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

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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 collaborat ive 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,[1] embedded into nursing workforce in 1999[2] and the allied health professions (AHP) in 2000.[3] 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.[1–3] 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.[4,5] 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.[6–11] However, often these have been local case studies with limited methodological rigour or consideration of all the areas of potential impact.[12] Gerrish et al.[13] 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

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profession has attempted to develop tools to enable individuals to evaluate their own practice and consider relevant measurable outcomes.[14] 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.[15] 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.[8,10,16–19] In addition, there are concerns regarding the preparedness for the role,[19–22] the longevity and the need for succession planning with the most established consultants now approaching retirement. Although consultants personally identify how their role has impacted on patients and service delivery,[8] this appears not to be translating to actual evidence. This may be due to confidence in evaluation methods as they have acknowledged a lack of research confidence and capacity[23] and a resource to assist in the development of the planning and execution of impact assessment may be beneficial.

This article considers the potential transferability of a toolkit, designed to assist in the measurement on impact of nurse consultants,[14] 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.

Original toolkit

Designed to enable individuals to appraise their own practice, the toolkit[14] comprises a range of activities to identify, scope and plan evaluation of their role influence (Box 1). Impact may be considered as direct or indirect; 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.

Method

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

Box 1
Components of the nurse consultant toolkit.

1. Introduction to measures of impact and stakeholder identification
2. Activities to assist in areas of impact and their priority
3. Challenges and guidance on capturing impact
4. Evaluation of economic impact
5. Examples of impact assessment
6. Dissemination strategy
7. Example tools

An invitation to participate in an evaluation workshop was issued by the Society and College of Radiographers (SCoR) to a broad selection of radiographers, all either accredited at consultant level by the professional body and/or members of the national consultant group. 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[14] 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).

Impact of role

The different templates within the evaluated toolkit[14] 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 (Table 2). Similar activities were identified within the role groups but inter-speciality variance was noted, particularly around patient management and external roles. Across all participants identified potential areas of both direct and indirect impact.

Framework for impact

Common to all participants was an acknowledgement that the three areas where impact could be measured (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 <5 min) 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