New Roles, New Possibilities, New Challenges...

Extended Roles

Dr Liz Bishop
Chief Operating Officer/
Deputy Chief Executive
New Roles

Extended/New roles
– Our hospital and where extended/new roles fit

Example
– A worked example at The Royal Marsden-advanced practice in radiographers

New possibilities...new challenges
– Changes in treatment and care-innovations
– Changes in workforce
– External forces
About The Royal Marsden

• First hospital in the world dedicated to the study and treatment of cancer. Founded as the Free Cancer Hospital in 1851 by Dr William Marsden

• Ranked first in the UK for in patient experience

• Ranked fourth cancer centre in the world for research—first in Europe

• Together with our academic partner, The Institute of Cancer Research (ICR), we are the largest cancer centre in Europe, treating 50,000 patients every year.
Pioneering technology led by world-class expertise

2,500 cancer specialists under one roof:

- Including consultant oncologists, surgeons, nurses, radiographers, radiologists, pharmacists, pathologists and many more.
- 30% of all consultant medical oncologists in the UK have training from The Royal Marsden or the ICR, making us the UK’s largest training centre for oncology.
- In the past year, The Royal Marsden School educated over 700 nurses and allied health professionals.

Our dedicated cancer facilities, include:

- 12 linear accelerators for delivering radiotherapy
- Extensive MRI and CT scanning facilities, including 1.5 and 3T MRI scanners, as well as X-ray, ultrasound and the latest PET/CT scanners
- Nine state of the art theatres, including da Vinci Xi robots
- The UK’s only Level 3 Critical Care Unit for cancer
- Pharmacy specialised in cancer on each site
Context - Drivers for change

Increasing activity
- People living longer; 10m people >65yrs - this will increase to 19m by 2050
- Long Term Conditions are more common in lower SE classes and account for 70% of cost of total social and health care (Kings Fund 2015)
- Cancer increasing; >2m people in UK living with cancer (CRUK 2016)

Reduced income
- There will be a £30b gap in the NHS by 2021
- South West London region £840m gap
- Reducing research income

Advances in treatment
Immuno-oncology
Molecular pathology
Definition of new/extended roles

When a registered health professional undertakes clinical tasks of roles usually associated with another profession.

Additional roles which are not part of core training
Worked example - Extending the role of therapeutic radiographers

- Increasing prostate cancer incidence
- Increasing prostate radiotherapy workload
- GMC red flags for SpR workload
What is NOVEL about this pilot? 3 things

1. Prostate radiotherapy contouring – part of the RADIOTHERAPY PLANNING process, always the role of doctors until now
### Governance - Standardised assessment proformas

#### Treatment toxicity review

**Urinary symptoms**
- Urge incontinence
- Stress incontinence
- Terminal dribbling
- Incomplete emptying
- Haematuria Micro / Macro
- Dysuria
- Urgency
- Frequency
- Hesitancy
- Nocturia
- Enuresis
- Reduced flow
- Intermittent flow

**Bowels**
- Normal
- Frequency
- Loose motions
- Discomfort on opening
- Blood
- Constipation
- Peri-anal pain

**GI Effects (PROMs)**

**Skin**
- Broken area
- Redness
- Dry and flaky
- Itchy
- Moist
- Sore

**Other**
- Hot flushes
- Fatigue

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**Department of Urology**

**Hospital No.**

**Name.**

**DOB.**

**Consultant.**

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**Current Medications:**

**Allergies:**

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Algorithms - e.g. management of urinary symptoms

IPSS 0-7

QoL 4-6
- Storage Sx - Instability
  - Questions 2, 4, 7
  - PVR < 50
  - Urinalysis: If Leukocytes or Blood send MSU
  - *Check if diabetic or FHx
  - Lifestyle advice: Give Pt info
  - Review in 4/52
  - If LUTS continue start Solifenacin 5mg OD for 2/52. Increasing to 10mg after 2/52 if required

QoL 0-3
- Voiding Sx - Outflow obstruction
  - Questions 1, 3, 5, 6
  - PVR > 50
  - Urinalysis: If Leukocytes or Blood send MSU
  - Lifestyle advice: Give Pt info
  - Check BP, If diastolic > 65 start Tamsulosin 400mcg OD

- No treatment required
KPIs - what have we achieved after 7 months of the 12 month pilot?

• Training completed much faster than anticipated
• Reduce radiotherapy planning workload for SpRs by 15%
  – 30% achieved ✔
• Reduce numbers in radiotherapy clinic by 10%
  – 55% achieved (05/2016 vs mean of 01-04/2016) ✔
Key benefits

- Reduced high volume follow up in clinic – allows consultants to focus on complex cases or patients with problems
- Increased quality of junior doctor training – can focus better on their training needs
- Improved job satisfaction for radiographers – realising their potential
- Improved quality of care and continuity for patients
Professor David Dearnaley...

- "Their enthusiasm has produced very rapid results and they are now highly competent and well able to recognise, discuss and come up with solutions for complex and difficult cases. They are outstandingly good and are making a real difference to patient care."
Example-Innovations - MR Linac

- First centre in the UK and fourth centre in the world to introduce this technology
- Combines imaging with real time Radiotherapy delivery
- It needs a new workforce with new skills-combining the diagnostic and therapeutic radiographer roles
- Developing training programme-advice from Royal College
Personal experience & learning

Advanced roles and functions

– Central Venous Access Service-Apheresis Advanced Nurse Practitioner, St George’s Hospital (1994-8)
– Nurse led clinics-late effects; lymph node diagnostic clinic etc Nurse Consultant Guy’s & St Thomas’ Hospital (2005-2010)

Governance

– Medical Defence Union-accountability & responsibility changed
– Team support-Multi-professional approach is key
– Robust competency framework and documentation
– Sustainability of service is the challenge....finding and retaining people with the skills.
Thank you for your attention