visits for MDT members, breast care nurses, mammographers, radiographers.**
- **Presentation to Macmillan Workforce Team** – Introduction to radiotherapy.
- **Presentation to new Specialist Registrars on breast rotation**
- **Presentation to department on Endocrine therapy** – Passing on knowledge to radiographers.
- **Sheffield Hallam University** – MSc Lecture on Evidencing Advanced Practice.
- **Placement for BSc students** – Shadowing in clinic and support to attend MDT

Summary



- The Leeds approach, which has been built upon with each new CTR appointment, has really worked for the team and been considered as a trailblazing approach which has been adopted by other departments.
- Evidence of impact is vital for these roles but **across all 4 domains**, not just clinical expertise, which the case studies have illustrated.
- The next steps are to look at how we develop progression into these roles in the department, utilising the enhanced and advanced level practice frameworks.
- Further expansion of the CTR team, within the current specialisms or moving into other specialist sites.

Thank you for listening!!



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