What should we expect from our professional bodies?

- New work being started on scope of practice
- Competencies
- ISAS
- Modernising scientific careers
- Promotion of the profession

Nuclear Medicine Advisory Group Meeting: 27th November 2014

Nuclear Medicine: Workforce Development Guidance

Simon King
Programme Leader MSc Nuclear medicine, Allied Health Professions, Faculty of Health & Applied Sciences, University of the West of England, Bristol
The Aim

‘In seeking to commission a new document, the SCoR expects that current and emerging trends in nuclear medicine practice will be taken fully into account, and that the document will provide appropriate guidance for the development of the current and future nuclear medicine workforce to support effective provision of patient and referrer focussed nuclear medicine services’

‘An in depth survey of a representative number of nuclear medicine practitioners and workforce currently practising in the UK’

The survey is expected to identify current and likely future working practices, technological innovations, and current and future approaches to education/workforce development

Guidance from the SCoR at the start of this project
‘An in depth survey of a representative number of nuclear medicine practitioners and workforce currently practising in the UK’

The survey is expected to identify current and likely future working practices, technological innovations, and current and future approaches to education/workforce development

‘In seeking to commission a new document, the SCoR expects that current and emerging trends in nuclear medicine practice will be taken fully into account, and that the document will provide appropriate guidance for the development of the current and future nuclear medicine workforce to support effective provision of patient and referrer focussed nuclear medicine services’
Why the Question Mark?

• So much data available

• How easy is it to develop this into a truly useable document?

Try to cover all of the points – becomes less readable as it is too long
Leave some info out - dilutes the impact?
Aim of a potential document?

Core competencies and educational standards for each level of NM practitioner

• Difficult to achieve

But in it’s favour...

• Feedback suggests this is what the workforce (not necessarily the managers) actually want

• Very prescriptive, but allows for greater standardisation of the NM process

• Surely a good thing when we consider ensuring ‘patient centred care’
Difficult.... but a Possibility?

Nuclear Medicine Technologist
Scope of Practice and
Performance Standards

Positron Emission Tomography (PET)
Technologist
Scope of Practice and
Performance Standards

Prepared by: Society of Nuclear Medicine and Molecular Imaging Technologist Section
Approved: June 7, 2013

Prepared by: Society of Nuclear Medicine and Molecular Imaging Technologist Section
Approved: January 26, 2013

J of Nuclear Medicine Technology, first published online April 30, 2013 as doi:10.2967/jnmt.113.123869

PET/MR Imaging Consensus Paper: A Joint Paper by the Society of Nuclear Medicine and Molecular Imaging Technologist Section and the Section for Magnetic Resonance Technologists
So Back to the Findings.....

- Too many ideas to cover in this presentation
- Have a look at the previous presentation
- Hopefully a comprehensive overview

Let’s consider a few of the main points...
Thoughts of the RCT...

One document to cover all??.....
So Has the Plan Worked?

Well......**223 responses** (I was hoping for about 50....)

Professional backgrounds represented

- Assist Practitioners: 4
- Radiographers: 76
- Clinical Technologists: 119
- Others: 24

Massive thanks to Mark Mcdade, the NMAG members and my UWE colleagues
Representation from a range of NHS Pay bands?

Responses from lots of band 7/8’s - Is this a true representation of the workforce or just who the questionnaire ended up with?

Is this point important in relation to a future document?

Any potential document may need to be specific as to what constitutes advanced practice......
Do you possess any formal NM Qualifications?

Yes = 159

No = 64

If yes, at what level are these qualifications?

- PgD: 65
- PgC: 28
- Bsc: 36
- Foun. Deg.: 2
- Other (mainly HNC / HND): 23
- Masters: 12

Initial thoughts.....

Are we happy with this?

Should we be aspiring to more Masters / PHD’s?
Slightly More Worrying?

How long ago did you achieve these qualifications?

- Within last 2 years: 22
- Within last 5 years: 25
- Within last 10 years: 42
- More than 10 years ago: 80

How much has technology / technique changed over the last few years?

Does the workforce need an ‘educational refresh’?

BUT, I HEAR YOU SAY, DO THE WORKFORCE WANT EDUCATING......
Would undertaking qualifications / further qualifications be something that appeals to you?

- **No**
- **Yes**
- **Unsure**

In which areas?
- Hybrid / PET
- Reporting
- Cardiac stressing
- Management / Leadership

No because.....
- I’m too old
- No incentive – top of band
- No support from department
- I’ve got lots of experience......
Do you think the completion of further education / short courses would improve your current NM practice?

- Yes
- Maybe
- No

People seem to want help with Hybrid Imaging / PET and importantly Diagnostic CT

This is a recurring theme – see the next slide....
The Importance of CT Competencies...

This REALLY needs to happen!

A ‘position statement’ related to the appropriate use of CT within the hybrid environment
Education availability
How might this align with the future ambitions of the SCoR

- Many responses highlighted that people either didn’t realise what formal education programmes were available - or that they were too expensive.

- UWE now provides a ‘distance learning’ education package.
- Larger numbers in the future may lead to a cheaper course.
- This format would suggest increased feasibility around the standardisation of learning packages- particularly for hybrid?.

Imaging / Diagnostic Procedures

Are you supported / encouraged by your professional lead to employ personal 'decision making skills' in relation to individual patient care / the acquisition of additional images etc.?

- Yes: 142
- No: 21
- To some extent: 60

Positive...
BUT
What are people doing?
What skills have they got?
What training have they had?
# Imaging / Diagnostic Procedures

Ok so what sort of things are we taking about?

<table>
<thead>
<tr>
<th>Task</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of additional or delayed images</td>
<td>68</td>
</tr>
<tr>
<td>Asking for / undertaking a SPECT/CT</td>
<td>24</td>
</tr>
<tr>
<td>Requesting supplementary x-rays</td>
<td>15</td>
</tr>
<tr>
<td>Assessing patient suitability for a scan / cancelling scan</td>
<td>12</td>
</tr>
<tr>
<td>Making decisions regarding cardiac stress testing</td>
<td>9</td>
</tr>
<tr>
<td>Administering diuretic</td>
<td>9</td>
</tr>
<tr>
<td>Adapting protocols</td>
<td>8</td>
</tr>
<tr>
<td>Sending patients away without showing images to a doctor</td>
<td>8</td>
</tr>
</tbody>
</table>
Imaging / Diagnostic Procedures

Within the current structure of your department do you think there are more opportunities for the Nuclear Medicine Practitioner to develop/utilise their skills?

Yes = 143  No = 80

Why reporting?..... This may suggest issues associated with diagnosis turn around times?
Reporting issues

• Consultants are getting older

  – 40% of consultants are aged over 50, with imminent retirements posing a potential threat to NM services¹

  – 22% of NM consultants will reach the age of 65 over the next 10 years²

  – At present, current medic training numbers are just sufficient to maintain the modality²


So Reporting……

• **Increased Pressures Placed on the Medical Workforce**

• *The workload is changing*
  
  – Increasing workload complexity and rising commitment to MDT involvement has been noted²

  – The advent of 7 day working…….

• *The solution?*
  
  – A significant increase in the number of allied professionals will be needed to support the modality²

  – Investigate potential role extension for other healthcare professionals working within NM¹

---


Advancing Techniques

Does your department currently have hybrid imaging capabilities e.g. SPECT/CT, PET/CT, PET/MRI?

Yes = 173  
No = 50

*If yes, what training have you had?*

- Apps training
- In-house training
- Competency based training
- University training
- Other

Other?

Thought most things had been covered..
Advancing Techniques

Do you feel that additional training in relation to hybrid imaging might prove beneficial to your current clinical practice?

This seems to reinforce some of the earlier points.
Advancing Techniques

So what training / education are the workforce after?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater general understanding of the modality / modalities</td>
<td>33</td>
</tr>
<tr>
<td>Cross sectional anatomy</td>
<td>13</td>
</tr>
<tr>
<td>CT optimisation</td>
<td>11</td>
</tr>
<tr>
<td>Manipulation of imaging parameters</td>
<td>9</td>
</tr>
<tr>
<td>Diagnostic CT and contrast</td>
<td>6</td>
</tr>
<tr>
<td>CT interpretation skills</td>
<td>6</td>
</tr>
<tr>
<td>Image processing / reconstruction</td>
<td>5</td>
</tr>
</tbody>
</table>

Other interesting answers

- Fusion training, rather than just CT training
  - Formal CT training
  - Specialists in the ‘field’
Recommendations
**Bold** = urgently needed?

- Consideration as to how well the SoR Education and Careers Framework aligns to the current role of the NMP

- **Position statement related to the optimal use of CT within the hybrid imaging environment**

- Further education / guidance related to the developing role of the NMP i.e. counselling skills, dealing with dementia etc.

- Further development of a NM reporting framework for the ‘non-medical’ to complement the 2005 BNMS document
Recommendations

**Bold** = urgently needed

- Consideration as to the ongoing importance of radiopharmacy training / education
- More education / competency-based assessment related to hybrid imaging practice (but the workforce needs to be clear what they want / need)

These are just some ideas....
THANKS FOR LISTENING