

Original Article

Towards continuing education and professional development: drivers for change in therapy radiography

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Abstract

In recent years therapy radiographers, as one of the Allied Health Professions, have been subject to many initiatives, recommendations and professional and technical developments which have driven or encouraged them to increase their uptake of post-registration continuing education and professional development activities. These initiatives and drivers for change are diverse both in their source and in their degrees of influence and range from government legislation at a national level down to local initiatives. This paper identifies the main drivers affecting therapy radiographers with regard to these issues, evaluates their impact on the profession and discusses some of the barriers and limitations to the uptake of educational and CPD activities.

Keywords

Continuing education; therapeutic radiography; professional development; radiotherapy

INTRODUCTION

The concepts and practice of continuing education (CE) and continuing professional development (CPD) are not new in therapeutic radiography. Historically, such activities have been, and currently are, the driving forces in the advancement of the profession and its status in the health care arena. The profession is dynamic and is constantly evolving in order to fulfil the demands made of it by government policy and technological innovation and it has risen to these demands as they occur. Motivated individual clinicians have been at the forefront of improving the quality of the service they provide for the benefit of their patients and the advancement of the profession.

In recent years however it can be seen that a number of drivers for increasing the uptake of post-registration education and CPD have emerged and these have, and will continue to have, major repercussions for therapeutic radiographers. The therapy radiography profession does not operate in isolation and works in partnership with other organisations and professional bodies to provide a safe, efficient and effective service for patients and a satisfying and rewarding career for practising clinicians.

The drivers for change that are considered and discussed in this article include:

- Government policy and initiatives.
- The professional regulatory body – The Health Professions Council (HPC) previously the Council for Professions Supplementary to Medicine (CPSM).

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- Requirements and initiatives of The College of Radiographers (CoR) and The Society of Radiographers (SoR).
- Recommendations by The Royal College of Radiologists.
- Higher education provision.
- Technological development.

By evaluating each of these in turn and the relationships between them it will be shown that CE and CPD have become highly important issues for radiographers and will continue to have a major impact on the profession.

GOVERNMENT POLICY AND INITIATIVES

In 2000 the Department of Health published the NHS Cancer Plan¹ which highlighted the need for all NHS staff to keep up with professional and service developments in order to improve the quality of care that cancer patients receive. CPD driven by clinical governance requirements was identified as being central to underpinning service quality. This document also stressed the importance of written training strategies for cancer care professionals and of a multidisciplinary approach to training and education.

“Meeting the Challenge: A Strategy for the Allied Health Professions”² built on this theme by including the requirement for more support from the employers and a more strategic approach to developing CPD activity. Equity of opportunity to access learning opportunities was also highlighted in this report with the requirement that all NHS organisations should be operating at the same high level of CPD support for staff. The benefits for staff of participating in CPD specified in this document were linked to the “Agenda for Change” initiative where remuneration is linked to progression in skills and knowledge to the benefit of the service and patient care. In November 2002 the government announced the outcome of the “Agenda for Change” negotiations and further emphasised and clarified the way in which role extension and CPD would impact on the salary structure for NHS staff.³ By developing new knowledge and skills and applying these to practice this initiative indicates that an enhanced remuneration package would be provided for

individual clinicians. A recent ballot of radiographers throughout the UK resulted in a vote against this initiative and at present the SoR is seeking clarification from members on the reasons for its rejection.⁴ It is not possible from the results of the ballot to identify a difference between the voting patterns of diagnostic and therapy radiographers.

November 2001 saw the publication of “Working Together – Learning together: A Framework for Lifelong Learning for the NHS”.⁵ This document identified a number of principles relating to post-registration education and CPD and these recognised the need for the government and individual professional groups to work in partnership with all relevant stakeholders to provide a meaningful framework for CDP/educational activities. The document also recommended that CPD activities must be patient centred, work-based and eligible for accreditation where possible and encompass a wide range of learning opportunities. Within this framework, occupational standards, clinical governance and service need are highlighted along with a focus on competency. The importance of portfolio development for re-registration, appraisal and personal development plans and access to electronic learning systems is also stressed.

In 2002 the Scottish Executive published a document entitled “Building on Success: Future Directions for the Allied Health Professions in Scotland”.⁶ This mirrored the “Working Together – Learning Together” principles but went a stage further by prescribing a time frame for the completion of a number of objectives relating to CPD in conjunction with the identification of the responsibilities of certain stakeholders including professional bodies, higher education providers and NHS Trusts. In this document the Executive recommend that “*where possible*” consideration is given to the provision of protected study time for all Allied Health Professionals (AHPs).

In order to support and enhance the uptake of learning opportunities for health service staff, the government has introduced the embryonic National Health Service University (in Scotland, NHS Education for Scotland). The aims and principles of this body are described in two main documents published by the Department of Health in

November 2002, "Learning for everyone: A development plan for NHSU"⁷ and "Learning for Everyone: A development plan for NHSU. Executive summary".⁸ These documents bring together and outline the means of implementation of the governments learning agenda for NHS staff. They identify the ways in which staff will be able to access a wide range of learning opportunities and how these may be funded and accredited. At the time of writing however, the NHSU is entering its development phase and its launch portfolio does not include any programmes specific to therapy radiography but does include a number of programmes that may be undertaken in an inter-professional setting. These include communication skills, infection control, health informatics, clinical educator support and management skills. The NHSU portfolio is expected to be expanded in the future in response to demand from the professions, patients and public.⁹

Anecdotally, the provision and support of CPD opportunities has been inequitable and is, as highlighted in "Meeting the Challenge",² "informal, uni-disciplinary, unaccredited and not tied into organisational requirements". The NHSU aims to address these issues and it remains to be seen if it will be successful in its aims and actions.

In the "Staff Governance Standard for NHS Scotland Employees"¹⁰ it is stressed that in Scotland, resources will be allocated to training and development needs on a local basis according to local need and that there should be equity of access to learning opportunities across all professions – time will tell if these aims will be met.

It is clear that government policy and learning initiatives for NHS staff are driving forward the CPD agenda for therapy radiographers – the realisation that role extension for radiographers and other health professionals is a means to relieve the pressure on medical staff and provide a more "seamless" service to patients has no doubt been an important factor in producing such policy. Radiographers are currently successfully carrying out activities traditionally associated with medical and other cancer care staff. The CoR has recently issued a document entitled "Role Development Revisited: The Research Evidence 2003"¹¹ which identifies the diverse range of extended roles that

therapy radiographers have assumed. These include:

- Intravenous injection administration.
- Radiographer prescribing.
- On-treatment review.
- Site specific specialist/liason radiographers.
- Counselling.
- Research radiographers.
- Involvement in conformal radiotherapy specialist teams.
- Palliative radiotherapy planning and treatment.
- Portal image assessment and protocol development.
- Dosimetry planning.
- Quality assurance.
- Information technology and electronic data transfer.

Johnson¹² gives an overview of the background to role extension in therapy radiography and highlights the importance of CE and CPD along with multidisciplinary team working to improve the quality of service for cancer patients. Other benefits highlighted in this paper are increased autonomy and job satisfaction for radiographers through the utilisation of their skills and expertise and the enhancement of these skills through CE and CPD. This paper also identifies some of the negative issues associated with role extension such as resistance to change, lack of academic confidence and lack of ability to release staff to take advantage of learning opportunities in order to obtain the skills necessary to underpin role extension activities.

THE HEALTH PROFESSIONS COUNCIL

The introduction of the Health Professions Council (HPC) in April 2002 saw the replacement of the Council for Professions Supplementary to Medicine with a new regulatory body for the allied health professions. The main functions of the Council are to establish the standards for professional conduct, education and training and competency to practice. In their publication "The Future: A Mini Prospectus"¹³ the Council clearly indicate that it is their intention to make the provision of evidence relating to meaningful and relevant CPD activity mandatory in order for

clinicians to be eligible for state registration and re-registration. However, the HPC have stated that this will not come into effect before 2005. This is arguably the strongest driver for increasing CPD activity and encouraging radiographers to engage in more learning opportunities. Where radiographers do not provide such evidence it would appear that they are at risk of failing to re-register and therefore lose the right to practice within their chosen profession. It is necessary therefore that employers and clinicians work in partnership to meet the requirements of the HPC and maintain the registration status of staff in order to maintain current levels of service delivery. At present the HPC has not determined the means to operate and "police" such a system, however, a UK wide project has been initiated to develop an outcomes-based approach for demonstration of competency and the draft of the outcomes for therapy radiographers are currently available on the HPC website.¹⁴

Another aspect of providing evidence of maintaining core knowledge and updating skills is when radiographers return to practice after a career break and seek re-registration. It is often the case that these radiographers have to complete a formal "return to radiography" course or be mentored for a period of time and provide documentary evidence of competency before registration can be secured.

The HPC policy on mandatory CPD for registration will have a major impact on all radiographers and this is reflected in the Scottish Executive's strategy for AHPs in "Building on Success: Future Directions for the Allied Health Professions in Scotland".⁶ Here, the government acknowledge this impending requirement and advocate protected study time and the use of supported personal development plans for AHPs in order to achieve compliance with this requirement.

THE COLLEGE AND SOCIETY OF RADIOGRAPHERS

The CoR's Code of Conduct published in 1994¹⁵ stated the requirement for practitioners to translate their professional development needs into realistic goals and to realise these goals by meeting the objectives of implementation plans.

The CoR also advocated in this policy document that the information and documentation generated from such activities should be compiled in the form of a professional portfolio.

In 1996 the organisation went a step further by stating in a revised code of conduct that radiographers *must* comply with the requirements of their CPD scheme.¹⁶ The magnitude of radiographer compliance with this requirement was not monitored and it is therefore impossible to assess. In 1999 the SoR issued an electronic "CPD Manager" in the form of a CD-ROM. This was distributed to all members with the intention that it would stimulate and facilitate the recording and evaluation of CPD and post-registration education activity. Anecdotally, the success of this was limited as its use was not widespread and its effectiveness as a CPD tool has not been evaluated.

The CoR's "Statements for Professional Conduct" document¹⁷ published in 2002 states that "*Radiographers must identify and acknowledge any limitations in their knowledge and competence*" and that "*Radiographers must maintain and strive to improve their professional knowledge and competence*". This clearly identifies the requirement for radiographers to fill any gaps in their core knowledge and to build on that core knowledge in order to bring about significant improvement in their practice. One potential problem here is in the definition of "core knowledge" due to the fact that radiographers often follow different career pathways and core knowledge for one individual or group may not be the same for another. Examples of this are where therapy radiographers have assumed a managerial, research or specialist role where much of the knowledge gained through their pre-registration education and training is no longer applicable to their practice.

A current initiative by the SoR and the Trades Union Congress is the introduction of the Learning Representative (LR). This was initiated in Scotland as it was perceived by the SoR that radiographers in Scotland had the greatest need for support with regard to the equitable access of learning opportunities. In August 2002 the Society, in conjunction with the Scottish Trades Union Congress, held a training course in Glasgow for new LRs in order to equip them

with the skills and knowledge to fulfil their duties. This course is accredited through the National Open College Network and provides training on identifying learning needs, the provision of advice and guidance for members and working with employers on learning. This course is at present being extended to encompass radiographers from all areas of the United Kingdom. The main duties of the LR are to work with members, employers and education providers to enhance the uptake of learning opportunities, identify and record members learning needs and to negotiate the fair and equitable provision of resources and support for learning from employers.¹⁸ It is hoped that the activities of the LRs will increase the uptake of meaningful CPD and other learning opportunities and enhance the professional development and status of the profession along with staff morale and job satisfaction. This has the potential to enhance the recruitment and retention of staff and it is advocated that the effectiveness of this initiative should be evaluated in the future.

In October 2002 the SoR launched a campaign to secure protected study time for radiographers with the publication of "It's Our Turn: Protected Study Time Guidance".¹⁹ This document was distributed to all industrial relations representatives and LRs and charges them to negotiate with health care trusts locally to obtain a binding agreement to ensure that radiographers, in common with other health care professionals, have the right to protected time in order to participate in CPD activities. The arguments in support of this initiative highlight the disparity between radiographers and other AHPs and medical staff with the provision of protected study time, the perceived improvement in recruitment and retention, the impact of the HPC and the requirements of the clinical governance agenda with respect to competency to practice. The success of this campaign has yet to be evaluated at the time of writing.

The SoR has also recently published "A Strategy for the Education and Professional Development of Radiographers"²⁰ which reinforces the Society policy on CPD and post-registration education. It goes further than previously published documents by advocating that radiographers gain higher degrees at Masters and PhD level in order to achieve the new status of advanced and

consultant practitioner which are part of the new four-tier career structure advocated by the Society. This entails radiographers studying intensively, perhaps within excessive clinical and personal constraints, in order to reach the highest levels of the profession. The SoR recognises the need for the organisation to work in partnership with education providers to enable radiographers to participate in higher education courses and degrees and to make it feasible for radiographers to attain consultant status.

THE ROYAL COLLEGE OF RADIOLOGISTS

Although the Royal College of Radiologists (RCR) has no jurisdiction in matters relating to the practice of therapy radiography, it has traditionally worked in partnership with the profession, especially the CoR and SoR, in matters of common interest. A number of documents relating to the practice and development of radiotherapy have outlined the need for CPD and post-registration education in order to bring about progress in patient care and technological development. The RCR document "Skills Mix in Clinical Oncology"²¹ highlights the need for appropriate training and education for therapy radiographers who assume some of the roles and responsibilities that are traditionally those of the clinical oncologist. This document recognises the skills and knowledge of therapy radiographers and their potential for improving cancer care delivery by increasing their responsibility and accountability. The RCR stress that successful skill mix depends on CPD and CE that is competency based with theoretical instruction underpinning the practical aspects of the role to be assumed. It can be seen therefore that the RCR in partnership with the therapy radiography profession has a significant part to play in driving forward the CPD and education agenda.

HIGHER EDUCATION PROVISION

It is difficult to evaluate if it is the profession of therapy radiography that is driving the increase in the provision of post-graduate education or if it is the higher education establishment that is pushing this forward. Certainly, from the authors' point of view the impetus seems to be coming from both

sides of the educational fence. It would appear that as more post-graduate courses become available, the greater the demand for its provision. This appears to be a healthy, dynamic state of affairs with higher education providers responding to the needs and requests of the profession and leading the way in identifying and delivering suitable topics for inclusion in educational programmes and packages. The CoR recognises the place of higher education establishments in the provision of postgraduate education in order to facilitate role extension within the profession in the previously cited document "Role Development Revisited: The Research Evidence 2003".¹¹ This publication describes the provision of post-registration programmes in the fields of educational, clinical and research areas delivered by traditional taught modules and work-based learning and also highlights the responsiveness of such institutions to the needs of individual radiographers.

A Department of Health document "Funding Learning and Development for the Healthcare Workforce"²² published in conjunction with Universities UK, outlines the proposals for health education funding including that of post-registration education and training for all NHS staff. This publication makes a number of recommendations regarding the costs and associated contracts of health-care programmes and advocates a "joined-up" approach to partnerships between the many stakeholders responsible for education provision. It also highlights the need to support the costs associated with CPD i.e. tuition and salary costs, up to Masters level, for post-registration education and emphasises the need for inter-professional educational opportunities for staff.

TECHNOLOGICAL DEVELOPMENT

The technology in radiotherapy is constantly becoming more complex and in order to apply it fully and effectively, much training and theoretical underpinning in its use is necessary. A recent example of this is the implementation of virtual simulation with the use of CT simulators. The use of this equipment and its applications is very different from that of standard simulator equipment but has been incorporated into the armoury and daily routine of a number of radiotherapy

departments throughout the country.²³ This necessitates extra training and education for the operators of the equipment and illustrates how technological innovation drives forward the CPD agenda.

A recent document, "The Development and Implementation of Conformal Radiotherapy in the United Kingdom",²⁴ published by the RCR in conjunction with the CoR and The Institute of Physics and Engineering in Medicine, discusses the requirements of the implementation of conformal radiotherapy and intensity modulated radiotherapy. Three recommendations, namely Recommendations 5, 21 and 38, specify the need for specific training and education for therapy radiographers in order to implement these new techniques in clinical departments.

DISCUSSION

CPD has always been part and parcel of the sphere of practice of therapy radiography – radiographers continually develop and learn through the dynamic nature of their professional practice. However, it can be seen that many recent initiatives and drivers for change have seen CPD and post-registration education come to the forefront of the professional agenda. The profession is experiencing a major crisis at present through recruitment and retention problems, ever-increasing workloads, demands for role extension and changes in the career structure. Indeed, many clinicians find it difficult to carry out their normal day-to-day duties without the added pressure of attending courses, gaining further qualifications and providing documentary evidence of CPD activity. Other resistors include resources such as time, finance and the availability of accessible learning opportunities along with perceived and actual discrimination against certain sub-sections of the profession such as part-time and agency/bank staff. A paper by Downswell et al.²⁵ discusses the implications of CPD activity for NHS staff with regard to their domestic responsibilities and personal relationships out-with the workplace. It was found that the impact of course participation on home life was invariably negative with many students having to study or attend courses in their own time, sometimes at great cost, both financially and personally. This paper also states that although CPD/CE activity is generally

assumed to have a positive impact on the delivery of health care, this has not been quantified and that for some staff the main motivation for participation is promotion rather than improving the patient experience. Little has been published with regard to the “theory–practice gap” relating to therapy radiography although there is an abundance of literature on this topic relating to the nursing profession.^{26,27} It is recognised that not all learning opportunities translate into improvements in the quality of service provided by the participants and therefore more research is needed to evaluate the effectiveness of the application of knowledge gained in post-registration educational pursuits to clinical quality improvement.

Motivated clinicians have, and will continue to, embrace the CPD agenda but there are many barriers to overcome before CPD and post-registration education will be provided on a fair and equitable basis and available to all members of the profession regardless of their geographical location and patterns of work. This will impact on how the profession complies with meeting the requirements of the many drivers involved.

The government has provided guidelines and recommendations on how CPD may be supported in the Department of Health documentation cited previously and it is evident that the NHSU, education consortia and individual trusts have a major part to play in funding, devising and delivering training and education for staff.

The SoR and CoR by providing support and guidance for members and their representatives may bring about change by securing agreements with local trusts regarding protected study time and therefore increase CPD activity.

The impending requirements of the HPC will arguably be the greatest influence on the uptake of CPD for therapy radiographers. The profession will need much support from the professional body and from employers to meet these requirements, especially those staff at the latter stages of their career or who are returning after a career break. These individuals may not have the tools to enable them to articulate the learning outcomes of the CPD opportunities they have experienced and resources must be allocated to support them in this endeavour.

It can be seen therefore that therapy radiographers currently face significant and increasing pressure in the CPD/education arena. The potential for improvements in service delivery, staff morale and recruitment and retention is clearly evident but in a climate of professional crisis the targeting of more resources and the development of a fair and transparent method of allocating these resources is vital in order to bring about real improvements for all the stakeholders concerned in providing and participating in CPD and post-registration education.

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