**'On-treatment' clinics for patients undergoing radiotherapy**

**Descriptor:**

It is essential for each patient undergoing a course of radiotherapy to be seen regularly in a clinic by a doctor, trained nurse or radiographer.

**Background:**

This audit is worth carrying out because it is essential for each patient undergoing a course of radiotherapy to be seen regularly in a clinic by a doctor, trained nurse or radiographer. These “on-treatment” or “floor” clinics are essential for the proper monitoring of patients throughout their treatment and provide the patient with an opportunity to discuss both physical and psychological problems away from the busy environment of the radiation suite. They also provide an opportunity for the professional staff to offer symptomatic support such as skin and mouth care and advice regarding personal hygiene. It is recognised that departments will differ in approach, often depending on the locally agreed skill mix. Traditionally, these clinics were undertaken by medical staff only; nowadays, specialist nurses and/or radiographers may undertake much of the work. Many radiographic and nursing staff find these clinics a particularly gratifying part of their work.

## The Cycle

**The standard:**

1. Each patient should be seen regularly, throughout treatment, by a doctor, nurse or radiographer with special training or experience in the monitoring of patients during radiotherapy

2. Each department should have a protocol dictating how frequently each patient should be reviewed, and should audit against this protocol.

2. Patients should feel satisfied that they were adequately supported throughout treatment

**Target:**

1. 100%

2. 100%

3. 100%

## Assess local practice

**Indicators:**

1. Percentage of patients seen regularly during treatment, at a frequency dictated by local protocol.

2. Percentage of patients expressing satisfaction at the level of support throughout treatment.

**Data items to be collected:**

Clinical records to confirm regular review at “on treatment” clinic, by an appropriate member of staff. There should be a written entry for each visit, although this may be brief if no specific problems were encountered.

**Suggested number:**

30 patients randomly selected over a one-month period, and reviewed 1–3 months after completion of treatment.

**Suggestions for change if target not met:**

• Present findings at multidisciplinary meeting

• Highlight obvious shortcomings in care, eg. patients from a particular clinic or consultant in which regular review does not appear to be taking place

• Discuss with Network colleagues a consistent approach for “on-treatment” clinics

• Repeat date for commencing the next audit (following change): 12 months

• Identify staff member responsible for introducing change

• Indicate date for reporting on the repeat audit

**Resources:**

- Personnel: Lead oncology nurse, radiotherapy services manager/superintendent radiographer, or senior designated staff

- Time: 5 hours for staff to review and collate results and write brief report

**References:**

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4. Fallowfield L, Jenkins V. Effective communication skills are the key to good cancer care. Eur J Cancer 1999; 35: 1592–1597.
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6. Koller M, Heitmann K, Kussman J et al. Symptom reporting in cancer patients II: Relations to social desirability, negative affect, and self-reported health behaviours. Cancer 1999; 86: 1609–1620.
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8. Royal College of Radiologists, College of Radiographers, Royal College of Nursing and the Institute of Physics and Engineering in Medicine. Breaking the mould: roles, responsibilities and skills mix in departments of clinical oncology. BFCO(02)6. London: RCR, 2002.

**Editor's comments:**

• This is another example of work that can reasonably be undertaken by a variety of staff, provided they have received the proper training. Some departments still prefer to run “on-treatment” clinics exclusively with doctors of various grades, while others find that nursing or radiographic staff can provide an excellent service. This “skill mix” issue can prove an attractive part of the workload, for example for therapy radiographers, offering variety and genuine opportunity for extension of their professional skills

• Consistency across the Network is greatly to be encouraged

**Submitted by:**

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