

Fastracking IGRT proficiency for Lung SABR delivery

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Background

NCUH installed their first Varian Truebeam which was clinical in November 2017. To fully exploit the new machines clinical capabilities, radiographers required 3DIGRT training. NCCC and NCUH worked in partnership as part of the Northern Cancer Alliance and a collaborative agreement was made allowing NCUH staff to be trained in IGRT at NCCC. In April 2021, CIC formally became part of NCCC and IGRT training was put on a more formal footing. With the roll out of SABR adoption by NHS England to make it available to more patients locally, it became imperative to offer this service to our patients in Cumbria. For smaller centres the number of patients requiring this treatment is low, and one of the greatest challenges in implementing a low volume technically complex technique is providing radiographers with training in the associated IGRT competencies. So a new training method had to be developed

Method

- Initial training plans were created so that CIC Radiographers would travel to NCCC and spend a week training on a linac so as to maximise their exposure to a high volume of clinical scenarios, and do all the associated case studies and patient discussions. However this required quite a commitment from the radiographers at CIC to be away from home for this length and also for the trainer at NCCC to commit to a full week of time and it was quite an intense process
- However, the advent of Covid restrictions required us to develop a new approach.
- This involved a combination of shorter visits to NCCC coupled with case study discussions and Teams presentations.
- This has been so successful it has been continued and adapted for SABR training subsequent to Covid.
- It did prove a little more problematic with SABR training due to the sporadic nature of the patients and relatively low patient numbers even in our centre.

It involved looking ahead at the schedules and choosing 1 day where there were a large number of SABR patients and getting someone across for a day rather than a week so we couldn't organise too far in advance. Ideally to have a minimum of 12 patients.

In addition to the above, Teams session to deliver the presentation, case study discussions, attendance at the MDT and outlining sessions, along with on-site group abdominal compression training sessions and support for the 1st patients treated were provided.

Competency Based training records

SABR Training competency Record
Must have completed 3D lung training competency

Training	content	Date competency achieved/session attended	Signature
1. SABR MDT Attendance	Attend MDT with Stereotactic lead Radiographer		
2. 4D CT process overview	Discussion with SABR Superintendent		
3. ITV outlining observation with CCO	Observation		
4. Opulse Documents	Read Documents Lung SABR protocol C34 – 54(I)3, 55(I)5, 60(I)8 Lung SABR Treatment: RA12_017		
5. Compression	Experience utilising compression kit		
6. Case studies	Complete 5 off line case studies		
7. SABR Treatment	Observed X3		
	Supervised X3		

Results:

We began lung SABR training in June 2022 Using our hybrid training method we have been able to train five treatment radiographers in anticipation of the first patient within a three month period. We treated the 1st patients in Oct 20.22!

Support was provided for the 1st few patients.



Conclusion

This collaborative approach has enabled the successful implementation of Lung SABR in Cumbria meaning patients can access this treatment locally. Resulting in Improved QoL for patients, Decreased financial costs of travelling to patient or service. Staff satisfaction in learning new skills and knowing they are delivering treatments equal to large centres. Relieves burden on main centre, and releases capacity.