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# **Is a nurse consultant impact toolkit relevant and transferrable to the radiography profession? An evaluation project.**

## **Abstract**

### Introduction

Consultant posts were developed to strengthen strategic leadership whilst maintaining front line service responsibilities and clinical expertise. The nursing profession has attempted to develop tools to enable individuals to evaluate their own practice and consider relevant measurable outcomes. This study evaluated the feasibility of transferring such a nursing 'toolkit' to another health profession.

### Method

This evaluation was structured around a one-day workshop where a nurse consultant impact toolkit was appraised and tested within the context of consultant radiographic practice. The adapted toolkit was subsequently validated using a larger sample at a national meeting of consultant radiographers

### Results

There was broad agreement that the tools could be adopted for use by radiographers although several themes emerged in relation to perceived gaps within the nursing template, confirming the initial exercise. This resulted in amendments to the original scope and a proposed new evaluation tool.

### Conclusion

The impact toolkit could help assess individual and collaborative role impact at a local and national level. The framework provides consultant radiographers with an opportunity to understand and highlight the contribution their roles have on patients, staff, their organisation and the wider profession.

## Introduction

The non-medical consultant role was introduced to the United Kingdom (UK) health service in 1998,<sup>1</sup> embedded into nursing workforce in 1999<sup>2</sup> and the allied health professions (AHP) in 2000.<sup>3</sup> Unlike their medical counterparts the nurse and AHP role is multifaceted and extends their influence clinically and strategically with specific expectations around expert practice, leadership, research and education.<sup>1-3</sup> Consultant posts were developed to strengthen strategic leadership whilst maintaining front line service responsibilities and clinical expertise. The aspiration was to develop practitioners who could use their skills and experience to develop alternative care models, lead and redesign services and particularly to embed evidence based practice. Rather than being a substitution for medical staff, the posts are designed to provide a link between strategic leadership and direct patient care.

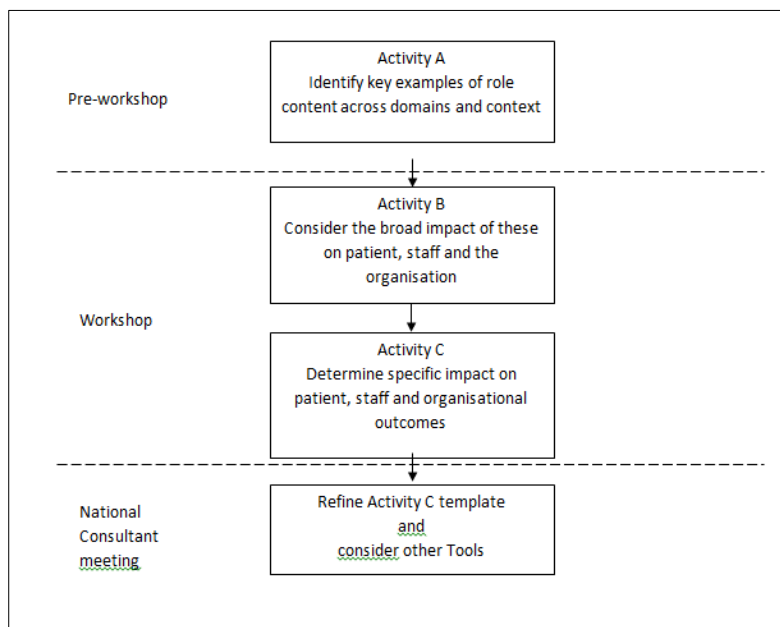
Non-medical consultant numbers have never met expectations, and there remains a challenge to develop the post holders and roles.<sup>4,5</sup> Perhaps there is scepticism surrounding the limited evidence of wide scale impact of these roles. Several evaluations have attempted to identify the impact of this level of practice on service transformation and patient outcomes.<sup>6-11</sup> However, often these have been local case studies with limited methodological rigour or consideration of all the areas of potential impact.<sup>12</sup> Gerrish et al<sup>13</sup> recognised difficulties in measuring impact, partly due to the diversity in roles, but also individual perceptions of what constitutes consultant practice. To address this deficit in evidence the nursing profession has attempted to develop tools to enable individuals to evaluate their own practice and consider relevant measurable outcomes.<sup>14</sup> No such evaluation framework exists for the AHPs and the feasibility of transferring such a nursing 'toolkit' to another health profession has not been previously explored. However, as all non-medical consultant roles were conceived around the same core functions the theory appears worthy of consideration.

Although designated as a single AHP, radiography comprises two unique disciplines, diagnostic and therapeutic, with different workforce functions. The first consultant radiographers were appointed in 2003, although there were never any targets set on role numbers. There are now in excess of 100 across a diverse range of clinical specialities and localities, but these still represent less than 0.3% of the profession. Despite advanced and consultant radiographic practice being established there remains limited published evidence of impact.<sup>15</sup> Although the number of research studies has increased, they have predominantly focused on the experiences of post holders and their perceptions of the role, with little objective evidence produced.<sup>8,10,16-19</sup> In addition, there are concerns regarding the preparedness for the role,<sup>19-22</sup> the longevity and the need for succession planning with the most established consultants now approaching retirement.

This article considers the potential transferability of a toolkit, designed to assist in the measurement on impact of nurse consultants,<sup>14</sup> to other non-medical consultant roles. This project explores the impact toolkit for validity and relevance for use within the radiography profession but at this stage it does not attempt to evaluate the roles or impact of individual consultant radiographers.

## Method

This evaluation was structured around a one-day workshop. A toolkit developed by Gerrish et al<sup>14</sup> was appraised and tested within the context of consultant radiographic practice. The adapted toolkit was subsequently validated using a larger sample at a national meeting of consultant radiographers (Figure 1).



**Figure 1: Toolkit evaluation process**

An invitation to participate in an evaluation workshop was issued to a selection of radiographers, all either accredited at consultant level by the professional body and/or members of the national consultant group facilitated by the Society and College of Radiographers (SCoR). Seven individuals agreed to participate, representing both radiography disciplines, also three distinct areas of specialist practice: breast imaging (n=3), projectional imaging (n=2) and radiotherapy (n=2). Participants were employed in diverse geographic regions across England.

The facilitated workshop involved the completion of a number of activities<sup>14</sup> designed to initiate debate as to their relevance and identify any omissions. The completed activity worksheets were collated and thematic analysis of the content was undertaken. A subsequently revised toolkit was

validated at a national meeting of consultant radiographers to ensure the content was relevant to a wider scope of clinical expertise.

### Participant roles

The participants were provided with a pre-workshop template to document examples of their role content. The information related to the core functions of the non-medical consultant role within three different contexts; their service, the wider organisation and externally. This provided information around the day-to-day role activities across the range of consultant functions and contexts. Common themes emerged in relation to their roles and responsibilities (Table 1).

Table 1: Themes emerging from roles from the pre-workshop activity

Context	Clinical practice	Education/ Training	Leadership/ Consultancy	Service development/ Research
<b>Within the service</b>	Specialised practice Autonomous interventions Image reporting	Mentoring trainees Developing CPD opportunities	Performance reviews Advising manager on staffing	Audit lead Supervise audits Undertake research
<b>Within the organisation</b>	Advising clinical staff MDT involvement	Teaching other staff	Trust committee membership Trust policy lead	Implement pathway changes
<b>External to organisation</b>	Peer review or quality assurance visits	Under or post-graduate teaching Approval of education programmes	International/ National conference organisation	Grant recipient Journal involvement (reviewer, editor) Publication and conference presentation

### Impact of role

The different templates within the evaluated toolkit<sup>14</sup> were completed by the participants during the facilitated workshop. Each was required to choose four facets of their role they had described on the initial template and identify areas where there was perceived impact on patients, other staff and the organisation. Similar activities were identified within the role groups but inter-speciality variance was noted, particularly around patient management and external roles. Across all participants there was evidence of both direct and indirect impact; where direct is defined as activities carried out by the consultant individually whereas indirect is via their influence on others, for example through training or policy development.

Table 2: Example areas for impact consideration

<b>Role (participant speciality)</b>	<b>Potential areas for impact assessment</b>
<b>Radiographer image interpretation (Diagnostic)</b>	Patient – Timely diagnosis Staff – Release radiologist time Organisation – Meet report turnaround time targets; Value for money
<b>Research project supervision (Therapeutic)</b>	Patient – Evidence based practice; improved patient care and outcome Staff – Advanced staff knowledge and skills Organisation – Publications; increased profile; contribution to R&D recruitment targets/funding
<b>Implementation of telephone clinics (Diagnostic - breast)</b>	Patient – Fewer return visits; no parking costs and waiting Staff – Time efficient Organisation – Reduced cost; more department appointments available, reduced waits

### **Framework for impact**

Common to all participants was an acknowledgement that the three areas of impact (patients, staff and organisation) were not mutually exclusive. This was recognised as an important factor for future use of the framework in practice evaluation, but made initial application quite challenging. The nursing toolkit includes impact categories around patient behaviour and quality of life. Whilst the therapeutic radiographers were easily able to identify examples relevant to their practice, their diagnostic colleagues found this more difficult. This is likely to be related to the length of patient interactions in diagnostic imaging, which tend to be brief (often <5minutes) and limited to a single episode of care, in contrast to the ongoing relationship formed during radiotherapy. In addition, areas of potential impact were identified that were not easily captured in the nursing toolkit template. Specifically, these were linked to patient safety (e.g. intervention following a misplaced nasogastric tube or radiation dose management) and service design/evaluation (e.g. new patient pathway). As a result an additional safety category was proposed for inclusion in the 'patient' domain which could encompass inclusion of items such as protocols, governance and radiation related regulations as well as other preventative or remedial actions (Table 3). A further category incorporating service change was also suggested to the 'organisation' domain with an expectation that this could provide evidence of efficiency through economic evaluation.

Table 3: Identification of evidence in relation to impact on domains

Impact on...	Categories	Definition
<b>Patient</b>	wellbeing	Influence the holistic wellbeing of patients by improving physical and psychological outcomes
	behaviour	Influence outcomes relating to patient behaviour
	experience of healthcare	Influence patient experience of healthcare services
	<i>safety*</i>	Undertake preventative or remedial activities related to the safety of patients.
<b>Staff</b>	competence	Influence the competence of the healthcare workforce
	quality of working life	Influence on quality of experience in the healthcare workforce
	work distribution and workload	Impact on staff societal outcomes such as work distribution, turnover and workload of other staff
	team working	Impact on effective team working across organisational (internal/external) and professional boundaries
<b>Organisation</b>	priorities and targets	Contribute to delivery of organisational priorities or strategies and targets set by commissioners and others
	through development of policy	Impact on the development of new policy (local/national/wider)
	through generation of new knowledge	Impact on the generation of new knowledge through research
	<i>through service design/evaluation*</i>	Impact on service delivery through innovation and evaluation

This exercise showed a diversity of practice across the group, but confirmed that the broad categories are relevant for the radiography profession.

### Tool validation

The initial nursing impact toolkit and proposed changes were introduced to a cohort of 33 consultant radiographers to examine whether they could be translated into wider practice. There was broad agreement that the tools could be adopted for use by radiographers although several themes emerged in relation to perceived gaps within the nursing template, confirming the initial exercise. This resulted in amendments to the original scope and a proposed new evaluation tool. The workshop attendees identified challenges in measuring indirect impact. It was suggested that there may be scope for seeking objective evidence of impact through the opinions of other staff and managers/stakeholders, although this was not universally popular within the wider consultant group.

## Discussion

Non-medical consultant roles were developed to improve patient outcomes, streamline pathways and improve evidence based practice.<sup>3</sup> The continued success of the role will be centred on demonstrable impact and evidence of their contribution to organisational priorities. In addition, such roles are costly relative to advanced practitioner posts, and they are therefore likely to attract particular scrutiny in relation to the value for money they confer on services. As healthcare enters a transformational period this is more relevant than ever with the Five Year Forward View<sup>23</sup> and a challenging financial climate.<sup>24,25</sup> The NHS is facing sustained increases in demand in tandem with unprecedented requirements for efficiency savings.<sup>23</sup> The scale of the challenges has been clearly articulated, however serious doubts have been cast on the ability of the health service to meet these without radical changes in service delivery and patient pathways.<sup>26</sup> In the next few decades we are likely to see healthcare delivery change radically, with greater blurring of roles and a requirement for increased integration and cooperation. Such strategic challenges could provide a significant opportunity for consultant leadership, but this requires them to work confidently beyond their direct clinical role and measure their impact.

This exploratory project suggested two specific areas of consultant impact not identified previously; patient safety and improvement through service design and evaluation. These are likely to be relevant to other AHP consultant practitioners and also to the nursing community. In a study within radiography, Henwood et al<sup>8</sup> found that 'developing new services' and 'making a difference' were key themes drawn from consultant practitioners' experiences. The potential for these roles to innovate is substantial with their responsibility to lead and implement service change, particularly as the drive for new care models continues. However, this will require real evidence of added-value, clinical effectiveness and efficiency. Healthcare policy-makers believe such roles contribute to high quality care, particularly through strategic involvement,<sup>27</sup> although it is not clear whether such views are held within the imaging and oncology communities. Patient safety has been an increasing focus within health and social care and perhaps the omission of it as a discrete element from the nursing toolkit was with the expectation that it was embedded in practice. However, with the high profile this has within organisations this needs to be more explicit. In radiography, there are several areas where radiographer roles are specifically focussed on patient safety, most notably through radiation dose management but also clinical interventions, image interpretation and treatment effects.

Previous evaluations involving nurse and AHP consultant practitioners have used other research methodologies and case study approaches, whereas it is perhaps more practical for many AHP consultant practitioners to evaluate their impact under a single framework. The toolkit evaluated



within this project was designed with focus on the consultant nurse and was developed to encompass the diversity of the nursing role and so it seems reasonable that, with a few minor amendments, practical utility in radiography is feasible. A single evaluation framework should enable data to be collected in a standardised format and provide an opportunity for collaboration across wider organisational contexts. Although this is likely to be focussed at the consultant level, it is expected that this would be relevant for many advanced practitioners. Indeed, tools to help evaluate the impact of all non-medical professions may prove a major factor in recognising value in the future of healthcare delivery.<sup>28</sup> Such objective measurable evidence is crucial for the development of new non-medical consultant roles including into innovative areas of practice in addition to the areas where they are already well established. This extends from some of the obvious benefits of consultant practice, such as additional expert clinical capacity, but also benefits which may initially be less obvious, including improved patient safety and quality of working life. If the status quo is to be challenged, all tangible benefits of consultant practice need to be both highlighted and realised.

## **Conclusion**

This evaluation has confirmed that a toolkit designed to capture the impact of nurse consultants is relevant to, and broadly transferable to, another health profession. With the addition of patient safety and service design/evaluation categories the framework provides consultant radiographers with an opportunity to understand and highlight the contribution their roles have on patients, staff, their organisation and the wider profession. Such a tool could help assess individual and collaborative role impact at a local and national level. Importantly, this may be extrapolated in a more focussed form for use by advanced practitioners.

The impact toolkit should also reinforce the consultant role as unique and complementary to, rather than replacing, the clinical expertise of medical colleagues. This is important for the promotion and acceptance of the role as its leadership and impact encompasses clinical service delivery in addition to education, research and innovation leadership.

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