

## **RoY successful nominees**

### **Nominee 1**

Details of nominee's career/work: Working at Y Hospital General Radiology department. History of working within Interventional Procedures with current role extension for barium screening procedures. RPS for general x-ray, student co-ordinator, patient leaflet group among other roles.

I have recently returned to my hometown after a 5 year absence. I now work in the hospital where X works and the hospital is also one of 3 where I trained initially.

First and foremost, X is one of the most pleasant people you are ever likely to meet. Never one to appear stressed or to raise his voice, he remains calm in every situation whilst still showing a commitment to doing the job "right first time". He is ever-helpful, a fantastic source of information, technically skilled and highly regarded across the range of disciplines and on top of this organises regular social events for the team.

X has taken on a multitude of extra responsibilities for the department, including RPS and student co-ordinator as well as taking some responsibility for the range of patient information leaflets we distribute. He fulfills all these roles with courtesy, excellent knowledge, approachability and efficiency.

I have been a student taught by X in the past and I have also seen him teach the students of today and I never fail to be impressed with his ability to breakdown his teaching into a coherent structure. He also gives of an air of competence that promotes real confidence in the information he shares.

In addition to this, he is genuinely a nice bloke and always seems interested in you as an individual. To me he is a rare entity in the workplace, the type who are real assets to their department and who continue in their work without fanfare. I know he will be very surprised if he finds out I have nominated him, but I strongly believe that radiographers of his caliber should be celebrated.

***This relatively short nomination still manages to get across a lot of points that help judges to see what the nominee has achieved and the difference that this makes. It is also nicely personal, indicating clearly the personal regard that the nominator has for the nominee.***

### **Nominee 2**

X began working at Y Hospital after qualifying from 1975 and was promoted to a Senior 2 Radiographer. In late 1978, X moved to Z Hospital where she worked on a telecobalt Philips 250 unit and helped finish the commissioning on a Dynaray Linac.

In 1980 X was promoted to a Senior 1 working on the treatment units. In 1993 she began working for Radiotherapy Physics as a dosimetrist, planning Radiotherapy treatments. In 1998 she was promoted to a Superintendent role over the planning simulators. She played a large role in the move from the old Hospital to the new purpose built premises where she was promoted to a pre-treatment specialist. In 2003 X took on the role as Head of the Radiotherapy department.

I know that I will be supported by my colleagues in the Radiotherapy department at the hospital in nominating X for what I believe would be a fitting award: "Radiographer of the Year"

X has successfully led the radiotherapy team for eight years, with what I can only describe as dedicated professionalism, often in times of immense pressure caused by a need for more treatment capacity together with a lack of adequate funding. Her interests have not been her own successes or sacrifices, but rather those of her team and her department.

X has frequently managed to master the 'balancing act' of listening to senior managers' requirements, often focused on finance and targets, whilst maintaining a clear vision for the future of the radiotherapy department. She always has patient care at the centre of her vision, but also cares about the well-being and development of her team. Of particular note is the fact that the treatment team she manages is among the most productive in the UK.

This achievement is not a result of driving Radiographers too hard, but because she listens to staff, believes in them and champions their ideas. She has been described by her colleagues as "always having the wellbeing of her staff in her mind".

X has always believed that radiographers can be leaders and can push professional boundaries in radiotherapy to deliver the best patient care. Prior to her managing the department, she managed the dosimetry planning process, a position usually held by Physicists. More recently she created a research post recognising the need for radiographers to develop the Radiotherapy service.

Despite resistance, she has convinced the senior managers in the trust to adopt the 4-tier structure, as recommended by NRAG, securing funding for a massive seven Advanced Practitioner posts and four Assistant Practitioner posts, with the promise to implement Consultant Practice in the near future. This means that a large proportion of our radiographers are undertaking M-Level study and professional development. This modernisation in the workforce structure is already beginning to bring care benefits to the patients.

Finally, speaking from my own experience of working with X, I have found that she always has an open door and is always ready to set aside time to discuss ideas or problems. Even in the most difficult of situations she will say "I think I can see the light at the end of the tunnel". Invariably she is right. Her tireless hard work and 'can do' attitude constantly inspires her colleagues to improve the quality of patient care and supports the development of the service. At a time when managers have such a difficult role to play within the NHS, with the squeezing of budgets and ever increasing demands for capacity; I believe recognition for such dedication to the profession is long overdue.

***It is good to see nominations for excellent managers. This one takes trouble to point out how the nominee makes a difference to the staff, the service and to the patients. It is easy to assume that adjudicators will know what good radiographic practice involves. However, as here, it is better to spell it out. Remember, the judges need you to say what it is about the nominee that is special.***

### **Nominee 3**

X trained as a Therapy Radiographer at Z General Hospital then moved on to work in Y city before coming to Q.

Throughout her career she has been involved in developing new techniques in relation to Linacs, superficial and deep x-ray therapy and brachytherapy. She has also been a part of the gynaecological, skin clinical process and multi-disciplinary teams as well as being involved in the Equality and Diversity team. She has been involved in the evolution of both patient care and staff training and knowledge.

She lectures to students and provides informed teaching to doctors in relation to skin treatments. She has been instrumental in the development of radiographer led services for gynaecological brachytherapy and skin cancer treatments and currently leads both.

X shows exemplary professionalism and dedication to patients and the service she provides. Quite simply, she has revolutionised the service provided in brachytherapy and skin treatments; almost all of the developments she has introduced have been entirely led and driven and undertaken by her.

For gynaecological brachytherapy there has been a move towards image-guided brachytherapy in recent years. This service development is recommended by the Royal College of Radiologists. When the new Microselectron® treatment unit was installed, X underwent training in the use of the diagnostic-quality C-arm to allow orthogonal images to be obtained.

As a result of this, for the first time, the department was able to estimate radiation doses to the bladder, as recommended by the International Commission on Radiation Units (ICRU). X has subsequently trained all other members of the team to use this equipment.

For further developments, X has undertaken MSc modules in gynaecological ultrasound and has single-handedly introduced a real-time ultrasound at the time of gynaecological brachytherapy intracavitary insertions. This has vastly improved the accuracy of these treatments, preventing unwanted uterine perforations that would have resulted in unwanted radiation over-doses to bowel and bladder, and enabling the hospital to fulfil the first of four levels of image-guided brachytherapy development, namely verification of applicator position.

For gynaecological obturator treatments, X has greatly improved the service provided to patients. She has undertaken specific training in gynaecological anatomy and examination that has enabled her to introduce a radiographer-led obturator sizing service. Previously this work was undertaken by doctors and required patients to wait anxiously for a doctor to be free.

X's work has improved waiting times and reduced the number of visits required by patients. X has rolled out this training to other radiographers by devising in-depth, in-house training programme involving training in gynaecological examination and case studies.

For patient support and education, X has established a radiographer-led service explaining the use of vaginal dilators to patients in order to prevent vaginal stenosis after radiotherapy. This has allowed patients to receive information and training in a timely fashion, directly at the end of their radiotherapy treatment, from a health-care professional whom they know and trust.

X has undertaken patient questionnaires on information needs that have demonstrated what patients feel is important to them and how they wish to receive support. This knowledge has enabled X to provide individualised support to patients fully through their treatment. Consultant oncologists within the hospital report that patients who have met X speak very highly of her and the service she provides, without exception.

For staff development, X organised a questionnaire survey examining knowledge of colleagues who work within the department and who rotate to brachytherapy. The results established the need for extra training in gynaecological anatomy and gynaecological brachytherapy applicators, which has resulted in X establishing a comprehensive induction programme for colleagues rotating to brachytherapy.

For prostate brachytherapy, X extended the use of her C-arm service to include imaging after seed insertion. This enabled the seeds to be visualised and counted and was crucial to the establishment of this new All-Wales service.

For skin radiotherapy, X has undertaken expert practice MSc modules to learn how to plan skin radiotherapy. She has established a radiographer-led clinical assessment clinic within the context of a multidisciplinary skin clinic. This enables patients to be seen and planned in a one-stop service which involves clinical assessment, radiotherapy planning, counselling patients about side effects of treatment, obtaining informed consent and review of pathological results, all undertaken by X.

X has also established a stand-alone clinic where she takes direct referrals. This has reduced waiting times, allowed patients to meet the treatment radiographer at their first appointment in Q, freed up consultants' time, made more efficient use of radiographers time, and reduced the need for extra visits for planning.

X has undertaken a patient satisfaction survey of her skin service which has shown extremely high levels of patient satisfaction with a median score of 5/5 on a Likert scale for the areas of thoroughness, respect and dignity, confidence and overall satisfaction with the service.

Despite her flair for driving change and developing the service, X has not lost sight of the essential skills required by radiographers, and undertakes the routine daily checks required with unfailing diligence and care.

Aside from her individual achievements, X is quintessentially a team player, and is a valued and treasured member of the team. She is punctual, reliable, conscientious, efficient, respectful of all team members and has a good sense of humour. She is the epitome of all that it takes to be an exceptional radiographer and I cannot recommend her highly enough for this award.

***This much longer nomination goes into detail of less well-known areas of radiography in order to help adjudicators appreciate the contribution that the nominee has made. Notice how they also explain why each of these is important and how much difference the work has made.***