

BCSCTCREDG – Crib sheet



The following are guidance notes on the definitions listed within the 'Radiographer service levels document' and other accompanying documents within the pack.

Scope/ topic	Guidance notes
Complete consent/ pre-procedure checklist	Able to complete the pre-examination consent / pre-procedure checklist, including: positive identification, appropriate accurate detailed description of examination and additional imaging as required, information regarding Buscopan and IV contrast and their possible side effects/ reactions, information relating to perforation, to accurately record medical history as required and to ensure the patients understanding of the information given. This may also include a request to use anonymised data for research / education.
Position patient on/in scanner	Achieve safe and accurate positioning of patient in supine/prone/decubitus as required including correct placement of pillow under chest for prone. Centering within scanner to enable visualisation of appropriate anatomical region. To be aware of limitations of movement of the scanner. To be aware of safety issues.
Safe operation of scanner and use of CTC protocols	To be able to safely operate the scanner. To have knowledge of the range of CTC scanner protocols and an understanding of their significance, regarding radiation dose and image quality and those factors affecting protocol choice- clinical history, size etc. To be able to select the correct protocols for the examination being performed. Understand the difference in mA between these different CTC protocols.
Safe use of rectal catheter	To be familiar with departmental SOP with regard to insertion / removal of tube. To have knowledge of the gross anatomy of the anal canal and rectum. To understand the use of the retaining balloon – when safe to do so, and when not safe to do so, as well as when to deflate in additional sequences. To understand the importance of ensuring the retaining balloon is fully deflated when the tube is removed. To be aware of own limitations if difficulty encountered and to seek advice from an appropriate other.
IV cannulation	Working towards / attained a certificate of competence from an approved educational body to insert an IV cannula.
Administration of IV contrast/ Buscopan	Named on PGD or equivalent documentation within the department. To be aware of relevant departmental policies / protocols including extravasation. To have knowledge of indications / contraindications for IV contrast/ Buscopan.
Colonic navigation	Able to efficiently navigate 2D axial images of colon on the CT scanner. Utilising underpinning knowledge of the gross anatomy of the colon, navigating the colon in continuity in a timely manner.
Evaluation of the acquired images	Assessment of image adequacy, in terms of success of bowel preparation, and bowel distention with CO ₂ . Understanding the requirement to optimise image quality and how to achieve it. Make procedural modification decisions if required based on the images already achieved.

Identification of Colorectal Cancer (CRC) at time of examination	At the time of test, identifying CRC or lesions which may harbour malignancy, and understanding the requirement for completion staging and escalation according to local pathways.
Vetting and protocolling CTC referrals	Identify the appropriate indications for CTC. Ensure that there are no contraindications, review previous imaging and laboratory results as appropriate. If CTC not appropriate, consider alternative imaging; discuss with referrer.
Preliminary clinical evaluation	To be able to review CTC using dedicated software utilising 2D and 3D as appropriate. Able to identify and describe a range of pathologies encountered at CTC. To provide a first read/ provisional report to support double reporting. The report to include a description of adequacy and description of colonic pathology including location, size and morphology. Escalation of positive findings to endoscopy or MDT according to local policy.
Provisional reporting	To provide a formal provisional report to support double reporting. The report to include a description of adequacy and description of colonic pathology including location, size and morphology. Where cancer is suspected, to provide an evaluation of extension beyond the bowel wall and local nodal disease to support formal radiological staging. Provide the referrer with patient management advice as appropriate.
Audit of own practice	Ongoing audit of own performance. Contribute to ongoing programme of audit locally with regard to the CTC service, either with the Advance Practice/ Consultant Radiographers, or Consultant Radiologists if these are not available.
Audit and research	Level 4 - Advanced Practice: As well as ongoing audit of own performance, the radiographer should actively participate in the audit of local CTC related practice, supporting and implementing service improvement outcomes. They should be participating in CTC research Level 5 – Service Lead/ Consultant: Take a lead role in the audit of local practice, making recommendation for change as required and ensuring implementation. Contribute to national audit programmes. They should be actively generating new research topics in CTC research, and be carrying out the research as preferably Principle Investigator or Chief Investigator if participating in multicentre studies.
Governance, service design and improvement	To take a lead role in the strategic development of the service within the wider diagnostic framework. To develop and implement policies for the local service, and contribute where appropriate to the development of national policies. To ensure compliance to local policy by those delivering the service
Trainer- local	To coordinate/ provide specialist CTC training to support the local service. Act as a mentor to radiographer trainees.
Trainer local/ national	To contribute to development of training programmes at a local / national level for both radiographers and radiologists. Act as a source of expert advice locally and nationally