

Can the Consultant Radiographer Safely Prescribe Radiotherapy and Improve Service Efficiency?

Karen Moore
Consultant Radiographer
Beatson West of Scotland Cancer Centre



Disclosure

No relevant financial relationships exist

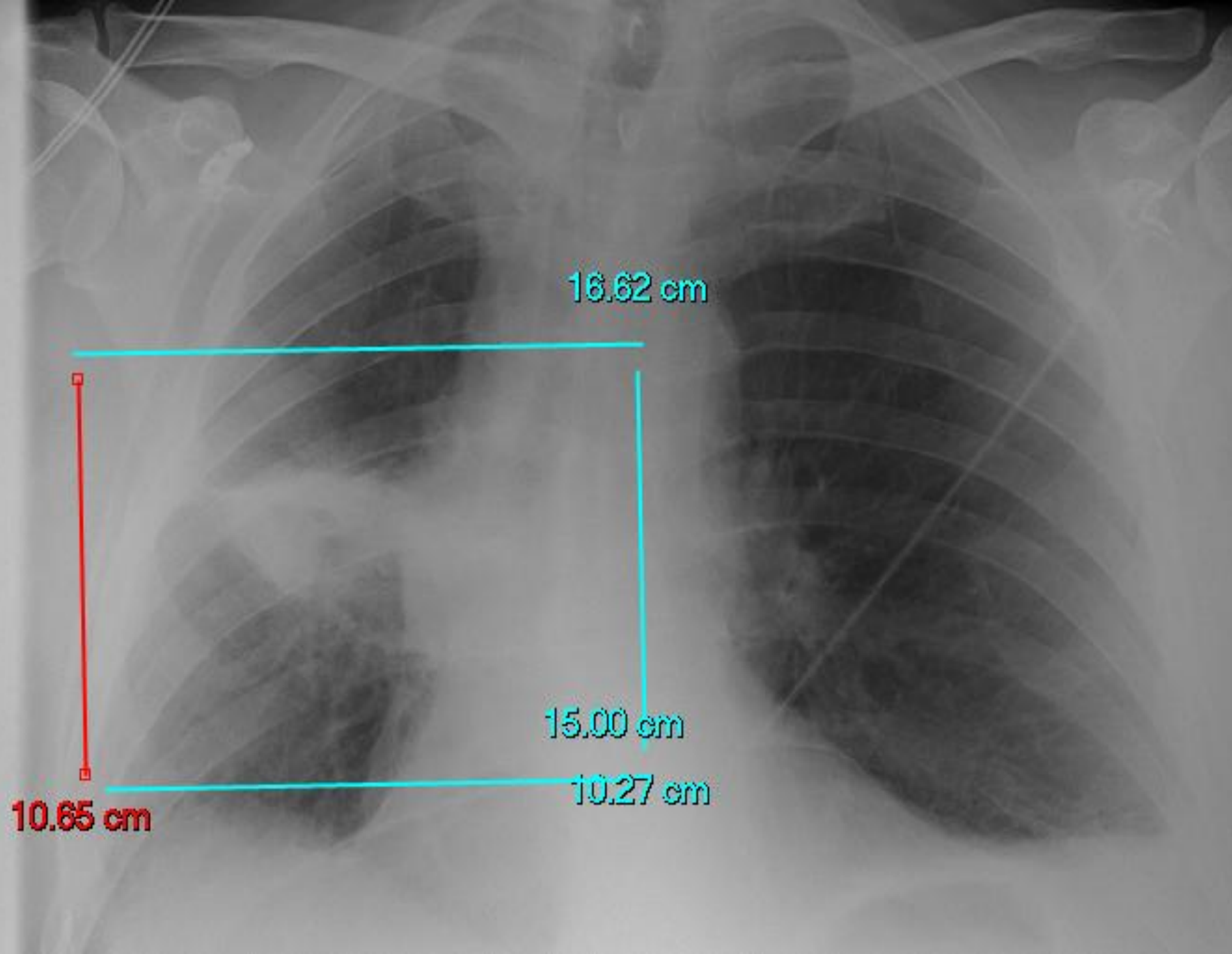
Role of Consultant Radiographer



Statement



“I will implement a Consultant Radiographer led Palliative radiotherapy prescribing session and improve the care this patient group receive in the Beatson”



16.62 cm

10.65 cm

15.00 cm

10.27 cm

Training Plan

- ▶ Find a mentor
 - ▶ Attend local MDT
 - ▶ Shadow consultations
 - ▶ Consent
 - ▶ Supervised radiotherapy planning
 - ▶ Expand mentorship
 - ▶ 2 more consultants on board
- 1 year later



Radiotherapy Prescriber

FM 10.02.97: CONSULTANT RADIOGRAPHER TRAINING - PALLIATIVE RT

NAME	KAREN MOORE			
	SIGNATURE OF TRAINEE	DATE	SIGNATURE OF TRAINER	DATE
GENERIC PALLIATIVE PROCEDURES				
G1 Spinal Cord Compression		17/9/14		17/9/14
G2 Brain Metastases		17/9/14		17/9/14
G3 Bone Metastases		17/9/14		17/9/14
G4 SVCO / Stridor		17/9/14		17/9/14
G5 Nodal Mass in Neck etc		17/9/14		17/9/14
G6 Tumour Deposits in Skin		17/9/14		17/9/14
SITE-SPECIFIC PALLIATIVE PROCEDURES				
L1 Palliative Chest		17/9/14		17/9/14

This Document is supported by a training log covering all the sites listed above. The trainee has been supervised throughout training and has demonstrated competency in these procedures. This provides sufficient, verifiable evidence for the individual to be entitled under IR(ME)R to act as Practitioner for Pre-Treatment and Treatment radiation exposures for the listed sites.

Signature of Clinical Director: Date: 19/9/14

Signature of General Manager: Date: 21/9/14

ENTRE - QA CONTROLLED

GRAPHIC TRAINING - RT

ORE

DATE	SIGNATURE OF TRAINER	DATE
19/14		21/14
19/14		21/9/14
19/14		21/9/14
19/14		21/9/14
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19/14		21/9/14
19/14		21/9/14
19/14		21/9/14

If the sites listed above. The trainee has demonstrated competency in these procedures. The individual to be entitled under IR(ME)R to act as Practitioner for the listed sites.

Date: 19/9/14

Date: 21/9/14

CENTRE - QA CONTROLLED

TRAINING - PALLIATIVE RT

DATE	SIGNATURE OF TRAINER	DATE
19/14		21/9/14
19/14		21/9/14
19/14		21/9/14
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Date: 19/9/14

Date: 21/9/14

BEATSON WEST OF SCOTLAND CANCER CENTRE

Specialist Oncology Services

Clinical Director: Dr D Dunlop

General Manager: Mr G Jenkins



PROPOSAL FOR THE INTRODUCTION OF RADIOGRAPHER PRESCRIBING FOR PALLIATIVE IRRADIATION OF PATIENTS WITH PRIMARY LUNG CANCER, MESOTHELIOMA OR METASTASES FROM LUNG CANCER

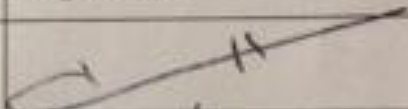
This is a proposal to extend the role of Consultant Radiographer Karen Moore, to provide a Radiographer-led service for planning and prescribing palliative external beam radiotherapy for patients with primary lung cancer, mesothelioma or metastases from lung cancer.

This proposal outlines the background and QS 11.28 (attached) identifies roles and responsibilities and the way in which this will be implemented to ensure that the individual continues to work within appropriate governance procedures, including continuing to work within the SCoR and HCPC Code of Conduct and Ethics and the HCPC Standards of Proficiency that apply to the individual's scope of practice.

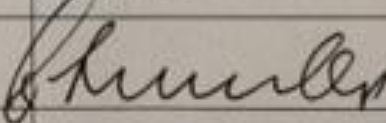
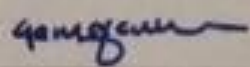
- To practise as an autonomous professional, exercising professional judgement
- To assess a situation, determine the nature and severity of the problem and call upon required knowledge and experience to deal with the problem
- To initiate resolution of problems and be able to exercise personal initiative
- To know the limits of their practice and when to seek advice or refer to another professional
- To recognise that they are personally responsible for and must be able to justify their decisions

can resources, result in better patient outcomes and show the way forward in adopting new technologies and techniques

This proposal is supported by the following:

	Signature	Date
Jonathan Hicks, Consultant Clinical Oncologist		17/7/14
Vivienne MacLaren, Consultant Clinical Oncologist	VmacLaren	19/9/14
Rosie Harrand, Consultant Clinical Oncologist	Rharrand	18/9/14
Lesley Cairns, Head of Therapy Radiography	Lesley Cairns	18/9/14

This proposal is approved by:

	Signature	Date
David Dunlop, Clinical Director		19/9/14
Gary Jenkins, General Manager		19/09/14

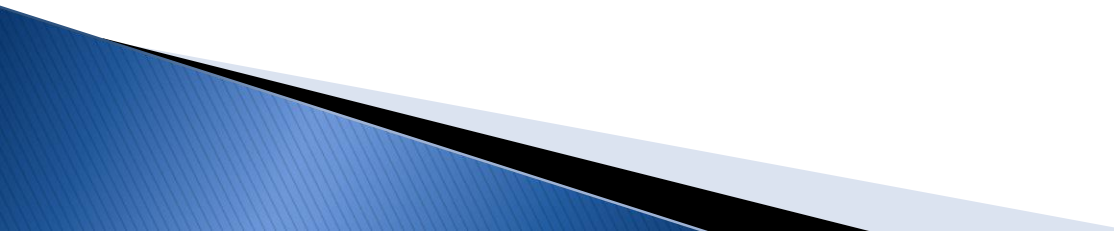
Appendices:

QS 11.28 Radiographer Prescribing for Palliative Irradiation of Patients with Primary Lung Cancer or Metastases from Lung Cancer

(Subsequently incorporated in QS 11.18)

FM 10.02.97 Consultant Radiographer Training - Palliative Radiotherapy

Planning session

- ▶ 3 / 4 patients on Thursday and Friday
 - ▶ Patient referred to me by Mentors
 - ▶ Outpatient clinics run throughout the week.
 - ▶ Consultant may not have availability
 - ▶ I will (at the moment!)
- 

Lanarkshire Beatson Satellite centre



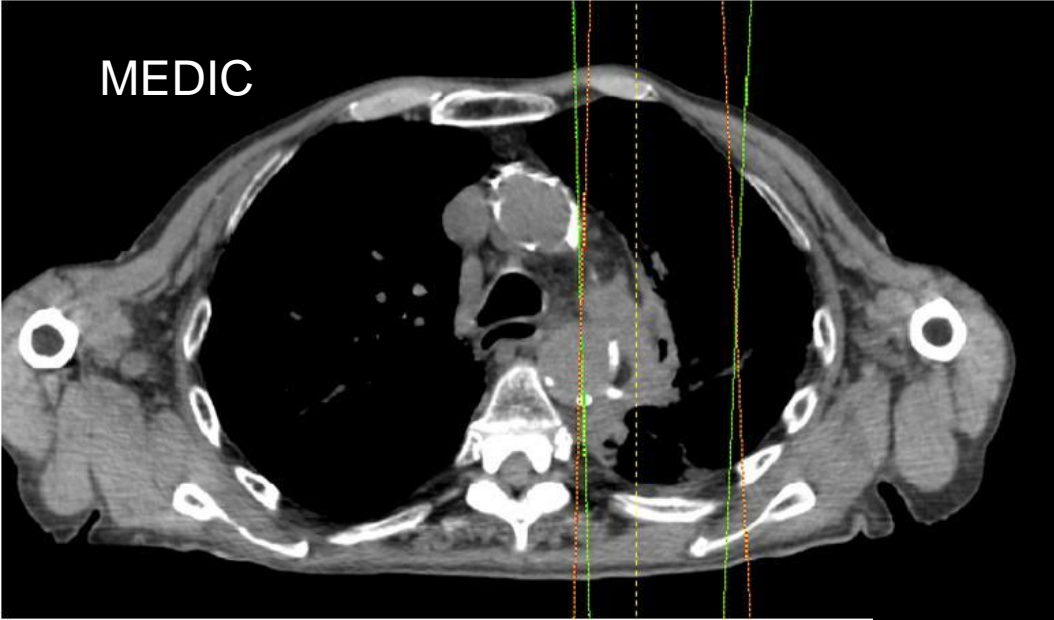


Methods

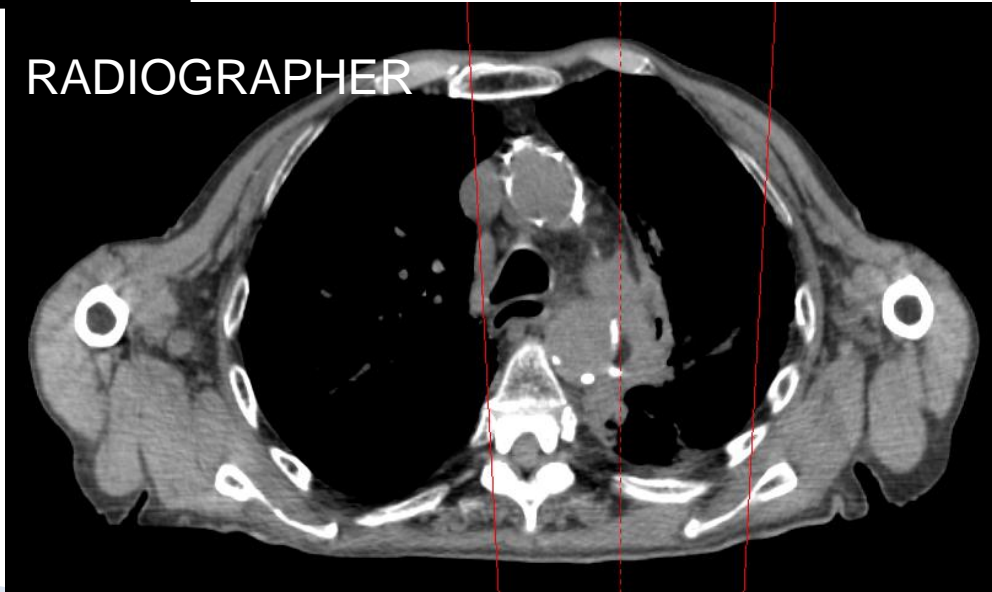
- 10 patients chosen at random and anonymised.
- This was from a total of 121 patients planned in 12 months.
- Retrospectively planned by their own consultant
- A separate independent Consultant Clinical Oncologist was asked to compare the two plans. They were blinded to Consultant Oncologist v Consultant Radiographer
- The number of days from decision to treat (DTT) to start date (SD) was compared for patients planned by the Consultant Radiographer and patients planned by the Consultant Clinical Oncologist.

	Con Field size	MLC	Rad Field size	MLC	Diff Cm	Difference cm		
						R	A	S
1	7.4x9.8	n	9x9.6	n	1.6x0.2	2.2	N/A	1.0
2	13.6x13.2	y	10.6x10.4	y	3x2.8	1.6	N/A	1.2
3	10.2x11	y	7.2x12.8	n	3x1.8	1.6	N/A	0.6
4	8.2x11.4	n	11.2x12	n	3x0.8	0.6	Ap/pa v direct	0.2
5	8.4x9.2	n	9.8x10.4	n	1.4x1.2	0.9	N/A	1.6
6	10.2x8.4	n	10.7x10.2	y	0.5x1.8	0.4	N/A	0.5
7	14.2x14.4	y	7.2x12.4	n	7x2	1.9	N/A	0.4
8	12x14	y	10.6x9.4	n	1.4x4.6	0.4	N/A	0.5
9	8.6x13.8	n	9.6x10	n	1x3.8	0.4	N/A	0.8
10	7.4x6.5	y	6x7.8	n	1.4 x 1.3	0.6	N/A	1.4

MEDIC

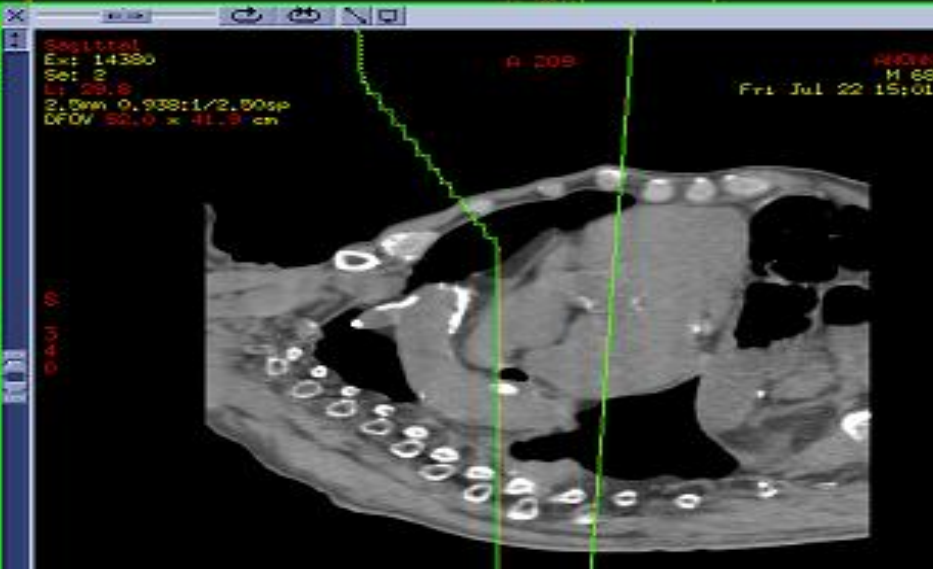
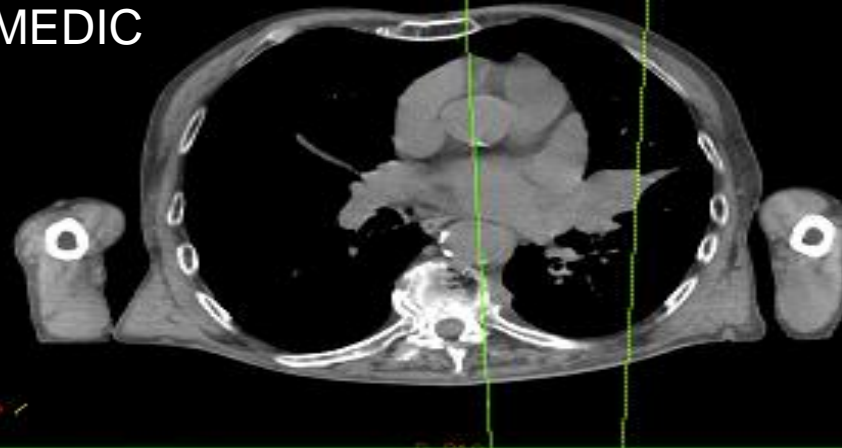


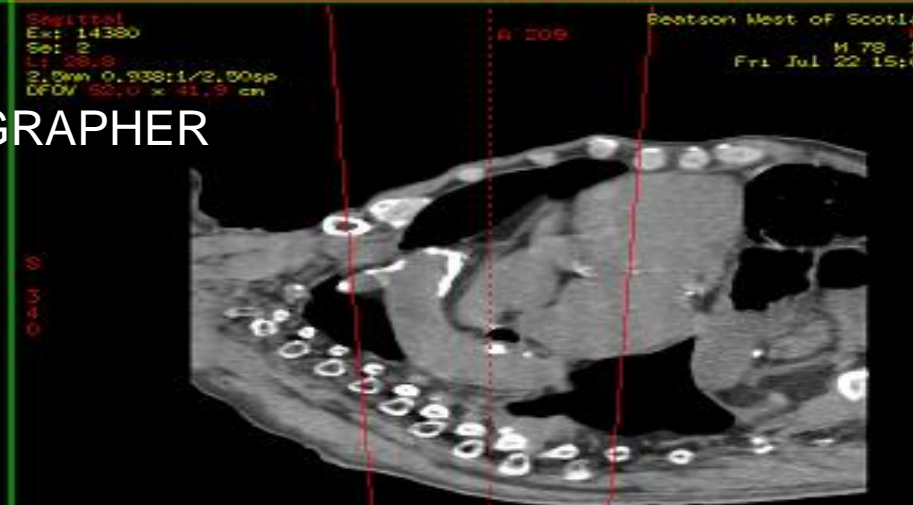
RADIOGRAPHER



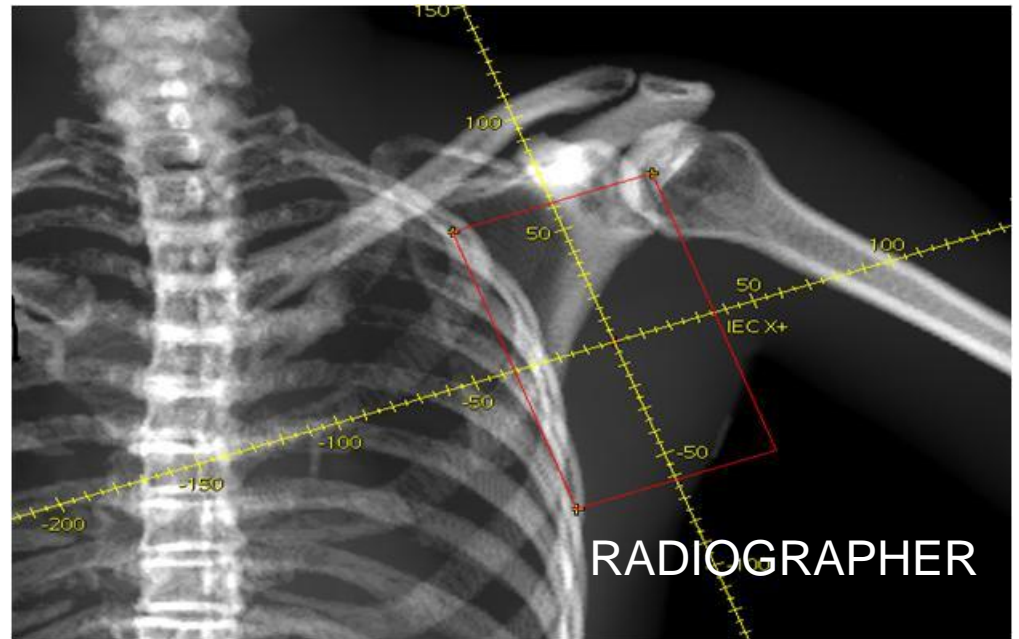
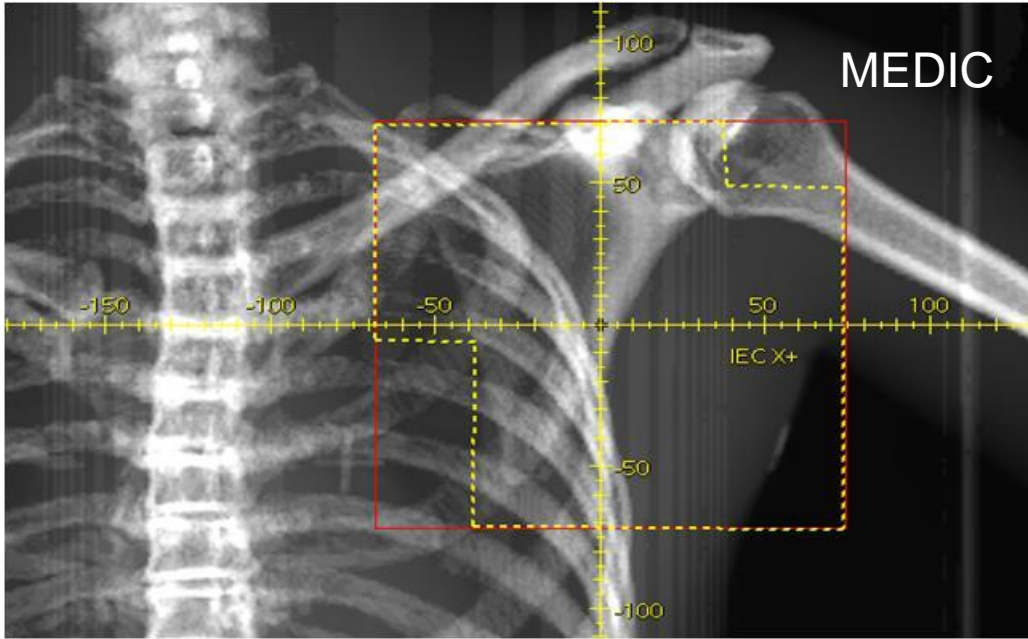


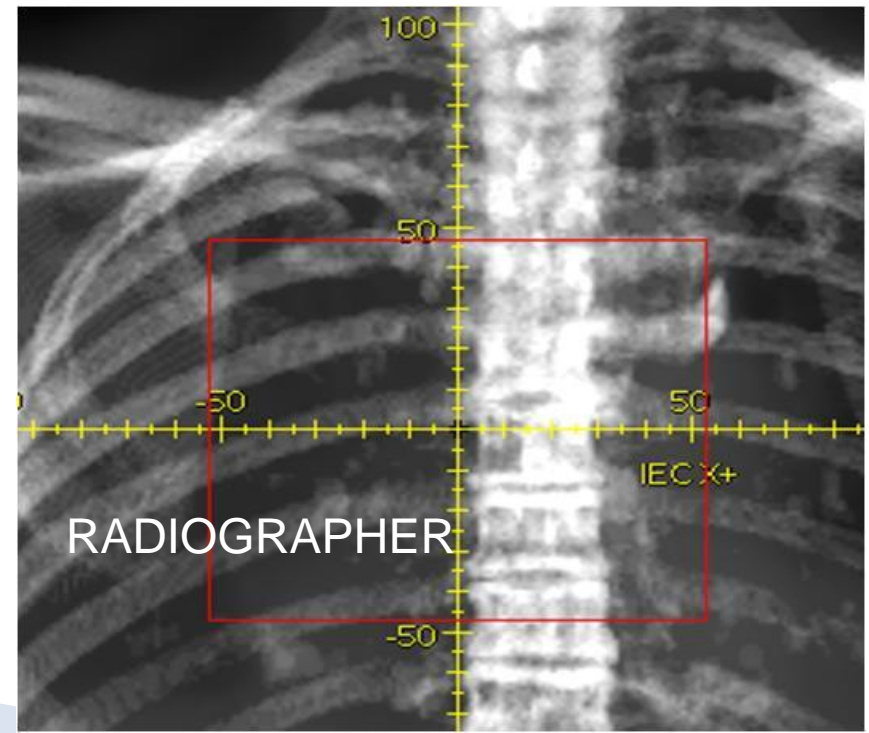
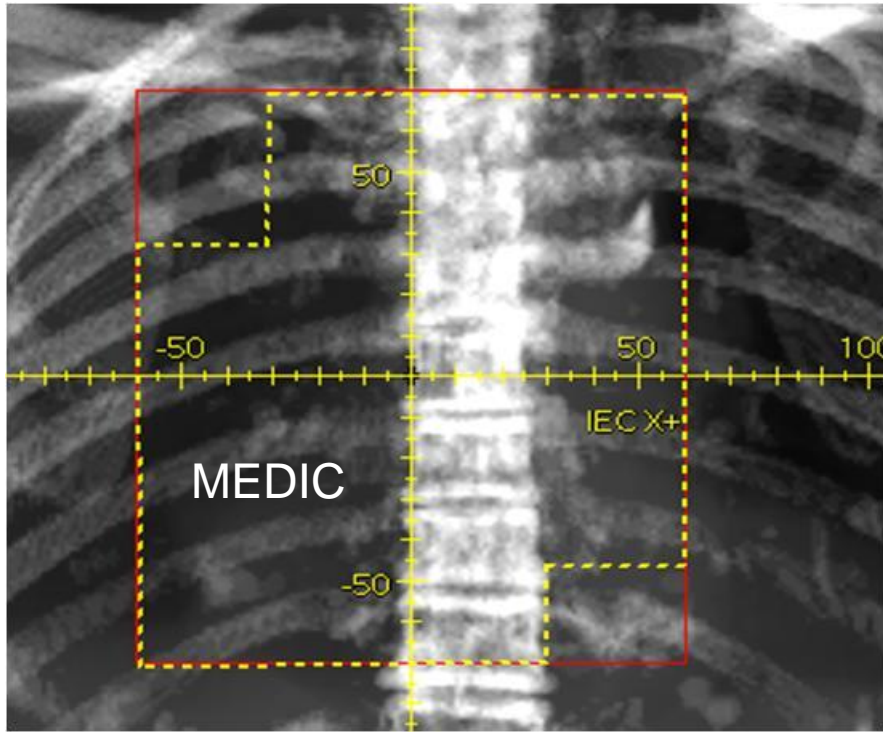
MEDIC





RADIOGRAPHER





Time to Treatment

- ▶ Median number of days for medic plan from Decision to Treat to Start date : 11.5 (0–15)
- ▶ Very few patients were treated within 24hrs

- ▶ Median number of days for Radiographer plan from Decision to Treat to Start date: 7 (0–12)
- ▶ Much higher percentage of patients treated in 24 hrs

Glasgow pathway with Clinical Oncologist

Day 0

- Patient referred for imaging
- Routine follow up
- New symptom
- Diagnostic imaging

Day 1-7

- Patient discussed at MDT
- new/progressive disease
- Seen by Clinical Oncologist next available slot
- Palliative XRT appropriate

Day 7-14

- Booked for XRT next available slot
- XRT planned

Day 7-21

- Depending on # could wait a few days before start date

Glasgow pathway with Consultant Radiographer

Day 0

- Patient referred for imaging
- Routine follow up
- New symptom
- Diagnostic imaging

Day 1

- Patient discussed at MDT
- new/progressive disease
- Seen by Consultant Radiographer
- Palliative XRT appropriate

Day 1-2

- Booked for XRT same or next day
- XRT planned

Day 1-5

- Depending on # could wait a few days before start date

Conclusion

- ▶ **The 4th Clinical Oncologist concluded that no clinical significance was found in any of these audited radiotherapy plans.**
- ▶ **The Radiographer made sound clinical decisions**
- ▶ **The patients received radiotherapy sooner if planned by the radiographer**

So.... can the consultant safely and efficiently prescribe radiotherapy and improve the service?

Yes!

A decorative graphic element in the bottom-left corner of the slide, consisting of overlapping blue and black geometric shapes.

What's Next?

- ▶ Several trials involving more complex radiotherapy techniques COMET10, CORE, SARON
- ▶ Consultant radiographers should play a role in these trials from the beginning.
- ▶ SABR is routine
- ▶ Currently consultant radiographer assist in the outlining of the GTVs for these radical patients.
- ▶ Must remember the need for a quick turn around for palliative patients
- ▶ Provide 360° care

Some people will love you
no matter what
you do.

Others will never love you
no matter what
you do.

Go where the love is.

THANK YOU FOR LISTENING!



ANY QUESTIONS?