

# Case Study

Introduction of a clinical progression pathway of advanced to consultant therapeutic radiography - breast  
University Hospitals Dorset NHS Foundation  
Trust and Wessex Cancer Alliance

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# Introduction

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University Hospitals Dorset NHS Foundation Trust covers Poole, Royal Bournemouth, and Christchurch hospitals. The radiotherapy department based at Poole Hospital, with a satellite department at Dorchester Hospital, serves the local population of Dorset and parts of Wiltshire and Hampshire and treated 2,438 patients in 2021/22. The service provides radiation treatment for the majority of adult cancers - the most common being breast cancer. The department has four multi-energy linear accelerator radiation treatment units (often referred to as LINACs) which are used to treat a variety of tumours including breast, prostate, bladder, head and neck.

The radiotherapy department consists of the pre-treatment section, who decide on bespoke immobilisation for each patient and plan patient's treatments using CT scanning, and the physics planning department, who calculate the treatment plans ready for treatment. In addition, research radiographers undertake clinical trials. There are 60 staff in total in the radiotherapy department which includes therapeutic radiographers and support staff who work closely with a multidisciplinary team including clinical consultant oncologists, the radiotherapy physics department, nurses and other Allied Health Professionals (AHPs).



## What was the issue/problem that needed to be addressed?

The trust was aware of the increasing issues around recruiting and retaining therapeutic radiographers, the subsequent workforce gaps and the need for patient continuity of care with an increasing number of patients and demand for services and meeting the national cancer waiting times. Attracting therapeutic radiographers is an on-going workforce issue and staff have said the opportunity of progression, particularly clinically (and not just via a management route) would attract them to, and remain in, the trust. In addition, there is an identified gap in enhanced, advanced and consultant levels of practice due to the shortage of oncologists.

Some initial research was undertaken with other radiotherapy departments for information and ideas for service development.

## What action was taken to address the issue?

To help encourage the recruitment and retention of therapeutic radiographers the trust is developing a new structured career pathway to progress a new Agenda for Change (AfC) Band 7 enhanced practitioner through advanced practice to the role of consultant therapeutic radiographer - breast and it is estimated that this will have an estimated 5-year timeframe depending on the candidate.

This level of practice is based on an identified service need and is part of the service workforce plan. A business case was made for the new role development and is supported by the trust and Wessex Cancer Alliance.

Having the workforce structure to allow for progression is key for a successful implementation of the pathway and succession planning is a crucial part of this. The new roles will be developed on a site-specific basis which will add benefit to the patient experience.

This means that an AfC Band 5 Therapeutic Radiographer could progress through to an AfC Band 6 role with supervisory responsibility onto an AfC Band 7 enhanced practitioner role, undertake additional training and development as an AfC Band 8 advanced practitioner and then with the relevant education, training, experience and support to a consultant role.

It was decided to develop a career pathway to progress from trainee advanced clinical practitioner into consultant level practice specialising in breast cancer as this area has the highest number of patients.

The College of Radiographers (CoR) Education and Career Framework [\[link\]](#) provides guidance for the education and career development of the radiography profession and defines the various levels of practice.

Recruiting to these roles will improve patient experience, enhance the clinical treatment pathway and support the clinical oncologist team to deliver the service in a timelier way.



## Advanced Practitioner in Therapeutic Radiography (AfC Band 7)

### Training: Years 1 - 2

During training the therapeutic radiographers will be on a AfC Band 7 role and be allocated a clinical supervisor. (This route could also be undertaken via the Advanced Clinical Practitioner Degree Apprenticeship Standard.) [🔗](#)

The requirements for advanced practice are set out by the Society of Radiographers (SoR): [🔗](#)

- **undertake a relevant accredited clinical Masters in Science (MSc) in advanced practice that meets the standards in the Health Education England Multi-Professional Framework for Advanced Practice in England.** [🔗](#) **This must encompass the four pillars of clinical practice, management and leadership, education and research. Also demonstrate core and area specific clinical competence taking the modules which are most relevant to breast care such as understanding any radiotherapy specific side-effects, planning for the breast and non-medical prescribing.**
- **meet the accreditation requirements of the College of Radiographers (CoR).** [🔗](#)

### Years 3 - 4

## Advanced Clinical Practitioner in Therapeutic Radiography (AfC Band 8a)

After successfully completing these requirements and being deemed competent the individual will now be qualified and registered as an advanced clinical practitioner and will progress onto an AfC 8a banding.

**The role:** The advanced clinical practitioner in therapeutic radiography will have developed expert knowledge and skills and have a high level of autonomy and complex decision-making in relation to the delivery of care in therapeutic radiotherapy. The role will undertake advanced clinical breast practice duties which include seeing new patients, triaging for treatment, treatment planning, on-treatment review and follow up review. As a key role in the therapeutic radiotherapy team the role will also interact with relevant multidisciplinary teams to ensure high quality, effective care. Advanced practitioners should also be mentoring and supervising and can become trainee advanced practice supervisors as part of their role.

During years 3 and 4 they will consolidate their learning and practice and:

- **complete the HEE e-portfolio.** [🔗](#)
- **gain the Advanced Clinical Practice digital badge.** [🔗](#)

CoR does not set out how much time the role should spend on each of the four pillars but that the individual will typically or usually require at least 75% of their time carrying out clinical practice and varying amounts of time on the remaining 3 pillars of management and leadership, education and research and that all four pillars should be included in the advanced practice role. This will be service led and job planned and will be articulated in the job description.

## Consultant Therapeutic Radiographer—Breast (AfC Band 8b)

### Training: Year 5

Progressing from a registered Advanced Practitioner in Therapeutic Radiography the practitioner will meet the Royal College of Radiologists (RCR) requirements and the Health Education England Multi-Professional Consultant-Level Practice Capability and Impact Framework [🔗](#) which sets out the four pillars of:

- Expert practice-in the consultant's main health profession
- Strategic and enabling leadership
- Learning, developing and improving across the system
- Research and innovation

The individual will also have a clinical supervisor allocated to them who is a clinical consultant oncologist (CCO).

**The role:** The consultant therapeutic radiographer (breast) will continue to work autonomously and spend at least 75% of their time on clinical duties, run clinics and see patients, support with side-effects, plan treatment, review and refer to other services. Most importantly the consultant can refer a patient for radiation which is otherwise done by a doctor. Although some advanced practitioners can prescribe radiotherapy and therefore refer for treatments, they are only responsible for part of the pathway. Whereas the consultant has

responsibility for the entire patient pathway in radiotherapy within their scope of practice from referral for treatment to end of treatment and follow up. Crucially for consultant level this is protocol-led and within a defined scope of practice.

The new consultant role will also be able to mentor and support other staff such as the role of advanced clinical practitioner in therapeutic radiography.

In the future there could be a willingness to work to doctorate level.

**Funding the role:** The Wessex Cancer Alliance has generously agreed to pump-prime the role for 2 years as part of their workforce transformation programme and the trust are very supportive of the project and will fund the new pathway from year 3. Developing a business case helped to secure funding.

Undertaking the advanced clinical practitioner apprenticeship standard could be one route to fund the training for the advanced therapeutic Radiographer role and this would utilise the apprenticeship levy the trust has to pay.

There are regional variations, but other funding could potentially be available via HEE. The cancer and diagnostic accelerated funding route or via an advanced practice faculty which could fund the MSc if the candidate is eligible.



## What difficulties and barriers needed to be overcome to implement the new clinical progression pathway?

Introducing new roles and a new clinical progression pathway usually has the challenge of gaining buy-in from the trust, the clinical consultants and the local cancer alliances which needs to be achieved by promoting the benefits of the new pathway and the consultant therapeutic radiography (breast) role in freeing up consultant oncologist time, supporting the shortage of consultants and improving the patient experience and trust's cancer waiting times. Introducing and implementing new roles and pathways need to be part of trust and service workforce plans. There was much discussion with other staff groups to select a cancer site which was most needed.

Professional attitudes are changing with the increasing implementation, for example, of advanced practice with this barrier being overcome by positive supportive work by both HEE and the Society of Radiographers. The trust also recently appointed an advanced practice lead which will further support this level of practice.

## What benefits have resulted from the implementation of the new clinical progression pathway?

The introduction of the new clinical pathway and of the new roles of advanced practitioner in therapeutic radiography and the consultant therapeutic radiographer (breast) will have many benefits. It will provide a complete career progression pathway from registration to consultant level for existing therapeutic radiographers as well as an attractive opportunity to draw new staff to the trust to support both recruitment and retention.

The two new roles will assist the trust to support the holistic needs of patients with a quality service and treatment and meet cancer waits.

As there is a national shortage of consultant clinical oncologists, particularly locally across the region covered by Thames Valley and Wessex Cancer Alliances, the consultant role will importantly support the trust and the workforce to provide these essential skills, freeing up consultant time, reducing

their workload and supporting recruitment. Ideally consultants in oncology should specialise in one or 2 tumour sites and due to the shortage in the profession many may specialise in three or even four sites so additional consultant capacity will support them.

The roles bring more to the service including streamlining patient pathways, increased patient satisfaction with research and development demonstrating their impact.

*"At UHD we needed to think differently and look at new ways of doing things within therapeutic radiography. Introducing this new clinical career pathway will enable a Therapeutic Radiographer to progress all the way through advanced to consultant level which is an exciting prospect both professionally and also for the trust to encourage recruitment and retention and to support improved outcomes for patients."*

David Frost, Head of Therapy Radiography

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