Reframing advanced practice terminology (Letter to the Editor)

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Dear Editor,

We read Fisher's article, *'A revised framework for competency in radiotherapy advanced clinical practice'* [1] published in Radiography, with interest. While we appreciate the continuing conversation around advanced practice education and training in radiotherapy, we have several key concerns regarding the framing, attribution, and foundational concepts of this work. The corrigendum published in the latest edition of Radiography does not address the wider issues.

Firstly, the article claims to be a narrative review; however, it is expected to synthesise the existing literature in support of the narrative of the project undertaken.

Secondly, the article cites the Non-Surgical Oncology Area-Specific Capability Framework (NSOASCF). The NSOASCF has undergone substantial refinement and has since received national endorsement through NHS England's Centre for Advancing Practice, Macmillan and The Society of Radiographers. This process included a local evaluation, the Delphi consensus methodology, patient and public involvement, and extensive multi-professional consultation. [2,3,4] The NSOPASCF provides a capability and curriculum framework that reflects a much broader and more robust, evidence-based approach, involving a wide range of stakeholders. Fisher does state the inclusion of stakeholders in their work; however, who these individuals are is not specified. It must therefore be assumed that this is a local stakeholder group, and that the results are not generalisable to the rest of the country.

The article by Fisher [1] also conflates *competency* with *advanced practice capability*. This distinction is not merely semantic. Competency-based models focus on task completion; capability-based models emphasise the integration of knowledge, judgement, adaptability, and leadership in complex and evolving healthcare environments. Advanced practice, by definition, requires the latter. Without this distinction, there is a risk that advanced practitioner development is reduced to a checklist of technical tasks, rather than cultivating autonomous, critically reflective, and service-improving professionals. Considering the current political challenges, this must be articulated clearly to avoid further conflation of the reported issues.

It should also be noted that the statements on maintaining competency in clinical skills require further exploration. In specialist advanced practice, the education and training plan should align with the individual's scope of practice and evolve as the service develops. As Fisher acknowledges, the lack of opportunity to maintain competency and capability increases risk, negatively impacting patient and practitioner safety. Therefore, examples of tasks do not provide a detailed view of how ongoing competency and capability are maintained and how this relates to the practitioner's capacity and confidence post qualification.

We do agree with Fisher on several important points: the value of supernumerary status, the importance of workplace-based assessment, and the necessity of continuing professional development. However, some statements in the paper require more detail and clarity. For example, a broader context that appropriately recognises prior learning, aligns training with the scope of practice, and supports the development of both competency and capability. Recognition of prior learning should identify differences between academic and clinical practice to ensure patient and practitioner safety within the individual's scope of practice.

Finally, Fisher's [1] paper does not fully acknowledge the collaborative academic and clinical work underpinning these developments, including the author's employer contribution as one of the few accredited providers of speciality advanced practice education in radiotherapy and oncology, and the use of the apprenticeship pathway to access the programme's specific nature.

As advanced practice roles continue to evolve nationally and internationally, it is essential that educational and training frameworks accurately reflect both the evidence base and the collaborative contributions that have shaped them. The competency framework referred to by Fisher and the NSOASCF was underpinned by training frameworks developed by The Clatterbridge Cancer Centre in the late 2010s and the Royal College of Radiologists Specialty Training Curriculum. Clear acknowledgement of these contributions is not only academically important but necessary for transparency and integrity in workforce development.

We hope this clarification supports continued constructive dialogue and strengthens future approaches to advanced practice education and training.

References

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