



SCoR

THE SOCIETY & COLLEGE
OF RADIOGRAPHERS

Consultant Radiographer – Guidance for the Support of New and Established Roles

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Subgroup of the Society of Radiographers Consultant Radiographer Group

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Foreword

Having attended numerous Consultant Radiographer (CR) meetings since being appointed as a Consultant Radiographer in 2013, and through networking with peers, it has become evident that expectations and experiences of the CR workforce have become varied. With a lack of current guidance to facilitate consistent quality and equality for all practitioners, the current group of CRs feel a responsibility to those that follow. We committed to work with the Society and College of Radiographers (SCoR) to formulate guidance to make the pathway and standards clearer, supporting CRs of the future in continuing to provide high quality of care to their patients. This will help with recruitment, retention and succession planning, securing the role for the future and will have a positive impact on patient care.

I have chaired a working party tasked with writing an overarching document to support the development and sustainability of these posts. The intended audience for this document includes commissioners, managers, multidisciplinary teams that interact with CRs, aspiring CRs and other health care professionals.

The working party consists of CRs representing a wide geographical demographic, including knowledge in a diverse array of radiography and radiotherapy specialities. I am proud to have produced this document with a knowledgeable team, and with support from the SCoR.

Stella Campbell

Chairperson: Stella Campbell, Consultant Radiographer, Dorset Breast Screening Unit, Poole Hospital NHS Foundation Trust

Executive summary

The Department of Health defines 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 not designed as a replacement but to enhance service delivery by:

- 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

According to the Department for Health (DoH), non-medical Consultant posts consist of four core domains of practice:

1. Expert clinical practice
2. Professional leadership and consultancy
3. Education, training and development
4. Practice and service development, research and evaluation.³

The College of Radiographers, as the UK Professional Body, expects its members at CR level to be in alignment with the DoH recommendations; as

illustrated in the Career Framework.⁴

To optimise role performance, create and sustain healthy working practices and encourage retention, these senior roles require support and strategic planning.⁵

Since inception, there have been many different routes into the role of CR and various expectations from managers, medical staff and the Consultant AHPs. As the number of CRs continues to rise, posts have been created on a case by case basis to enhance local service provision.⁶ This has made the role increasingly diverse and it has become clear through the Consultant Radiographer forum facilitated by the Society and College of Radiographers (SCoR) that a number of CRs are encountering similar problems with managing expectations at a local level. There is a risk of non-transferability of skills if an individual wishes to move between posts and implications for sustainability in the future.⁷

In 2002, Price and Paterson reported that salary and conditions for CRs should be determined at a national level.⁸ In 2017, there is still disparity in pay and expectations from all stakeholders. Although expert clinical practice is an imperative aspect of the role, current workload is having a detrimental effect on the remaining core domains.⁹ These practitioners work at a higher clinical level within a large multidisciplinary team, requiring a supportive team structure, however there have been reports of CRs experiencing isolation and high personal costs of consultancy, suggesting these roles may not be sustainable in their current form.⁵ Currently there are 118 CRs listed with the SCoR; an increase from 61 in 2011, and 110 in April 2015.¹⁰ As numbers continue to rise, it is important that arrangements to facilitate achievement of the required four core domains are transparent and consistent for the upcoming generation of CRs.

The following text is based on existing documents, definitions and experience of established CRs. It is intended to be an all-encompassing document, providing clear guidance on the national requirements needed to support this role. It explores all four core domains, explains rationale for robust job descriptions and job plans, clarifies how to facilitate role development and touches on terms and conditions.

Advanced Clinical Practice

In 2017, Health Education England has reinforced the role of advanced clinical practice through release of an updated definition:

‘Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision-making. This is underpinned by a Master’s level award or equivalent that encompasses the four domains of clinical practice, management and leadership, education, and research, with demonstration of core and area-specific clinical competence.

Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis

of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.¹¹

In addition, NHS Wales define a Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice which states a requirement of Master's Level education.¹²

The Four Core Domains

The College of Radiographers provides a voluntary accreditation system for CRs. This helps ensure consistency of the role in terms of level of practice and alignment to the four core domains; in conjunction with the Education and Career Framework, which defines the learning outcomes for each level of practice, including that of consultant.

Specifications of the four core domains are outlined as per the DoH.³

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-focussed, approach 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, which 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 either within the region, nationally and even internationally
- (viii) is recognised as a national and/or international expert within their own speciality, service or field and 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 SCoR more specifically explains that Expert Clinical Practice is not confined to direct patient contact sessions, for example:

- direct patient contact, e.g., clinic sessions, examining patients, undertaking imaging tests on a 1:1 basis, portal imaging review, breaking bad news to patients
- reporting and administrative work associated with these sessions
- active participation in, chairing, and preparation for, Multi-Disciplinary Team meetings (MDTM) 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
- collaboration and discussion with colleagues to enhance an individual patient's journey.

Professional 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 that develops innovative practice and service delivery models and ensures that they are applied throughout the organisation
- (iii) challenge current structures and identify organisational and professional barriers which limit/inhibit services
- (iv) is able to 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.

Practice and service development, research and evaluation

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 lead local implementation of relevant national policy
- (iv) evaluates the provision of clinical services leading to development and/or redesign.

- (v) is responsible for identifying gaps in the evidence-base
- (vi) 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
- (vii) establish research partnerships with Higher Education Institutes
- (viii) is an influential factor in the development and provision of cross-disciplinary services.

Further information on research is found in Appendix 1.

Education and professional development

The nature of the Consultant post requires a portfolio of career-long learning, experience and typically formal education, usually up to or beyond Master's Level.

The Consultant

- (i) 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
- (ii) assists individuals, the team and the organisation in identifying their own particular learning needs
- (iii) 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)
- (iv) provides education in a specific field of clinical expertise nationally and internationally by lecturing, or through publishing research in professional journals
- (v) undertakes some teaching or research and as a result can demonstrably ensure and enhance the links between practice, professional bodies, and academic and research institutes
- (vi) contributes (or makes a major contribution) to educational policy for both pre and post qualifying practitioners.

These lists are not exhaustive and CRs may identify other means of meeting the requirements of the four pillars of practice (e.g., 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. Activities performed by a CR may satisfy more than one core domain as illustrated in Appendix 2.

Appendix 3 provides an example of a SCoR-endorsed job description for a CR which comprehensively incorporates the four core domains.

Job plan structure

To achieve the compulsory specifications of the four core domains, which are integral to a Consultant AHP role, protected Non-Clinical Time (NCT) is essential. The experience of the current cohort of CRs indicates that the use of a Job Plan can enhance the ability of the CR to fulfil their job description requirements and deliver all elements of the role.

‘A job plan should be a prospective agreement that sets out a Consultant’s duties, responsibilities and objectives for the coming year.’¹³

The SCoR CR group have identified challenges in incorporating research into their roles: Harris and Paterson (2016) highlighted the need to include specific time in the job plan.¹⁰ It is expected that expert clinical practice will be fundamental to all the domains of practice. The DoH suggest that expert clinical practice should account for no less than 50% of a Consultant AHPs workload³ and not just be confined to direct patient contact sessions.¹⁴ The remaining 50% should be spread across the remaining domains, and Henwood et al. (2016) suggested that all four core domains should carry equal weighting.⁵

However, the four core domains are not mutually exclusive and most professional activity will encompass elements across all of the domains of Consultant practice. The CR job description has a huge scope for non-clinical responsibilities which must be identified in the job plan if they are to be achieved. Based on the experience of the current cohort of CRs, these non-clinical responsibilities cannot be achieved in less than 30% of workload. This does not diminish the commitment to patient care and safety, but 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 and departmental need for NCT, 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 may need to be flexible. The four core domains are a requirement of the role as defined by the DoH³ and are underpinned by SCoR professional body policy and guidance and throughout the SCoR accreditation system; this is independent of the number of CRs in any given department. As the title ‘Consultant Radiographer’ is not protected by the Health Care Professions Council (HCPC), standardised accreditation by the SCoR is recommended to ensure consistency in the quality of practice and evidence of adherence to the four core domains. Information for completing accreditation can be found in Appendix 4.

There must be an inherent caveat that trainee CRs will require time to build a portfolio of 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 Imaging Services Accreditation Scheme (ISAS).¹⁵ In England, an annual job plan review along with meaningful appraisal is an essential requirement of the Care Quality Commission (CQC).¹⁶ This may require support of medical, as well as managerial colleagues, to allow sufficient assessment of the high level clinical component of the role. Appendix 5 provides an example of a SCoR 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.¹⁷ Clinical demands

must, of course, be achieved but due consideration should be given to the requirement for them to encompass all components of their role as part of their normal working practices and in keeping with the overall wellbeing of the CR. A team approach to managing increasing clinical work should be taken to include job planning with realistic expectations and a CR impact toolkit can facilitate agreement of the clinical/non-clinical balance at appraisal. Such a tool kit is under development by the SCoR at present.

Alternative arrangements should be given when considering CRs with heavy clinical workloads allowing them session times which will be undisturbed.

It is acknowledged that some posts are jointly funded by HEIs and the NHS, therefore the requirements for NCT will be variable.

Requirements for staying up to date and ongoing development at this high level will be broadly similar to those of the medical workforce although pertinent to the job role of the CR. However, professional standards are to be maintained as set out by the regulatory body (HCPC) and professional body (SCoR).

Consultant practitioner development

The SCoR Education and Development Strategy states that 'at the top level of the profession, continuing development in the scope of individuals' roles is expected'. This is likely to be lateral and/or vertical.⁴ As clinical Consultant Practitioners develop their practice and the services they provide, they broaden the range of their activity. Examples include leading multidisciplinary/multi-organisational care teams, introducing and validating new techniques and technologies, and leading and directing clinical services.

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 Consultant Practitioner to gain the skills, knowledge and continued underpinning education to deliver at this level. This ongoing development should be accommodated through access and funding to 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
- Exams/taking exams
- Professional study days/conferences
- Training.

Meetings

In line with RCR guidance,¹⁸ departmental strategic meetings are classed as Non-Clinical Time (NCT). Therefore it is suggested that if such meetings like Service Board Meetings or Cancer Service Steering Groups (SSG) fall into NCT, they are simply attended. If they fall within clinical time, this will be repaid from NCT. For example, in breast services there is a minimum required attendance at Multi-Disciplinary Team (MDT) and SSG meetings for core members. This should be discussed at appraisal/job planning meetings

Speciality guidance

CRs should be working at full Master's Degree qualification and aspiring to Doctoral level. By 2021 there must be an expectation that all practitioners in radiography at advanced level hold a minimum of a full Master's degree. By 2021 there must be an expectation that all practitioners at CR level will hold, or be working towards, a Doctoral level award.¹⁹

The personal specification for CR will have many similar requirements whatever the speciality (Appendix 6), however, there are various practical skills required for different specialities within Diagnostic Imaging and Radiotherapy. As such, examples of specific practice areas have been provided in the Appendices (Appendix 7-10).

Trainee posts

It is acknowledged for some CR posts, that a training period prior to commencing full independent practice is required.²⁰ Employers will need to incorporate training costs into the business case.

The requirements for a trainee should include:

- Working towards a full Master's qualification (Many universities require the Master's degree to be completed within a five year period)
- Training Programme with target dates and expectations
- Named mentorship
- Departmental clinical and managerial support
- Time for study
- Release to required courses as guided by academic institution dates. The relevant post-graduate modules run infrequently and have to be attended when they are available; this should be factored into the business plan for new posts including study leave and funding
- Being supernumerary until all aspects of the role have been audited to an agreed standard
- Progress meetings
- A specific job plan
- Agreed progression of pay (annex U of AfC)²¹ describes the appropriate support for pay progression of trainees dependent on the length of the training period.

Terms & Conditions

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

A CR working in the NHS has their pay defined by Agenda for Change (AfC) job profiles. The national profiles must be used if a new post is developed to match to the banding (Appendix 11 and 12) although there is some 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 Trusts and disciplines. This should be independent of the number of practitioners employed. There is no evidence to suggest that the presence of multiple CRs reduce the value of the individual roles and therefore banding should be applied consistently. Fiscal pressures should not determine the grading process and strategic development must incorporate appropriate costs when planning to appoint a CR. In order to support recruitment and retention and safeguard these roles within the profession, it is important to have parity in the individual roles. AfC does allow for some variation in practice but clear differentiation between roles should be demonstrable.

In the independent sector Terms & 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.

Further information

There are a number of other resources regarding the role of a CR, which support or develop some of the themes discussed here. Links to some examples can be found in Appendix 13.

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All links accessed 19/2/17

Appendix 1

Further information on research

Definition of RESEARCH:

“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.” One of the founding Mission Statements of the SCoR.

Link to SCoR Research page:

<https://www.sor.org/career-progression/researchers>

Link to full text for ‘Research Strategy 2016-2021’

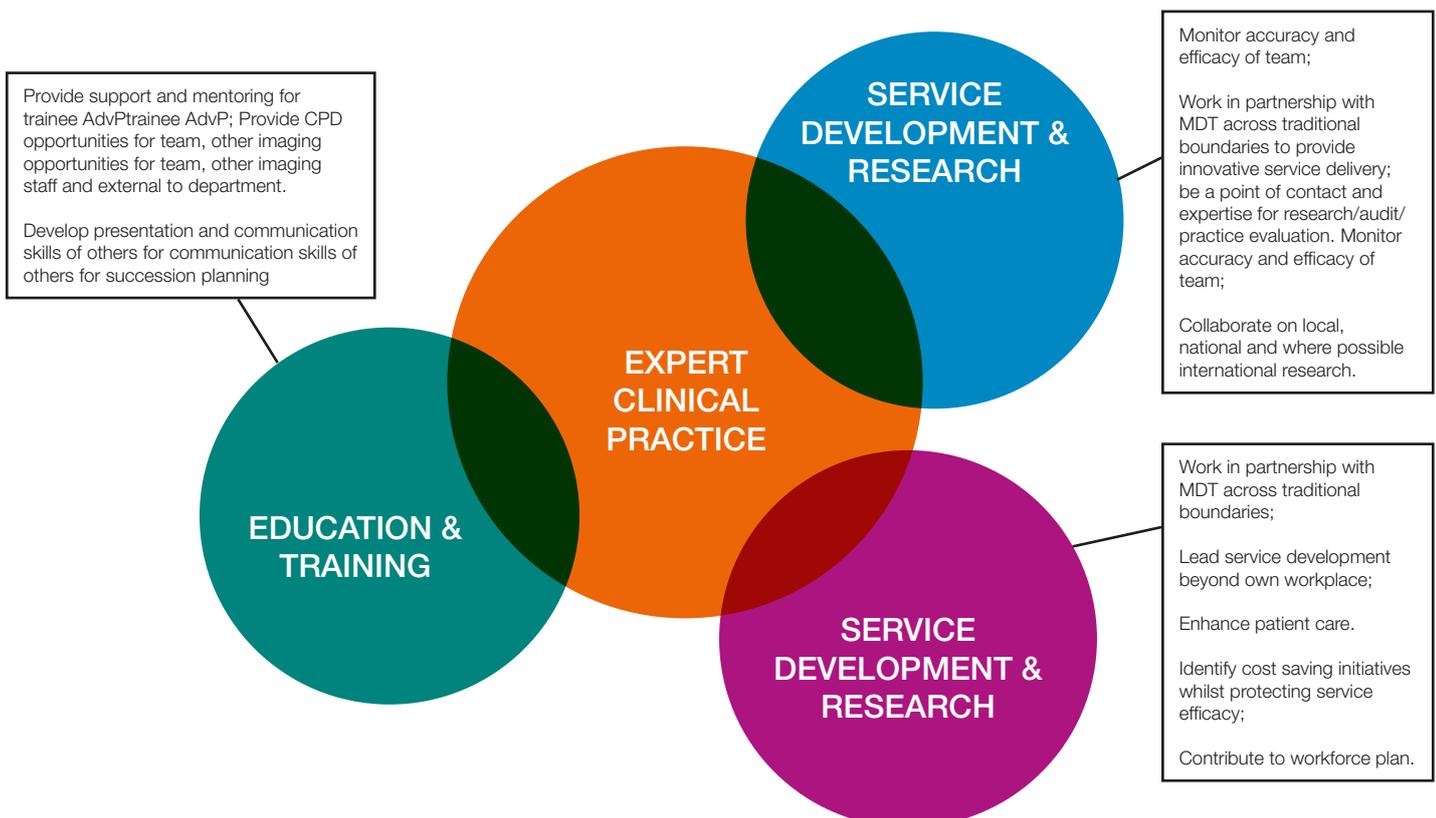
<http://www.sor.org/learning/document-library/research-strategy-2016-2021>

Diagram of Research Strategy at a glance:

<https://www.sor.org/learning/document-library/research-strategy-2016-2021/research-strategy-glance>

Appendix 2

VENN diagram showing relationship between the four pillars of practice as a Consultant Radiographer. (Proportions as suggested by Henwood et al 2016)



Appendix 3

SCoR endorsed job description for a CR

Great Ormond Street 
Hospital for Children
NHS Foundation Trust

Job Description

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

Job Purpose:

The principal aim of the Radiographer Consultant post is to facilitate expert and autonomous care of patients referred to Interventional Radiology. The Radiographer Consultant will make and receive referrals directly to and from teams in the hospital and other centres both nationally and internationally. In this post the Radiographer Consultant will meet with patients and their families either in the IR 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 Radiographer Consultant will work to a job plan agreed with the professional lead for Radiology.

Duties & 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. To expertly perform IR procedures as required by the IR service.
5. To contribute to the central venous access programme by undertaking line insertions.
6. To further extend the role by learning new procedures.
7. To report imaging studies in line with the Radiology reporting policy.
8. To prepare and present image findings at multidisciplinary meetings.
9. To be an expert radiographic resource within the Interventional Radiology department, throughout the Trust and key stakeholders of the service. This would focus on being a resource in the management of children and families who require interventional radiology services.

10. To demonstrate advanced radiography practice with regards to complex interventional radiology procedures.
11. To utilise evidence-based best practice to improve or modify current exposure settings on the angiography equipment.
12. To be an expert in the use of the angiography equipment.
13. To develop imaging protocols for cone beam CT including advanced use of post processing software.

Professional Leadership & 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 & Training:

A major role of the Radiographer Consultant 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, standardising training and competencies.
3. To lead policy and guideline development for all aspects of interventional radiology procedures.
4. 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 programs 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 with the service.

Practice & Service Development, Research & 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 which 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 Radiographer Consultant post on the improvement of service delivery.

Other information

General

Great Ormond Street Hospital Trust is a dynamic organisation, 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 multi-disciplinary 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

Great Ormond Street Hospital 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. GOSH 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 him/herself 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 health care-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 his or her 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 flu 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.

Appendix 4

Information for accreditation

The title of 'Consultant Radiographer' is not protected by the Health and Care Professions Council (HCPC).

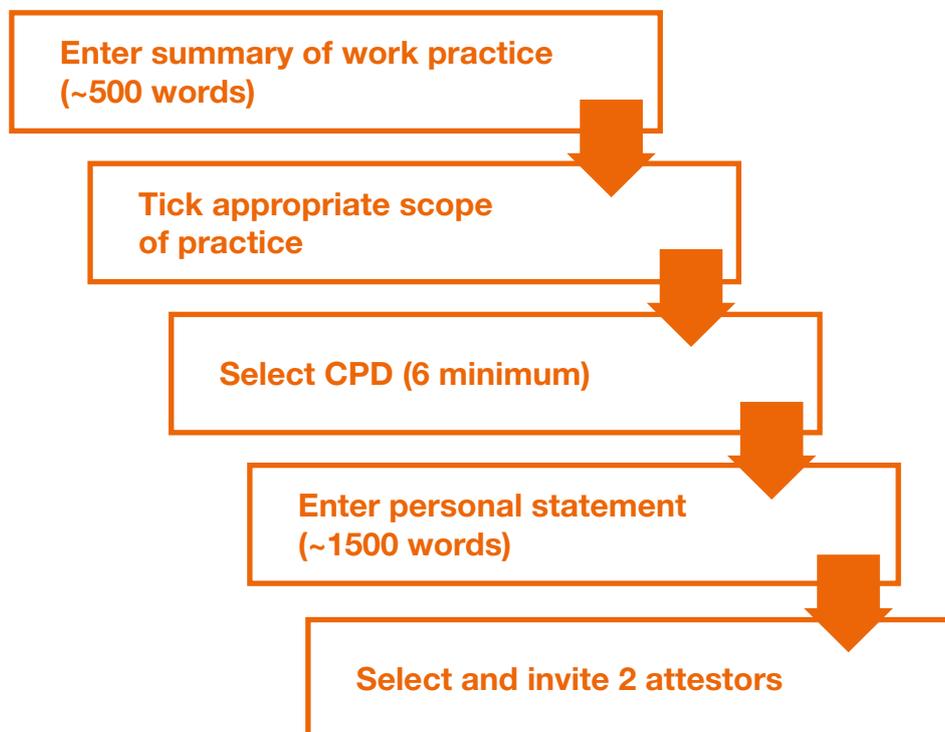
Accreditation is a process developed by The Society and College of Radiographers (SCoR) to measure and standardise practice across the four core domains of consultant practice:

1. Expert clinical practice
2. Professional leadership and consultancy
3. Education, training and development and practice and service development
4. Research and evaluation.

It is a voluntary process but is strongly recommended to build an evidence-based portfolio demonstrating the individual compliance with the stringent standards expected. Accreditation is achieved by applying on line through CPD Now. (Please see below for link)

The society web-site provides information about the process and content required to successfully complete consultant level accreditation. Examples included in the application should show a high level of critical assessment skills; demonstrating a synthesis of evidence across the scope of service delivery and exemplify a wide range of impact (direct and indirect).

Summary of the accreditation process



® Link to hints and tips for completion:
<https://www.sor.org/career-progression/consultants/consultant-practitioner-accreditation>

®Tops Tips when completing SCoR Advanced Practice Accreditation
(Compiled by both Accredited and Non-Accredited Consultant Radiographers)

- Don't be afraid to have a go and make a start!
- Tick as many of the CPD outcome boxes as possible! If you think it is covered in your activity, select it.
- You must make sure you have at least one box for the outcomes you originally selected so choose wisely.
- Keep clicking 'quick save'.
- Plan your evidence before you start.
- No time? Put down a title for your evidence –this will act as a reminder.
- Select at least one piece with the focus on each core domain but keep it integrated.
- State the obvious.
- Use appropriate language.
- If it's not in writing, it didn't happen – document all activity- you can always delete entries later.
- Make sure your six pieces of supporting evidence illustrate compliance with consultant level practice including all four core domains.
- When selecting your scope of practice at the start of the application, that less is usually more – those who select fewer scopes of practice and keep them specific to the areas of expertise, find it easier to evidence them all
- View online live tutorials on AdP/CP accreditation – see the resources tab of CPD Now for details. There is detail about the level of reflection and reflexivity required for CP accreditation in the tutorials.

Appendix 5

SCoR endorsed job plan for a CR

Job Plan

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:
Arrange operation slots for tracheal patients discussed in the meeting
Provide summary email for IR Consultants

5% RVH meeting preparation

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

2% RVH meeting

17% Admin/Audit/Research

Committees
Attend meetings such as departmental operations meeting
GOSH Foundation 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
Writing 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

Appendix 6

SCoR endorsed example of personal specification for a CR

Post: CONSULTANT RADIOGRAPHER

Post holder:

Payroll No:

Department: RADIOTHERAPY

Date:

JOB EVALUATION FACTOR	CORE ESSENTIAL	CORE DESIRABLE
Qualifications	DCR(T) or BSc in Therapy Radiography Masters degree in relevant subject HCPC registration	Progress towards a doctorate level qualification Independent prescriber
Communication & relationship skills	Excellent communicator Ability to produce written reports – professional publications Excellent verbal communicator Presentation skills- professional presentations Good interpersonal skills Good consultation skills Proven ability to influence and negotiate with all grades of staff Able to communicate with key groups: Patients and their carers Members of the MDT Therapy radiography staff Consultants Consultant Head of Service Medical staff Palliative Care team Clinical Nurse Specialists & other Nursing staff A&C staff	Experience of producing business cases Able to communicate with key groups: ECAG National Radiotherapy Network
Knowledge training & experience	Highly developed specialist radiotherapy knowledge Expert knowledge of principles and practice of radiotherapy and palliative oncology Expert knowledge of the regulations relating to Informed Consent and ability to undertake the procedure Substantive clinical and supervisory experience in area of clinical expertise Experience of developing and implementing new techniques / protocols Masters equivalent knowledge of routine and highly specialist radiotherapy techniques and associated requirements for patient care. Working knowledge of the whole cancer patient pathway Knowledge and application of regulations related to obtaining informed consent Knowledge of NHS policies and processes and developments Knowledge and application of the regulations relating to Medical Research Knowledge and application of national regulations relating to ionising radiation for medical exposure (IR(ME)R) Able to work autonomously and as part of a team Able to teach and train others including other professional groups Awareness of cultural & individual differences among the patients, carers and colleagues Able to lead and motivate Ability to implement change	Experience of patient assessment and review Contribution to Regional and National radiotherapy agenda within area of specialism. Evidence of involvement in publications and oral presentations at national meetings Project management experience Management development experience Change management experience Ability to lead on research and audit Teaching experience

Responsibilities for human resources	Manages & develops staff, undertakes appraisals and assessments Develops and delivers training packages for advanced practice and techniques, across professional boundaries, as Module Leader for Portal Image Review. Supervises the work of qualified radiographers, assistant(s), trainee assistants and Radiotherapy undergraduates (Student Supervisor)	May act as a Student Assessor. Oversee and sign off staff competencies relative to the clinical work area. Chairs appointment panels, deputising for the Radiotherapy Services Managers
Personal Characteristics	Physically able to undertake the ongoing requirements of the role. Independent and autonomous Enthusiastic / positive attitude Competent, professional approach Self-motivated, proactive and innovative Common Sense / pragmatic / practical Flexible / adaptable / open minded Conscientious / reliable Accurate / thorough / pays attention to detail / methodical Able to cope with stress and pressure and meet deadlines Receptive and sensitive to the priorities of other staff groups Reliable and supportive Ability to adjust working day as work demands To act on behalf of absent colleagues Ability to undertake new tasks as required	
Working conditions	Able to work in different environments Able to work under pressure and to cope with stressful situations VDU - frequent use Clinical /Professional In contact with acute patients -cancer diagnosis, relatives and carers, dealing with distressed patient relatives and carers on a daily basis Daily contact with bodily fluids lifting/manual handling of patients/heavy objects	

I have discussed my role with my manager and I agree / disagree (please delete as appropriate) that this is a true specification of the requirements of that role.

Individual's signature: Date.....

Manager's signature: Date.....

Appendix 7

Speciality Practice Area: Breast Imaging

Author: Stella Campbell

It is a requirement for all AHPs to maintain continuing professional development (CPD); however Breast Consultant Radiographers have specific requirements to meet. For example:

NHSBSP 49 (2010) 'Professionals involved in screening assessment clinics are expected to fulfil the requirements for individual professional training and for their continuing medical education and development.'

NHSBSP 59 (2011) staff directing assessment clinics 'Must ensure they acquire and maintain knowledge of necessary skills to conduct full diagnostic process. ... this will involve attendance at RCR approved breast screening training courses, regular reading of appropriate articles and journals and attendance at scientific meetings that include Breast Imaging.'

It is expected that a CR in Breast Imaging will have completed a relevant MSc to include postgraduate modules representing skills in Image Interpretation and Reporting, Ultrasound of the Breast, Clinical Examination and Client Communication, and Interventional Breast Procedures.

Further reading

- Wilson R, Liston J. (eds) Clinical Guidelines for Breast Cancer Screening Assessment Third Edn. NHSBSP Publication No 49. Sheffield: NHS Cancer Screening Programmes. 2010.
- Royal College of Radiologists (2013) A guide to job planning in Clinical Radiology. London: RCR. [www.rcr.ac.uk/sites/default/files/BFCR\(13\)9_job_plans.pdf](http://www.rcr.ac.uk/sites/default/files/BFCR(13)9_job_plans.pdf) (Accessed 19/09/16)
- Wilson R, Liston J. (eds) Quality Assurance Guidelines for Breast Cancer Screening Second Edn. NHSBSP Publication No 59. Sheffield: NHS Cancer Screening Programmes. 2011
- Musculoskeletal interpretation
- GP referral
- Outpatient clinics such as Orthopaedics and Rheumatology
- Trauma referrals ranging between Major Trauma Centre to Minor Injuries Units
- Chest radiograph interpretation
- Abdominal radiograph interpretation

Appendix 8

Speciality Practice Area: Image Reporting

Author: Jonathan McConnell, Val Middleton

Introduction:

Within the field of Diagnostic Radiographer Reporting, there are several different pathways for Consultant Reporting Radiographers to follow,

depending on their field of expertise. These include the following (but not exclusively) areas of interpretation practice:

Some departments have developed radiographer discharge systems from the trauma referral sources in conjunction with medical and nursing colleagues. Others have developed specific pathways with specialities such as podiatry, orthotics and provide backup services to the likes of orthopaedic virtual clinic services.

Depending on service need, all or any combination of the above (plus other areas if not present) may be adopted as the job profile.

Recognition of application of the four core domains within the role:

Expert Clinical Practice accounts for 50% or more (if necessary) of the job plan with the requirements of service development and research, education and training and professional leadership and consultancy being equally shared across the remaining time where possible:

- (i) Is responsible for, and manages a complex caseload; this would include reporting across a range of referral sources within the agreed scope of practice during a typical session.
- (ii) Is responsible for delivering a whole system, patient-focused approach; for example, contributing to a rheumatology multi-disciplinary team or developing specific service enhancements across traditional working boundaries to merge with the multidisciplinary team.
- (iii) Demonstrates advanced knowledge, skills and experience within specific areas of practice; for example, leading a diabetic podiatric service to enhance GP referral that enables neuropathic or osteomyelitic treatments to occur earlier than currently happens.
- (iv) Promotes and demonstrates best practice and facilitates the integration of contemporaneous research theory into practice through an advanced level of clinical reasoning and decision making across his/her practice spectrum. Is involved in the production and promotion of national evidence-based policies and guidelines.
- (v) Ensures adherence to the ethical and moral dimensions of practice.
- (vi) Exercises the highest degree of personal professional autonomy involving highly complex facts or situations which require analysis and interpretation of data, leading to the implementation of a treatment or management strategy for the patient. Furthermore, communicates these decisions appropriately to the professional colleague responsible for treatment.
- (vii) By developing appropriate communication strategies, education and employing up to date research protocols of care, designs and develops patient care pathways with the aim of providing best practice examples to others either within the region or nationally.
- (viii) Is recognised as a national and/or international expert within their speciality, service or field and ensures that locally endorsed standards are evidence-based to reflect the very best available practice. Is a regular national/international speaker on their specialist subject.
- (ix) Is responsible for facilitating change to raise standards of patient care and promoting a learning culture within the organisation, enabling others to develop to their full potential within the specialist field no matter what stage their career may be at. Provides support and advice to other staff, including supervising other practitioners whilst they are providing direct patient care.
- (x) Provides education and mentoring at a postgraduate level within the field of plain image interpretation.
- (xi) Develops and contributes to audit strategies and enactment to demonstrate high standards of performance.

Appendix 9

Speciality Practice Area: Radiotherapy

Authors: Shelly English, Neill Roberts.

Within the field of Radiotherapy there are many different pathways for a CR to follow, depending on their field of expertise. These include, but are not limited to: site specific (e.g., breast, urology) or discreet service-based (e.g., Cyber Knife or SABR).

This document is written as general guidance for responsibilities that are included within the four core domains of Consultant Radiographer practice. Functions include but are not limited to:

- acting as a core member of the MDT
- being responsible for management of a complex caseload from point of referral to follow-up
- being entitled to act as a referrer under IRMER
- prescribing Radiotherapy treatment
- demonstrating an expert knowledge of anatomy, physiology and disease progression within their field to prescribe treatment safely, define treatment volumes in radiotherapy planning, manage treatment related toxicities on treatment and during follow up
- being responsible for facilitating and promoting a learning culture within their organisation and higher education establishments, enabling others to develop to their full potential within their specialist field. Supporting and advising other staff including supervising other practitioners while they are providing direct patient care
- demonstrating application of evidence-based knowledge, skills and experience for complex decision making in complex practice and service areas
- being responsible for clinical trials within their defined scope of practice, often as the Principal Investigator.
- promoting and sharing their work and research by means of presentations at conferences and journal publications
- creating and developing protocols of care or co-ordinating pathways throughout treatment
- the majority of Consultants being recognised as a national and/or international expert within their own speciality and being a member of pathway boards both locally and nationally.

Appendix 10

Speciality Practice Area: Ultrasound

Author: Steve Savage

Within the field of Diagnostic Medical Ultrasound, there are several different pathways for Consultant Sonographers to follow, depending on their field of expertise. These include the following specialities:

- Interventional
 - Musculoskeletal
 - Obstetrics
 - Gynaecology
- or a combination of the above

Specifications for Expert Clinical Practice (50% or more of job plan)

- (i) Responsible for, and management of, a complex caseload; this would include highly technical scanning, (e.g., tertiary referral obstetric scans or liver contrast sonography), performing complex procedures such as guided steroid injections, or interventional procedures such as abdominal drainages, prostate biopsy or HyCoSy ultrasound.
- (ii) Responsible for delivering a whole system, patient-focused approach; for example, leading a hospital-wide plural effusion service, ambulatory care diagnostic service or a rheumatology multi-disciplinary team.
- (iii) Demonstrating advanced knowledge, skills and experience within specific specialist or generalist areas of practice (e.g., leading a one stop shoulder service, foetal echocardiography service or leading a multi-disciplinary team).
- (iv) Promoting and demonstrating 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. Involvement in the production and promotion of national evidence-based policies and guidelines.
- (v) Responsible for ensuring adherence to the ethical and moral dimensions of practice.
- (vi) Exercising the highest degree of personal professional autonomy involving highly complex facts or situations which require analysis and interpretation of data, leading to the implementation of a treatment or management strategy for the patient.
- (vii) Creating and developing protocols of care, and designing patient care pathways with the aim of providing best practice examples to others, either within the region or nationally.
- (viii) Recognised as a national and/or international expert within their own speciality, service or field and ensures that locally endorsed standards are evidence-based to reflect the very best available practice. Is a regular national/international speaker on their specialist subject.
- (ix) Being responsible for facilitating and promoting a learning culture within the organisation, enabling others to develop to their full potential within the specialist field. Supporting and advising other staff, including supervising other practitioners while they are providing direct patient care.

Appendix 11

National Profiles for Consultant Radiographers: Therapeutic

Job Title: Radiographer Consultant (Therapy)
Job Statement:

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 of 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

Appendix 12

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

http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/Diagnostic_and_Therapeutic_Radiography.pdf

Appendix 13

Useful links with regards to Consultant Radiographer role

- <https://www.sor.org/career-progression/consultants/consultant-practitioner-accreditation>
- <https://sor.cpdnow.net/framework/analysis/displayresults.aspx?memberqueryid=0ce6181c-ee0e-4c1e-8fc7-f6853e50bd5a&nodeid=fe0235c5-cd2d-44bf-8a1c-ab5004dfa42b&tk=1>
- <https://www.sor.org/career-progression/consultants>
- <https://www.sor.org/career-progression/researchers>
- <https://www.sor.org/learning/document-library/research-strategy-2016-2021/research-strategy-glance>
- <https://www.sor.org/career-progression/researchers/research-resource-pack>
- <https://www.sor.org/career-progression/researchers/council-allied-health-professions-research-cahpr>
- <https://www.sor.org/career-progression/consultants/useful-publications-0>
- <https://www.england.nhs.uk/2016/04/suzanne-rastrick-6/>

(All links accessed 18/2/17)



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OF RADIOGRAPHERS

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