

Consultant Radiographers – Education and Continuing Professional Development

Background

Although consultant radiographer posts are relatively new to the National Health Service they are now well established in the delivery of modern health care in both diagnostic imaging and oncology. There are now an increasing number of consultant radiographers registered with the Society of Radiographers working in a broad spectrum of specialities within therapeutic and diagnostic radiography. This number is rising and is expected to continue to increase as Trusts recognise the value for money that consultant radiographers demonstrate (1).

The role was introduced to enhance service delivery, use innovation in streamlining patient care pathways and improve patient outcomes. The consultant practitioner is expected to demonstrate expert clinical practice, leadership, evidence of teaching and education and participate and facilitate research. For long term success, it is essential all of these aspects are continually nurtured and developed by the practitioner in order to sustain their practice at an expert level and ensure patient care is not compromised. Consultant practitioners are continuously developing their practice and the services they provide, expanding the range of their activity by introducing and validating new techniques and technologies, and leading and directing clinical services. Consultant radiographer roles are pivotal in delivering the challenges set by providing the patient with greater choice initiatives. Reconfigurations of service delivery, including expansion into the community and primary care sectors has required major transformation to secure high quality, evidenced based, cost effective and robust services in line with the Quality, Improvement, Productivity and Prevention (QIPP) agenda in England and similar initiatives in the devolved countries. Patients and services are benefitting from the increased versatility of the workforce which has provided solutions to shortfalls in service delivery. It is critical as the modern service continues to evolve that the consultant practitioner role develops to support the structural framework including governance and processes (2). The key to this evolution is a robust and dynamic on-going educational framework for current and future consultant practitioners who support the continuous evolving needs of patients, services and the profession whilst considering the individual practitioners educational requirements.

Current position

In the current climate achieving and maintaining government led targets is a key measure for Trusts and failure to do so, often incurs severe penalties. The modern health service is a dynamically changing and technologically advancing environment and it is essential to optimise valuable resources to ensure cost effective high quality care. The recent scope of radiographic practice survey 2012 showed both diagnostic and therapeutic radiographers developing and expanding into roles of increased responsibility and clinical complexity (3). Consultant radiographers perform tasks previously performed by consultant radiologists or oncologists and are expected to work at a clinical level consistent with the consultant radiologist or oncologist within their specific area of expertise. Patients should justifiably expect the procedure to be performed to the same standard regardless of who performs the investigation or treatment regime. Although there are now consultant practitioners across the country, the level and quality of the education program in place is inconsistent. A short survey conducted through the consultant radiographer group suggested only 36.4% of consultant radiographers had a CPD budget incorporated into their role. 41.7% of those surveyed had been declined access to courses.

A recent government paper - Liberating the NHS: Developing the Healthcare Workforce: From Design to Delivery (4) recognised the need for reform placing greater responsibility and accountability for decision making regarding educational needs with employers. This requires Trusts and consultant radiographers to negotiate at a local level to agree the funding, that will be required to support their on-going educational requirements. This system is heavily dependent on the stakeholders understanding of the role and recognising the value for money the consultant radiographer presents. Service needs cannot be met now or in the future unless there is a clear understanding of what part each healthcare professional plays in developing the healthcare workforce of the future. Manley and Titchen (5) found organisations did not value, understand or accord appropriate status to nurse consultant practitioners. Fiercely competitive educational resources were being preferentially directed to medical consultants because organisations had not fully grasped the cultural changes in health care delivery. Conversely, the Tooke report (6) indicated that education and training opportunities for doctors were being diminished by other healthcare professionals that had been delegated tasks historically from medical practitioner roles. The report went on to suggest that although such skill mix solutions may be superficially attractive to meet service performance imperatives, they call into question the clarity of roles of other contributors to the healthcare team, and whether role 'substitutors' have the necessary educational foundations to execute the roles to the required

level of high standards. In this highly competitive market it is essential that the limited resources are used cost effectively and that the consultant radiographer can clearly demonstrate the on-going value for money they represent in terms of healthcare delivery in accordance with external pressures such as:-

- Increasing volume and range of investigations
- Rising patient expectations and knowledge and litigation
- Demands for quicker turn around, - rapid access and reduced waiting times
- Technological advancements.

In keeping with this, consultant radiographers need to remain responsive to patient and public needs whilst adapting to changing service models. This can only be achieved if the practitioner is up to date with new technologies and innovations. Positions such as consultant radiographers are best placed to deliver innovation and evolution in health care delivery tackling the challenges faced by the NHS and public health system. They are more so than ever forming the corner stone of specialist services as their time is dedicated to their speciality whilst their medical colleagues address the wider healthcare issues.

Consultant radiographers have demonstrated clear benefit to service delivery (7)

- Increased capacity and patient throughput – helping services to meet national and cancer targets
- Improved use of medical time – a consultant practitioner uses their expertise with no detriment to patient care and improving service delivery as the consultant radiologist to use their time to greater effect in more complex cases better utilisation of resources.
- Cost containment – the introduction of consultant radiographers has enabled services to expand and develop at less cost than if a consultant radiologist had been appointed.
- Improved departmental performance – services with a consultant radiographer have been instrumental in redesigning patient pathways and services
- Increased flexibility – more clinics are scheduled and appointments could be offered at a wider range of times
- Streamlining patient pathways that still deliver high quality services but in more resourceful and innovative way.

To sustain this positive impact on service delivery it is imperative a robust system is in place which reflects the on-going requirements of the consultant radiographer. Liberating the NHS: Developing the Healthcare Workforce: From Design to Delivery (4) sets out an Education Outcome Framework (EOF) describing the expectations of education in health care to deliver an excellent experience for staff and patients, effectively and safely. Although there are 5 core domains, of particular interest for this paper are:-

2. Competent and capable staff – sufficient health staff educated and trained, aligned to the service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs the service needs, whilst working effectively in a team.

3. Adaptable and flexible workforce – a workforce educated to be responsive to changing service models. Reactive and proactive with innovation and new technologies and having the underpinning knowledge to promote adoption and dissemination of better quality service delivery. (4)

Continuing Professional Development(CPD)is mandatory for Health Professions Council (HPC) registration and voluntary consultant accreditation has been introduced. Consultant radiographers are professionally autonomous and work within the profession's ethical framework. They work within their own level of competency and identify further skills they need to develop to ensure that patient and service needs are met and sustained effectively (8). The Society and College of Radiographers (SCoR) clearly recognises the need to analyse the impact of the consultant practitioner and the need for agreement regarding the wider resources necessary to support the practitioner and the post.

Experience has shown that the nature of consultant practitioner posts varies according to local need.

It is imperative that the role is dynamic, adapting to external factors and changing strategical demands. Having

been implemented on the basis of a defined service need, it is important to keep the role under review and support accredited consultant practitioners to remain demonstrably at the leading edge of their specialism (8). As the NHS Constitution (9) states, employers have responsibility for investment in the skills and development of the people they employ. If Trusts are committing to the educational needs of the consultant radiologist a comparable commitment should be undertaken for a consultant radiographer in a similar role. A failure to do so in the long term has the potential of negatively impacting on patient care as the consultant radiographer is not up to date with techniques and technologies.

Comparison with doctors

The General Medical Council (GMC) is about to launch a revalidation system for licensed doctors. This will involve them being revalidated, as fit to practice, every 5 years with the first round

This will involve them being revalidated as fit to practice every 5 years with the first round predicted to be complete by 2016. Through appraisal doctors will have to demonstrate reflective participation in:-

- CPD
- Quality improvement
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

They employ a system of credits to demonstrate CPD activity. The 250 Continuing Medical Education (CME) credits over a 5 year period. Points are allocated according to the type of CPD undertaken and cover a broad spectrum of defined activities. The educational activities described by the British Medical Association (BMA) underpin direct patient care. This is reflected in the formulation of the consultant radiologist job plan and includes all aspects of their role. Doctors professional activities include:-

- Participation in training
- Medical education
- CPD
- Formal teaching
- Audit
- Job planning
- Appraisal
- Research
- Clinical management
- Clinical governance

To sustain work at this level it is crucial the professional activities of the consultant radiographer are consistent with our medical colleagues. There is a requirement for consultant radiographers to participate in CPD for re-registration and this may be audited by the Health Professions Council. However CPD can be demonstrated without reflecting the level at which the work is undertaken. CPD activity requires a level of clarity comparable to the consultant radiologists and oncologists. The consultant accreditation goes some way to addressing the short falls of the current CPD system. The 360° appraisal system or similar concepts which are utilised and gather feedback from colleagues should be mirrored for consultant radiographers. This provides a reflective component to CPD activity.

The way forward

The investment by services in consultant radiographers should be viewed as a long-term asset and not as a short-term solution to recruitment shortfalls. The danger of doing this is alluded to by the concerns raised in the Tooke report where it has called into question the ability of skill mix to deliver a clinical service at the 'required' standard (6). Consultant radiographers need to ensure that over time they continue to practice at the highest levels consistent with contemporary health care. This goes without saying as the pivotal key to any consultant radiographer post is a solid and grounded foundation within a specialised area, which propels the individual into a position as a clinical expert in their field. Other skills and attributes required to function at a consultant level can be developed in a shorter time frame but the fundamental clinical roots need investment in terms of time, training and mentoring.

In keeping with this, when developing a business case for a consultant radiographer all Trusts should be consolidating their commitment to the educational requirements of the consultant practitioner as an on-going cost implication for level of clinical expertise which develop in line with future demands (10). The lack of suitable training arrangements could represent a significant risk to the practitioner and their Trust. Higher patient expectations and access to healthcare information have increased litigation. Services should be performing an in-depth analysis of current and future learning needs focussing on delivery and outcome measures rather than the individual practitioner. The focus must be on excellent patient care and expanding the scope of access to care for patients. The learning needs must be in the context of service requirements and the practitioner must be equipped to respond to the needs of the patient and rapid advances in technology. It is essential that the development and shaping of the professional workforce takes place within the overall context of the whole workforce. The modern practitioner must translate research and innovation into clinical practice. Having demonstrated the advantages it is essential consultant radiographers reinforce and maintain their role in the delivery of health care in the modern age. Strategic planning for the education needs of consultant

radiographers is required at a local and national level in forming the contracting and funding of education provision. This will facilitate inter-professional and cross-boundary working which is an integral part of the consultant role and the contribution they make to health care. It is imperative their practice is underpinned by an appropriate education structure (13). The on-going education of the consultant radiographer should not be at the expense of the other radiographic staff and there should be development of appropriate funding streams. Budgets should be allocated according to service need.

The lack of understanding of the consultant radiographer role by organisations in the context of health care is an on-going issue. The Tooke report (6) suggested that given the interdependency of professional constituents within the contemporary healthcare team account should be taken of public expectations and there is a need to establish a common understanding of the role. Such issues should be urgently considered by key stakeholders with an education and training program to support the development of the redefined roles for each professional grouping and provide the necessary educational foundations to enable them to practise safely and effectively, and to aspire to enhanced roles.

Employers and contractors of doctors' services are responsible for making sure their workforce is competent, up to date and able to meet the needs of the service and should facilitate access to the resources to support this, including time to learn(11). When appointing a consultant radiographer to a post previously held by a medical practitioner Trusts should be considering the same level of commitment to their employee when appointing or developing the post. Health Education England (HEE) will take forward a plan to educate doctors that meet the changing needs of our aging population. There will be less emphasis on specialisation. In collaboration with the GMC, professional bodies, employers and the relevant UK bodies they will consider the best utilisation of the workforce to give greatest flexibility of service delivery. Strategically this represents an excellent opportunity for the consultant radiographer to bridge the gap in the specialised but limited field of expertise in which they practice. However it will then be even more imperative they have the educational structure to support this evolution in practice. This new system for education and training requires a commitment to tackle variations in quality standards and assure greater consistency in access to employer-led continuing professional development and new professional, educational initiatives. Local Education Training Boards (LETBs) will address inconsistencies in their locality and will have the ability to use all the levers at their disposal including resources to address their educational needs. LETBs will be held to account by HEE to account through the EOF this should be independent of the individual role. HEE will need to engage with professional bodies to develop and align professions standards and standards of education and training to meet the changing needs of services, patients and local communities(4). It is therefore imperative that these new governing bodies are aware of the contribution made to service delivery by consultant radiographers.

The current workforce are already trained and employed in delivering services. Their continuing personal and professional development is their responsibility and also a responsibility of their employers. This is already supported through the NHS Constitution. In keeping with this a structured robust succession plan will ensure the smooth transition from advanced practitioner to consultant practitioner through utilisation and development of the current workforce available.

Consultant radiographers already participate in appraisal and CPD is compulsory for registration with the Health Profession Council (HPC). The consultant practitioner should agree on-going educational needs as part of the appraisal and development review process and should consider contractually agreed study time. The agreement should be formally documented and form part of the terms and conditions of the position. The SCoR recommends 6 days per annum CPD for full time staff and on a pro-rata basis for part-time staff. In the interest of the long term benefits to patients and service delivery Trusts should factor into manpower requirements protected study time in a similar way to annual leave and sickness (12). Consultant radiographers must sustain academic activity at a level appropriate to their scope of practice including professional conferences, relevant training programs and academic awards such as a PhD.

The GMC is launching the new revalidation scheme over the coming months and years. The SCoR has developed already an accreditation system to recognise the activity of the consultant radiographer at the appropriate level. This should be supported and developed to underpin consultant practice. A system that will deliver measurable outcomes that can drive the educational requirements of the individual practitioner and consultant radiographers as a group.

Recommendations

- The consultant radiographer group will actively support the accreditation system implemented by the SCoR and commits to the development of a robust accreditation system for consultant practitioners.
- The consultant radiographer group will issue a statement to newly formed HEE to raise awareness of the role of the consultant radiographer in health care delivery
- The consultant radiographer group would urge Trusts to consider the long term investment of the consultant radiographer to include the on-going educational requirements.
- The consultant radiographer group would urge the SCoR to consider a system similar to

- The consultant radiographer group would urge the SCoR to consider a system similar to CME points currently used by medical practitioners
- The SCoR and consultant radiographer group will undertake to review GMC/RCR paper work regarding revalidation.
 - The consultant radiographer group will endeavour to interrogate and endorse education programs that support, develop and enhance consultant practice

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