# So you think YOU'VE got a glass ceiling?

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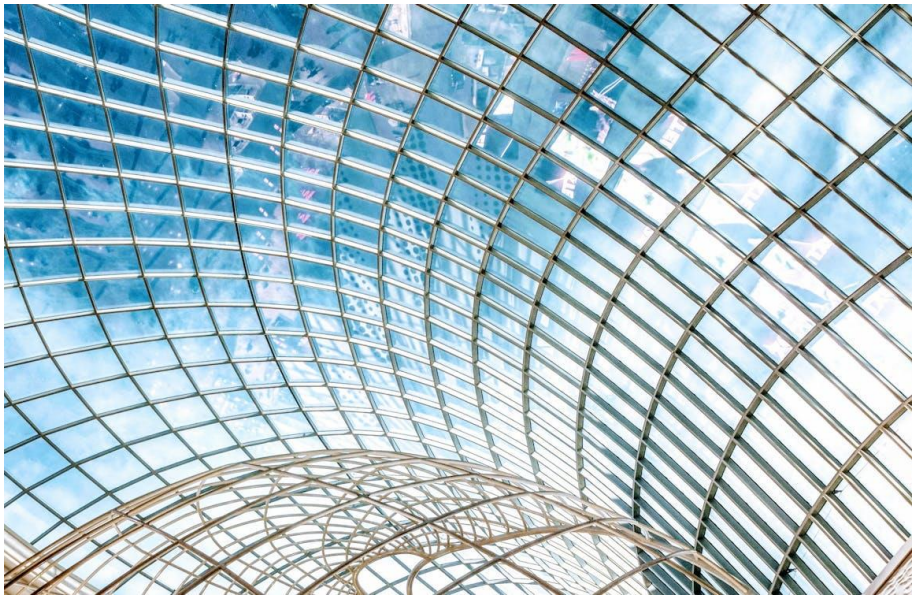

Nicky Whilde
Head of Radiotherapy Physics, MSE
Chair of RTBoard

Natalie Turner
Lead Dosimetrist, MSE

- Ethos replacing an Elekta Versa HD
- Clinical with oART from the beginning
- Treatment sites to start oART:
  - *Cervix*
  - Bladder
  - Prostates

# Workflow for Ethos

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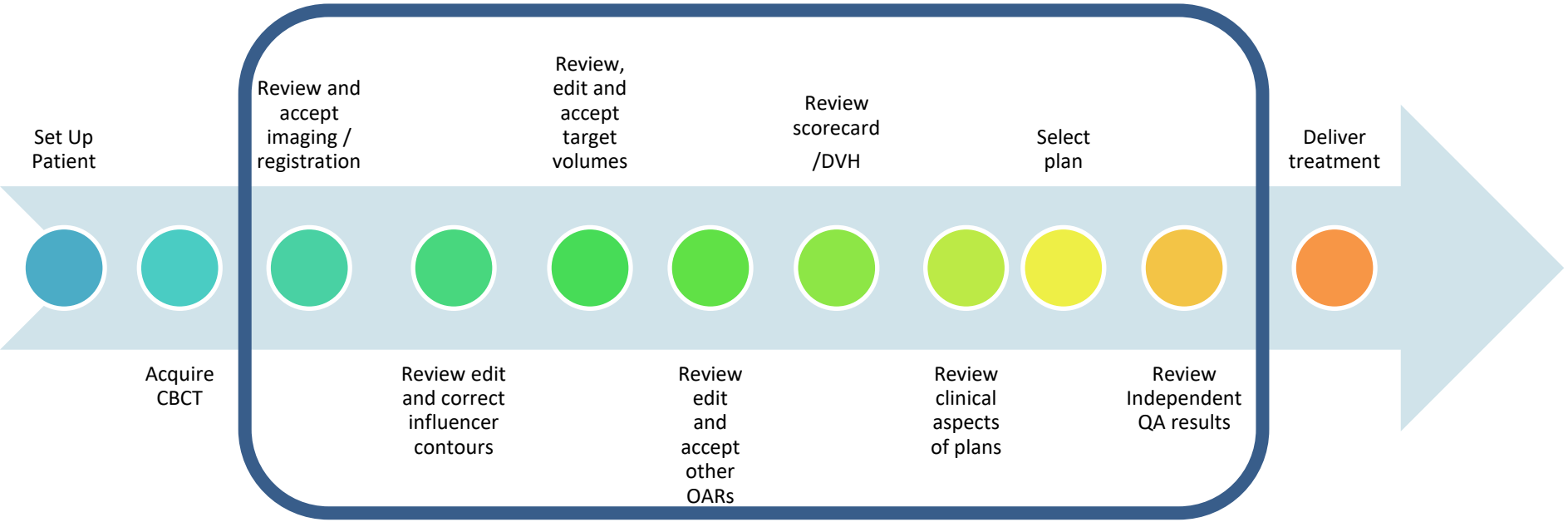

# Roles at MSE

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MSE will utilise the adapter, advanced adapter terminology. The following is the initial setup:

| | |
|---|---|
| Roles: Advanced Adapter | Approve OARs edited by adapter |
| | Edit and approve target volumes |
| | Select plan for that day's treatment |
| | Approve Mobius check |
| | **B7 or above dosimetrist** |
| Roles: Adapter | Generate / edit OARs completed by AI |
| | **Radiographer** |
| Roles: Physicist | Provide support to adapter and advanced adapter |
| | Agree plan selection |
| | Approve Mobius check |
| | **MPE** |
| Roles: Clinical Oncologist | Approve protocols to support plan selection |
| | Review plan selections offline at weekly MDT |

# Training plan for go-live staff

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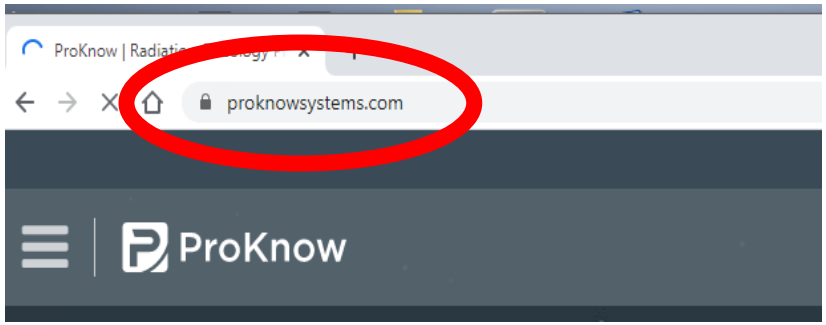
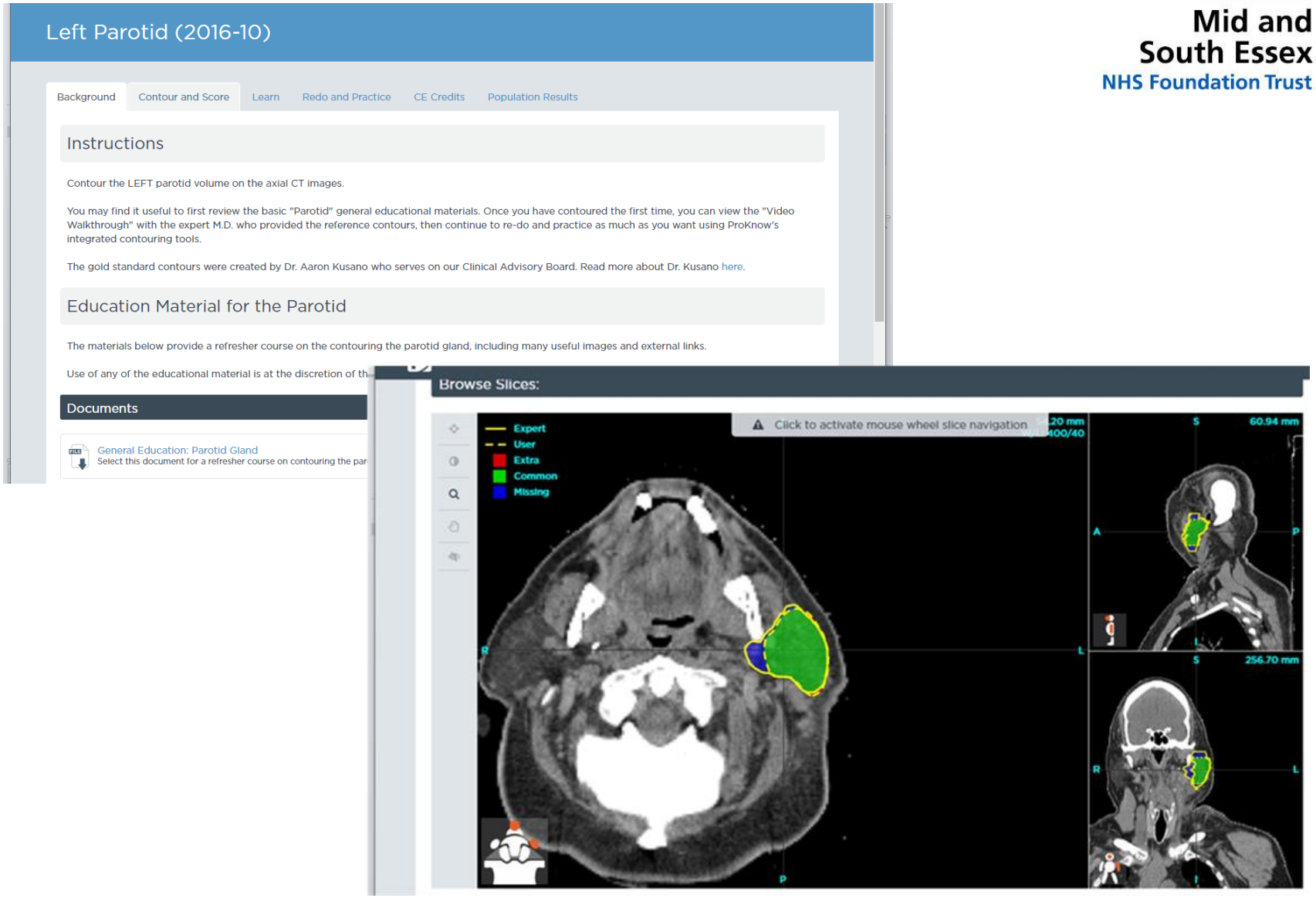
| Role | Skill | Method | Record |
|---|---|---|---|
| **Adapter** | OAR outlining | Proknow Contouring Tool | Proknow log and certificates |
| **Advanced adapter** | Target outlining | Method: Proknow Contouring Tool, 1:1 with CCOs | Record: Reflective training logs |
| **Adapter and Advanced Adapter** | DIR evaluation | Tutorial | Certificate |
| **Advanced adapter**<br>**MPE** | Plan Selection | Training program for plan checking plus experience of at least 2 years | Plan Checking training records |
| **Advanced adapter**<br>**MPE** | Mobius approval | Training program | Training records |

# Proknow contouring tool




For each OAR, there is:

- A presentation of background educational material
- Images to outline
- Feedback on how close your outline is to the gold standard OAR outline, including a quantitative score
- An educational video
- A chance to repeat the outlining until you get a ‘Pass’ at which point you can save a certificate
- Comparison to other users around the world.


Left Parotid (2016-10)
Background
Contour and Score
Learn
Redo and Practice
CE Credits
Population Results
Instructions
Contour the LEFT parotid volume on the axial CT images.
You may find it useful to first review the basic "Parotid" general educational materials. Once you have contoured the first time, you can view the "Video Walkthrough" with the expert M.D. who provided the reference contours, then continue to re-do and practice as much as you want using ProKnow's integrated contouring tools.
The gold standard contours were created by Dr. Aaron Kusano who serves on our Clinical Advisory Board. Read more about Dr. Kusano here.
Education Material for the Parotid
The materials below provide a refresher course on the contouring the parotid gland, including many useful images and external links.
Use of any of the educational material is at the discretion of th
Documents
General Education: Parotid Gland
Select this document for a refresher course on contouring the par
Browse Slices:
Expert
User
Extra
Common
Missing
Click to activate mouse wheel slice navigation
60.94 mm
256.70 mm

# Radiotherapy Professional Standards Panel (RTPSP)

The Radiotherapy Professional Standards Group will be responsible for IPEM's input to national committees and working parties relating to professional issues in Radiotherapy….. Professional issues in Radiotherapy include issues relating to workforce, professional practice standards, funding of services, role extension and multi-disciplinary team working.

Examples of recent and current working parties:

- Revision of Workforce Statement for Radiotherapy
- Revision of Provision of Physics service to RT
- Supporting Dosimetrists involvement in Advanced Practise
- Statement from IPEM regarding the use of AI in Radiotherapy

# Career Path for Dosimetrists

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- Is there one?
- Clear career path for Clinical Scientists and Therapeutic Radiographers….but what about clinical technologists??
- What have been the previous blockers:

# National Job Profiles for HCS Practitioners

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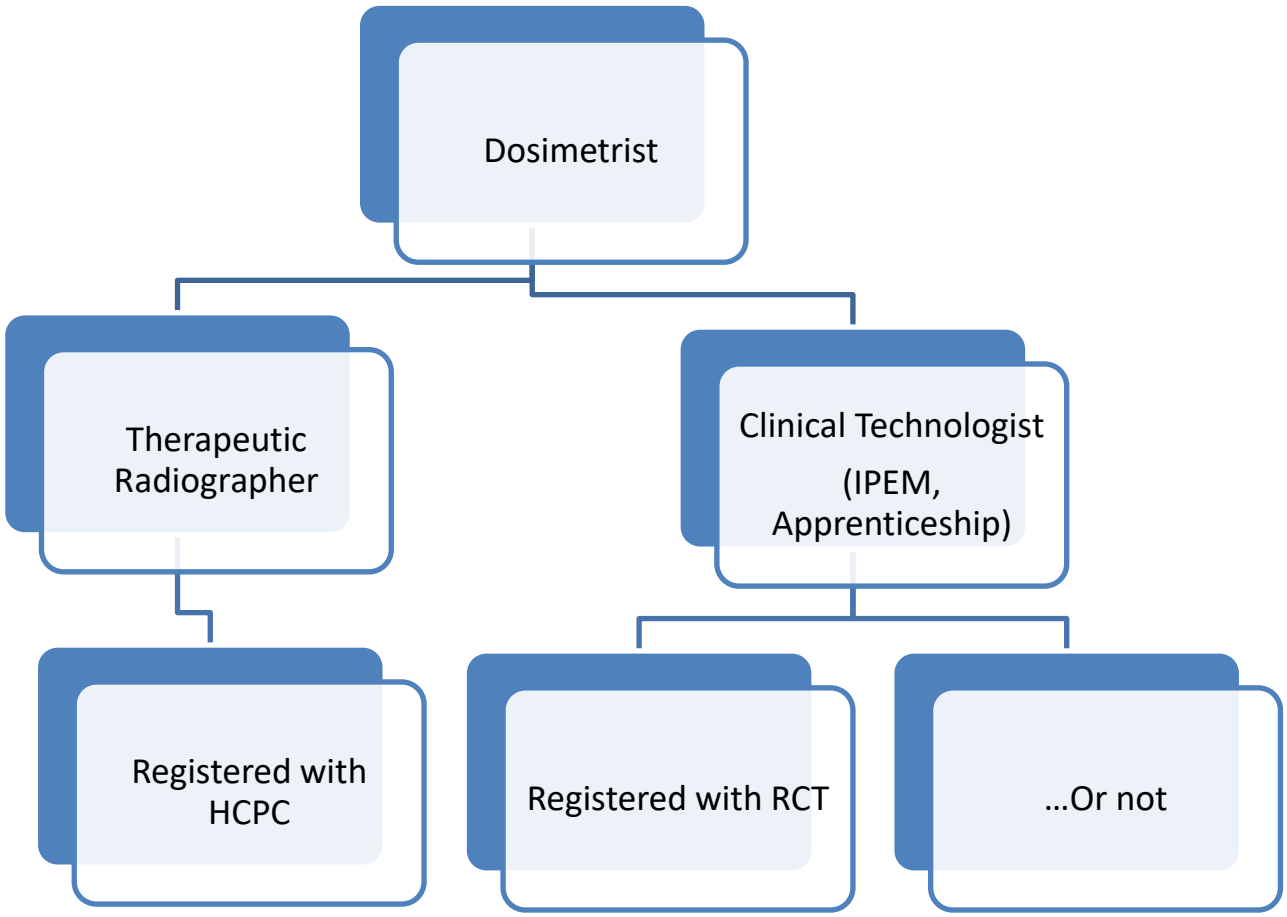
| Profile Title | AfC Banding | Page |
|---|---|---|
| Explanatory notes | | 2 – 3 |
| Healthcare Science Assistant | 2 | 4 - 5 |
| Healthcare Science Assistant Higher Level | 3* | 6 – 7 |
| Healthcare Science Associate Practitioner | 4* | 8 – 9 |
| Healthcare Science Practitioner | 5* | 10 – 11 |
| Healthcare Science Practitioner Specialist | 6* | 12 – 13 |
| Healthcare Science Practitioner Advanced | 7* | 14 – 15 |
| Healthcare Science Team Leader | 7 | 16 – 17 |
| Healthcare Science Practitioner Advanced (Research) | 7* | 18 – 19 |
| Healthcare Science Manager | 8a*-b | 20 – 21 |
| Healthcare Science Practitioner Principal (Research) | 8a-c | 22 – 23 |
| Healthcare Science Service Manager | 8b-d | 24 – 25 |

- Senior roles are managerial OR research, nothing recognised specialist practise

# Entry to ‘Dosimetrist’ role




TOO
DIFFICULT

IPEM
Institute of Physics and Engineering in Medicine

# Roadmap for Advancing Clinical Technologist Careers

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## IPEM believes

1. **Technologists are a separate professional group to Clinical Scientists**
2. **Technologists deserve and require professional recognition**
3. **Enhanced, advanced and consultant level technical practice can, and should, exist**
4. **Usage of advanced practice technologists would enable greater flexibility within a stretched workforce**

**5. In order to support this IPEM is:**

- Making our position on professional recognition clear
- Pushing for statutory regulation
- Making our position on advanced practice clear
- Expanding IPEM's Technologist Training Scheme
- Developing a career and education framework
- Making example job roles and descriptions available
- Submitting requests to the Jobs Evaluation Group to evaluate example role description so that appropriate National Job Profiles are created
- Creating a network to support advancing practice and advanced practitioners
- Supporting Clinical Technologist career progression to become Advanced Technologists through CPD and volunteering opportunities

5

**At present, registration is not statutory.**
However, as a professional body, IPEM strongly promotes registration and continuing professional development as a highly desirable recognition of professionalism, public and patient protection, and demonstration of commitment to lifelong learning.

## IPEM proposes the road map below.

# Is the ‘Advanced Clinical Practise’ framework the answer?

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## THE CAREER FRAMEWORK

The four tiers of the career framework were defined in the skills mix report published in 2003 as:

- Assistant practitioner: An assistant practitioner performs protocol-limited clinical tasks under the direction and supervision of a State-registered practitioner.
- Practitioner (State registered *): A practitioner autonomously performs a wide-ranging and complex clinical role; is accountable for his or her own actions and for the actions of those they direct.
- Advanced practitioner (State registered*): An advanced practitioner, autonomous in clinical practice, defines the scope of practice of others and continuously develops clinical practice within a defined field.
- Consultant practitioner (State registered*): A consultant practitioner provides clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education.”

# Is the ‘Advanced Clinical Practise’ framework the answer?

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NO!

- Statutory registration (Blame previous government)
- “Patient facing” important to some in NHSE

# Career Creep

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**IPEM response to consultation on Non-Surgical Oncology Advanced Practise Curriculum Framework.**

*While we appreciate the document provides a good framework for the standardisation of some staff working under the Advanced Practise header in non-surgical oncology, this feels like a missed opportunity to develop an advanced practise framework for radiotherapy* dosimetrists

**Why is it important?**

Struggling with recruitment and retention
Career development for an abandoned staff group

*Push back against career creep!*

# Dosimetrist Survey #1

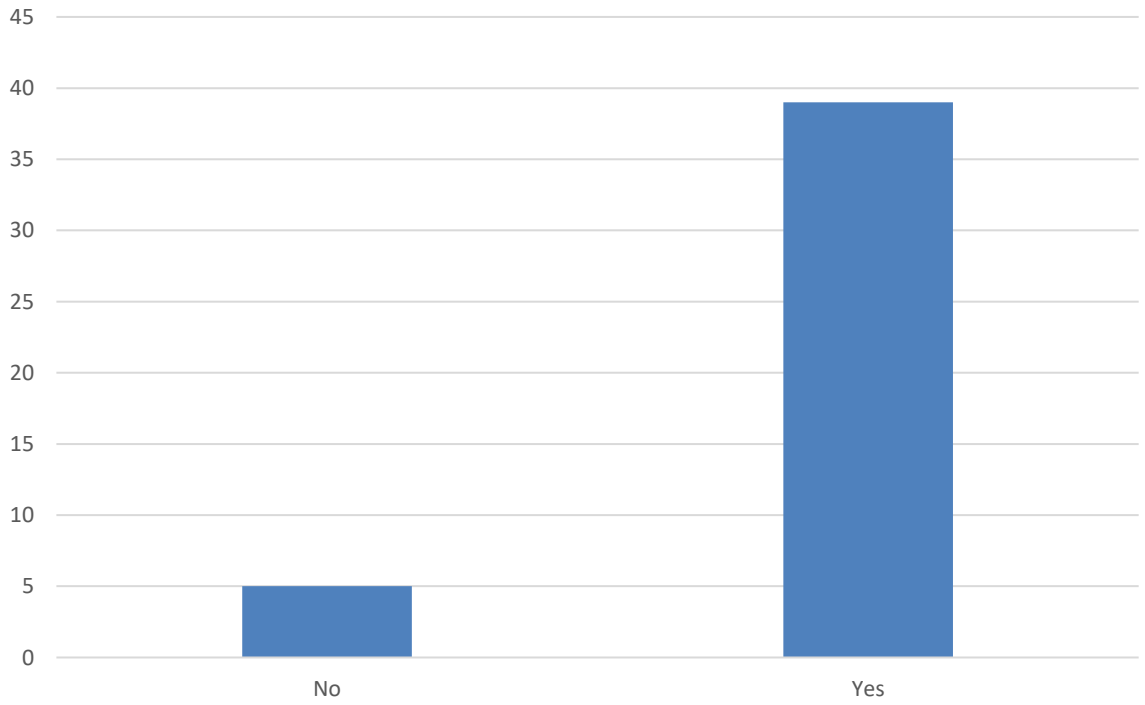
Mid and South Essex NHS Foundation Trust

Survey in April 2024 to all of the HoRTP
44 responses

Questions:

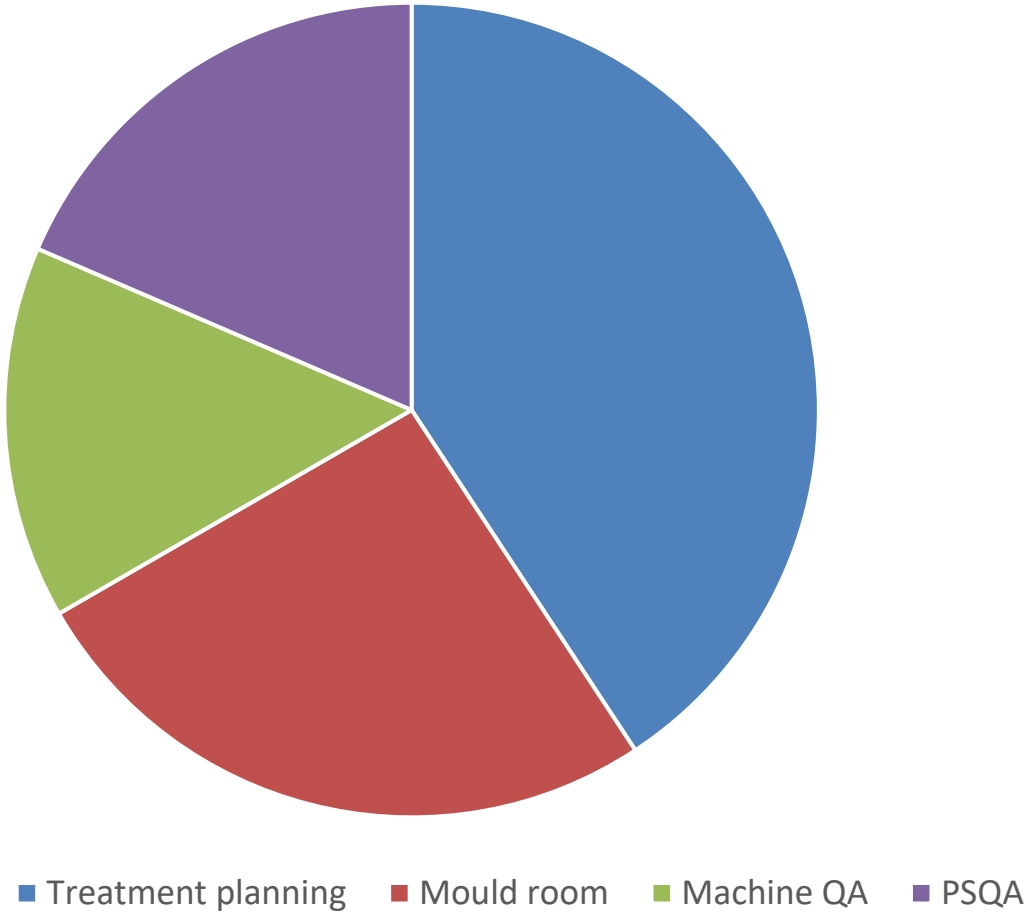
Are Dosimetrists under the RT Physics management
What activities do Dosimetrists do

# Are Dosimetrists under RT Physics management:




- *With thanks to Kevin Burke*

# What activities do Dosimetrists do:



# Dosimetrist Survey #2

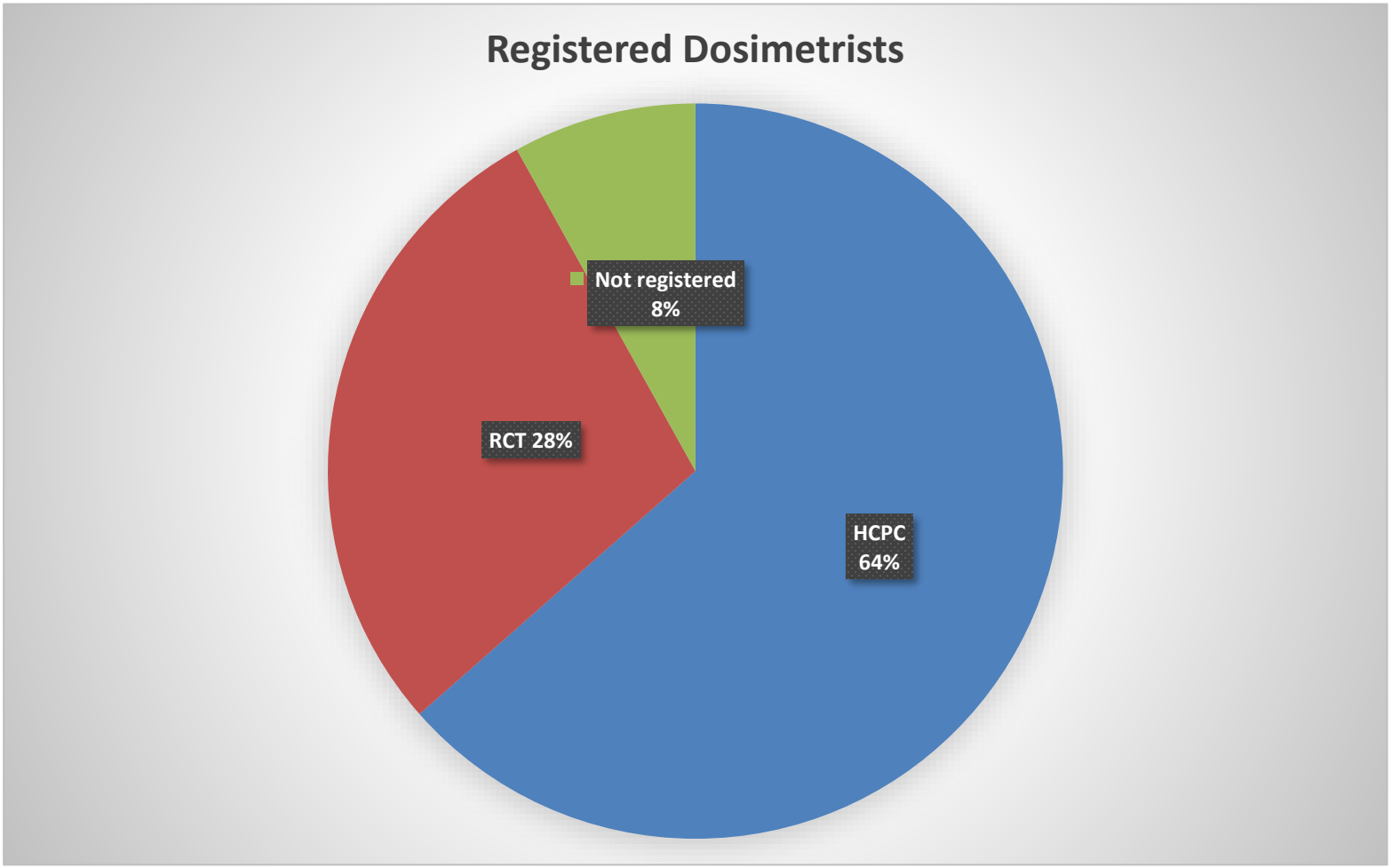
Mid and South Essex NHS Foundation Trust

Survey in Sept 2024 to all of the HoRTP

Questions:

- Headcount for anyone known as ‘Dosimetrist’
- Registration
- Membership of professional groups

29 Responses
285 Dosimetrists


Registered Dosimetrists
Not registered
8%
RCT 28%
HCPC
64%

# How far have we got

Spent a lot of time investigating / getting frustrated by the Advanced Practise pathway, including ePortfolio route

# How far have we got

- JD for 8A ‘Higher Specialist HCS Practitioner’
- JD for ‘8B consultant HCS Practitioner’
- Approval at IPEM’s PSC in June
- IPEM to request new roles at the national JEG, including an impact statement
- Deputy Scientific Officer and head of NSHCS is aware of work and is supportive
- New KiTech survey coming out imminently

# Education gaps to be addressed

- Tailored to different routes in to the career
- New RCR online courses?
- IPEM to talk to HEIs
- SCoR to get involved

# So… in summary

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oART is a natural career development for Dosimetrists

By defining ‘advanced’ and ‘consultant’ roles, we can give Dosimetrists a career pathway at last