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

- Expert clinical practice
- Educational and Professional Development
- Professional Leadership and Consultancy
- Practice and Service Development
Statement

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>KAREN MOORE</th>
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<tr>
<th>GENERIC PALLIATIVE PROCEDURES</th>
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<td>G1 Spinal Cord Compression</td>
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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:

*Liam Harvey*

Date: 19/9/14

Signature of General Manager:

*Signature*

Date: 21/9/14
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
team resources, result in better patient outcomes and show the way forward in adopting new technologies and techniques

This proposal is supported by the following:

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Vivienne MacLaren, Consultant Clinical Oncologist</td>
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<td>Rosie Harrand, Consultant Clinical Oncologist</td>
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<tr>
<td>Lesley Cairns, Head of Therapy Radiography</td>
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This proposal is approved by:

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<td>David Dunlop, Clinical Director</td>
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<td>Gary Jenkins, General Manager</td>
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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.
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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!
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?