

Letters

Radiotherapy

Safety issues caused by a leadership vacuum

Radiographers throughout the UK will have been pleased to read Sir Liam Donaldson's editorial on safety in radiotherapy (BMJ 2007;334:272 (10 February), doi:10.1136/bmj.39112.454387.BE). The Society and College of Radiographers supports the need for appropriate training and to put safety at the core of therapy delivery. The dedication and hard work of staff involved in radiotherapy masks the inescapable fact that we have a service in crisis featuring unacceptably long waiting times.

Sir Liam states: "An organisational culture that promotes safety has distinct and consistent characteristics. These include effective organisational leadership, well designed systems and processes of care, and competent health staff. Such characteristics are vital for ensuring the safety of patients."

If the government committed to appropriate investment, radiographers and other members of the front-line multidisciplinary radiotherapy team could deliver all of Sir Liam's wishes. The reality is that we have outdated equipment, lack of sufficient workforce to implement new technologies, under-investment in post graduate training opportunities, and an inequitable service that varies from county-to-county across the UK. Radiographers are delivering the best service they possibly can under enormous pressure.

The reality of the argument Sir Liam presents, and which he fails to acknowledge, is that in the incidents he cites errors were due to two primary causes. In Leeds, the issue was inadequate staffing levels resulting in a chaotic working environment, a scenario ripe for errors. In Glasgow and North Staffordshire, the issue was ineffective management of the introduction of new technology. The latter two incidents can be attributed to a failure to consider the implications of change and how they might impact on all staff groups.

Radiographers and other radiotherapy staff demonstrate daily their commitment to patient safety and excellence in standards of care. The government's stated pledge to develop world-class cancer services in the UK has, in the past, offered some hope that staff commitment would be supported by adequate leadership and resource. The work of the Department of Health National Radiotherapy Advisory Group was a beacon of hope but this has all but been extinguished because the group's report is not likely to be published until the end of this year. Meanwhile, the pressures on an already overstretched service continue to grow.

It is time for the government to go further than lip service to improving radiotherapy provision. Service improvements and, ultimately, the safety

systems we all want to see in place are being prevented by indecision and a leadership vacuum from the centre.

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