

CoRIPS Research Award 070
Ricardo Khine

Awarded £2295.29

Under the spotlight: exploring the role of the consultant therapy radiographer through the perspectives of medical and healthcare practitioners - a qualitative inquiry

Lay Summary

Over the past four years, changes in the therapeutic radiography workforce have permitted the development of a consultant practitioner role in clinical practice. Clinical duties that were once performed by the clinical oncologist are now being shared in some trusts by consultant therapy radiographers who are deemed as experts in their scope of practice. For this PhD research, the aim is to explore the development of such a role. In addition to understand what it means to be a consultant radiographer, the purpose of labelling someone with the title "consultant" and whether the role is recognised and accepted by the medical counterparts. Likewise, the research additionally aims to consider the aspirations of consultant radiographers and whether they all strive to be equal to their medical colleagues; yet also address whether such a role will provide strengthened relationships among interdisciplinary teams or actually encroach into their territories.

Description of the project:

Principle Aim of the study

The research project will explore the role of the consultant therapy radiographer, from the perspectives of the medical and healthcare practitioners

Core Issues to address

- Define the title "Consultant" and discuss the professional identity attached to this term.
- Explore the evolution of the non- medical consultant practitioner and consider why it has been created.
- Identify whether medical and healthcare practitioners appreciate the notion of consultant practice.
- Acknowledge if medical and healthcare practitioners perceive the role of the consultant therapy radiographer to be fundamental and crucial within radiotherapy services
- Ascertain if "blurring" of role boundaries actually exists amongst the consultant therapy radiographer and medical and healthcare practitioners.
- Investigate whether "medical dominance" is prevalent in a healthcare setting and acts as a barrier towards role development and expansion for allied health professionals.

Intended Outcomes

The outcomes of the research will hopefully provide useful information or guidance for departments interested in establishing and implementing a Consultant Practitioner role. Likewise, the results will benefit any training and development needs or assist in creating a development framework if departments are to pursue a Consultant Practitioner role. In addition, the results will be useful for the professional body by providing useful evidence through the viewpoints and hence may inform further development and understanding of the role.

Review of Literature

The NHS has been experiencing significant changes in order to improve the services offered to patients, (DOH, Cancer Reform Strategy 2007). For instance, in therapeutic radiography and oncology service provisions there has been a drive for improving the “patient’s experience of care” on the cancer pathway (College of Radiographers, 2006). One poignant example is the creation of the “Consultant Therapy Radiographer” (CTR) role in order to improve patient care, improve working systems, practices and also provide role development and expansion for therapeutic radiographers. (Howes, 2009)

The Consultant Therapy Radiographer is required to demonstrate four roles: clinical expertise, education training & development, professional leadership, service development & research (Hogg et al. 2008). Their role is to effectively complement and be in partnership with the medical and healthcare practitioners in providing appropriate care and also making justified clinical decisions, whilst developing and potentially improving services within a radiotherapy setting.

Whilst some research has begun to examine the role of the CTR it has been through personal accounts and experiences of the individual CTRs in post/appointed (Ford, 2010), generic discussions of the role/profile (Forsyth & Maehle, 2010), and also general information on role development and expansion amongst the profession (College of Radiographers, 2006). On an important note, the impact of the consultant practitioners in clinical imaging have been recently evaluated (Price and Miller, 2010), yet there is little published research or any extensive research regarding seeking views, opinions and perspectives from other health and medical professionals in radiotherapy services with regards to the role; in particular clinical oncologists, specialist oncology registrars who may have experience working with the CTR and likewise nurses, who effectively pioneered the evolution of the Allied Health Professional (AHP) Consultant Practitioner role (DoH, 1999).

However in reviewing some of the literature, there have been discreet and faint notions of medical practitioners who are less inclined to acknowledge consultant practice, issues surrounding lack of support from senior medical practitioners towards emerging consultant roles and causes of concern over “blurring” of role boundaries have been apparent (Hardy, 2010). In addition Hardy (2010) has indicated that the title “Consultant” has struck a chord with some senior medical practitioners, possibly in that their professional identity maybe threatened and an attempt to encroach into their territory. Likewise, when reviewing articles outside of radiography; the nursing profession, who have long established the nurse consultant role since 1999, also acknowledge evidence of “barriers” from medical practitioners who perceive it as potential role impingement (McSherry et al 2007); in addition the ever mentioned debate of “hierarchy” in a hospital setting is disclosed and remains an issue between medical and allied health professionals (Day, 2006). Likewise pertinent nursing research by Redwood et al (2005) evaluating nurse consultants acknowledged issues such as lack of understanding of the role, political complexity amongst staff and services and role conflict.

It is these issues whether negative (concerning professional relationships; lack of support and potential barriers) or likewise positive (beneficial to service and most importantly to patient) that the researcher hopes to identify and address. The outcomes will be beneficial and of great importance to the radiotherapy discipline and the profession as a whole.

Methodology

An exploratory case study approach will be taken to represent the thoughts, opinions and feedback of the medical and healthcare practitioners regarding the consultant therapy radiographer (CTR) role. The anecdotal evidence gathered from the medical and healthcare practitioner's viewpoints will hopefully be advantageous. Any possible interpretations and generalisations from the evidence will also be useful in the analysis of data (Yin 2009).

The intention of the study is to be conducted over three phases and hence employs a mix methods design to acknowledge the core issues.

Phase 1 is organising a Focus Group with the Consultant Therapy Radiographers (CTR). Currently there are 7 fully fledged CTRs in post (SoR, 2011) employed at the NHS hospitals in the following places:

- Cambridge (2 CTRs)
- Bristol
- Lincoln
- Maidstone
- Glasgow
- Edinburgh

The plan is to organise a meeting with the CTR's, ideally to coincide with the SoR Consultant Radiographers Network Meeting (the next dates are March 2011 and October 2011). Permission will need to be sought from the Society for the focus group to occur. Contact prior to the meeting will be initiated to the 7 individual CTRs with information and details outlining the research and also completion of a consent form if they wished to take part. The focus group will hopefully provide valuable feedback on the CTRs views and opinions of their working relationship with the respective medical and healthcare counterparts. In addition, it will serve as a useful platform to the next phase of the data collection. With the permission of each of the CTRs the focus group will be recorded, transcribed and returned to CTR, who will have the opportunity to edit the transcript and add any missing details.

Phase 2 comprises of face to face interviews with the individual medical and healthcare practitioners. Selection of the interview participants is initiated by the CTRs (if they have agreed to be part of the study). The researcher will ask each CTR in their department to nominate one consultant clinical oncologist, one oncology registrar and one nurse who would like to participate in the interview. The aim of interviewing the medical and healthcare practitioners is to gain a thorough view of the CTR role from their perspectives and hence to secure further rich data which will prove to be valuable.

The final phase, Phase 3 is exploring and analysing documentary sources of data. Statutory and Professional Body Publications (examples include documentation from GMC, NMC, HPC, SCoR) are useful as they contain added knowledge about the groups being interviewed. When evaluated these documents will serve to reinforce, supplement or contradict the data obtained through the semi-structured interviews.

Interviews will be used to capture the description and to explore the different views from the clinicians and nurses. Interviews seek to elicit what people are thinking and to ascertain things we cannot see; as a result case studies can be created through the process of interviews (Casey 2006). The type of interview strategy in answering this research issue will be semi-structured interviews. Set questions will be used, but the responses may allow exploration and hopefully lead onto more interesting insights.

If all the CTRs agree to be involved in the study and recruit the staff, potentially there will be 21 participants involved in Phase 2 of research data collection. Thus providing rich data of experiences, opinions, views and attitudes from 3 groups/case studies of professionals (oncologists, registrars and nurses). With the permission of each participant, the interview will be recorded, transcribed and returned to the participant. They will have the opportunity to edit the transcript and add any missing details.

Indeed the sample size used will be small relative to the total populations. However, since the research is of a phenomenological nature, using a case study approach and the aim is to investigate an individual, group or other social unit thoroughly (Polit & Hungler 1991, Coates & Gormley 1997), a small sample

size of 21 participants is acceptable. This decision is reinforced by the published SoR research conducted by Price and Miller (2010) on evaluating the consultant practitioner in clinical imaging, where only 7 participants provided the data collection. Likewise further justification for the sample size is reflected by another published study from Redwood et al (2005) where data collected to evaluate the nurse consultant role was obtained from 27 participants overall, thus demonstrating that a smaller sample size is credible and the results obtained can be of benefit to the profession.

Non - probability sampling has also been chosen; in this instance Purposive Sampling (also known as Judgemental Sampling) as it is pertinent to the research. Foster (2006) acknowledges this as when the participants are "handpicked". They are chosen as the researcher believes they are "typical" or representatives of the accessible population, in this case medical and healthcare practitioners. Characteristics such as gender, age and status are not relevant when making the sample selection and hence will be disregarded. These variables would not affect the participant's views or opinions.

Reliability & Credibility

Challengers of case study research believe this methodology can offer no grounds for establishing reliability and generality of findings (Soy 1997). Ng & White (2005) add that it is often disapproved over its small sample size, lack of hypotheses determination and statistical analysis. To ensure quality control and remedy the issue, Guba & Lincoln (1999) proposed the trustworthiness criteria, which acknowledges the authenticity of using case study research. The criteria considers the four terms:

- Credibility
- Transferability or Applicability
- Dependability
- Confirmability

Credibility

The research issue is entirely qualitative and its focus is largely around viewpoints and opinions of medical and health care practitioners, they themselves are the only ones who can judge the credibility of their own results. One method to ensure credibility would be to conduct member checks - initiate and maintain an active corroboration on the interpretation of data between the researcher and the participants who have provided the rich data. When the interviews are transcribed it is important to allow the participants to check and view their responses on the transcripts for any errors. Thus it is important to stay in contact with the participants of the study.

Transferability

The method of achieving transferability is possibly by purpose sampling. In relation to the research issue raised, the participants in the study will be specifically identified and chosen and not randomly sampled. The key participants are unique in providing their viewpoint and opinions to provide a "thick description" which will ultimately provide lots of detailed, rich data and convey their experiences for a meaningful analysis.

Dependability

The goal is to minimise errors and also biases. In addition it is concerned with whether we would obtain the same results if the research were to be undertaken again. In this case, it would be unnecessary to replicate the same research issue, but in fact enhancing the research further would be more appropriate. By engaging in peer consultation, sharing findings and consulting with other colleagues, not only can the validity be established through pooled judgement, there are also implications to allow for further study to be generated.

Confirmability

One way of achieving this was by the researcher checking and rechecking the data throughout the whole study. Effectively this is deemed as a data audit that examines the data collection and makes judgements about the potential for bias or distortion.

Overall case studies are detailed investigations of individuals, groups or other social units. They are useful in depicting a holistic portrayal of participant's experiences (McNamara 1999). The difference between case studies and other research is that the focus of attention is the individual case and not the whole population of cases. In case study research the focus is not on the discovery of a universal truth, nor do they look for a cause effect relationship, instead the emphasis is placed on exploration and description (Zucker 2001). Case study research methodology is applicable in this instance. The participant's views, opinions and thoughts will hopefully provide a better understanding of the role.

Data Analysis

Thematic Analysis (Bowling 1997) will be used to analyse and evaluate the data collected. This is through a three phased approach:

- Phase One: Transcript & analysis/markings
- Phase Two: Deriving themes and sub themes
- Phase Three: Confirming the key themes

Interviews are to be transcribed verbatim and then individually scrutinised by the researcher. Themes are then identified throughout each of the transcripts and then categorised. The number of categories identified can then be further reduced and focused to form the main themes.

Ethical Consideration

Before commencement of study, the research proposal will need to be submitted to the University Research Ethics Committee for approval. In addition approval will also need to be sought from the relevant NHS ethics committees. The main ethical issues relate to four aspects of this research; the medical doctors, the consultant radiographers, the nurses and gaining access to the radiotherapy department at the different trusts. An agreement form, written codes of practice and a copy of the research proposal will be sent to participants and permission from clinical managers will be sought prior to any data collection.

Participants will be contacted via a letter inviting them to take part in the research and what the research entailed. The letter will also include:

- A Participant Information Sheet with details of the research and what it involved.
- A Consent Form acted as a written confirmation of their participation.

The written material assists the participants in understanding the nature of the research, any risks and benefits were highlighted. Participants will be informed of the voluntary nature of their involvement and were free to withdraw at any time without giving a reason and that it would not affect their legal rights.

All interviews will be conducted at the participants' respective place of work, in a familiar surrounding. The interviews will be recorded via an electronic dictaphone. Participants will have the opportunity to read through the interview transcription and a copy will be made available to them upon request. All the data is to be stored and secured (locked) according to the data protection act. The participants also have the option to request a copy of their interview when the research is completed otherwise all interviews will be erased. It will be emphasised during the interview that all information is confidential and that names would be omitted or alternatively replaced with pseudonyms i.e. the right to anonymity and confidentiality.

Potential Impact of the study

The findings of the research will hopefully improve the overall patient care; inform ways to provide better working systems and practices within oncology services. In addition to assist radiographers in developing and promoting themselves professionally and personally and help them to acquire/gain new skill sets. Likewise to, ultimately build a better collaborative relationship with our medical counterparts.

Dissemination strategy

As part of the PhD research there is a requirement that I produce a number of articles that address my research agenda. My intention is to submit my work to the following peer reviewed journals: Radiography, Journal of Radiotherapy in Practice. Professional magazine such as Synergy: Imaging & Therapy Practice and Imaging & Oncology. In addition, to submit my work to the Journal of Inter-professional Care, due to the inter-professional nature of my research topic. In addition I hope to present my findings at the SoR Annual Radiotherapy Conference, the Advanced Practice Conference held at Sheffield Hallam University and in house at City University Annual Research Symposium.

References:

- Adams J, Smith T (2003) "Qualitative methods in radiography research: a proposed framework" Radiography 9, 193 – 199
- Bowling, A (1997) Research methods in Health Open University Press, Buckingham
- Burns R. (1990) Introduction to research methods, Melbourne, Longmans
- Casey D. (2006) "Issues in research" Nursing Research 13(3), 85-91
- Coates VE, Gormley E. (1997) "Learning the practice of nursing" Nurse Education Today 17, 91-98
- College of Radiographers. Positioning therapeutic radiographers within cancer services: Delivering patient centred care; 2006
- College of Radiographers. Consultant Radiographers: Succession Planning; July 2009
- Day, J (2006) Interprofessional Working, Nelson Thomas, Cheltenham
- Department of Health. Making a difference; 1999
- Department of Health. Cancer Reform Strategy, Department of Health; 2007
- Ford, P. (2010) "The role of the consultant radiographer – experience of appointees", Radiography 16, p189 – 197
- Forsyth, L & Maehle, V. (2008) "Consultant radiographers: Profile of the first generation", Radiography 17, p1-7
- Guba, Lincoln. (1999) Effective evaluation: improving the usefulness of evaluating results through responses and naturalistic approaches London, Sage Publications
- Hardy, M. (2010); Radiography: Looking to the next decade. Imaging & Oncology p29-33
- Hogg, P. Hogg, D. Henwood, S. (2008) "Consultant radiographer leadership – A discussion", Radiography 14; p39-45
- Howes, N. (2009) "Demystifying the role of the consultant therapy radiographer" Imaging & Oncology p6-11
- Key J. (1997) Research design in occupational education (online) available from URL <http://www.olkahoma.stateuniversity.com> (17.06.11)
- McNamara C. (1999) Basics of developing case studies (online) available from URL <http://www.managementhelp.org/evaluation/castdy.htm> (17.06.11)
- McSherry, R. Mudd, D. Campbell, S (2007) "Evaluating the perceived role of the nurse consultant through the lived experience of the healthcare professionals" Journal of Clinical Nursing, 16, p2066-2080
- Ng KC, White P (2005) "Qualitative Research design & approaches in radiography" Radiography 11, 217 - 225
- Price R, Miller L (2010) "An evaluation of the impact of implementation of consultant practitioners in clinical imaging" Society of Radiographers Report
- Redwood S, Carr E, Graham I (2005) "Perspectives on the Consultant Nurse Role" Institute of Health and Community Studies, Bournemouth University
- Soy S (1997) The case study as a research method (online) available from URL <http://www.ischool.utexas.edu/ssoy> (13.06.11)

Yin, R (2009) "Case Study Research: Design & Methods" (4th Ed) Sage Publications

Zucker D (2001) Using Case Study Methodology in Nursing Research (online) available from URL
<http://www.nova.edu/ssss/QR/QR6-2/zucker.html> (17.06.11)