

Advancing excellence in SABR

# Training and credentialling for oncologists





**Stereotactic radiotherapy  
is now a central pillar of  
modern cancer medicine.**

Dr James Good, Clinical Director for SABR

[genescare.co.uk](https://www.genescare.co.uk)





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# Stereotactic ablative radiotherapy (SABR) at GenesisCare

Treating up to 1,000 patients a year across our network, and with MRI-guided adaptive radiotherapy at the core, the GenesisCare stereotactic service is the busiest and most innovative in the UK.

- Metastases in spine, bone, brain, lymph node, liver, lung and adrenal gland
- Organ-confined prostate cancer including reirradiation
- Complex hepatobiliary tumours including dose-escalated pancreas
- Comprehensive reirradiation workflows for thorax, abdomen and pelvis
- Rapid access for symptomatic spinal metastases, with surgical integration in the MDT
- Primary lung cancer

Our adaptive SABR hubs use advanced technology such as MR Linac, which allows daily dose adaption and tumour tracking.

SABR is available at all 14 of our GenesisCare centres, with MRI-guided SABR available in Oxford, London, and Surrey. **Patients can be referred to any GenesisCare centre based on their geographical preference.** Brain metastases are treated at our specialist stereotactic radiosurgery (SRS) centres.

We're recognised by all major insurers and can help with transport and accommodation depending on treatment and locations, when required.

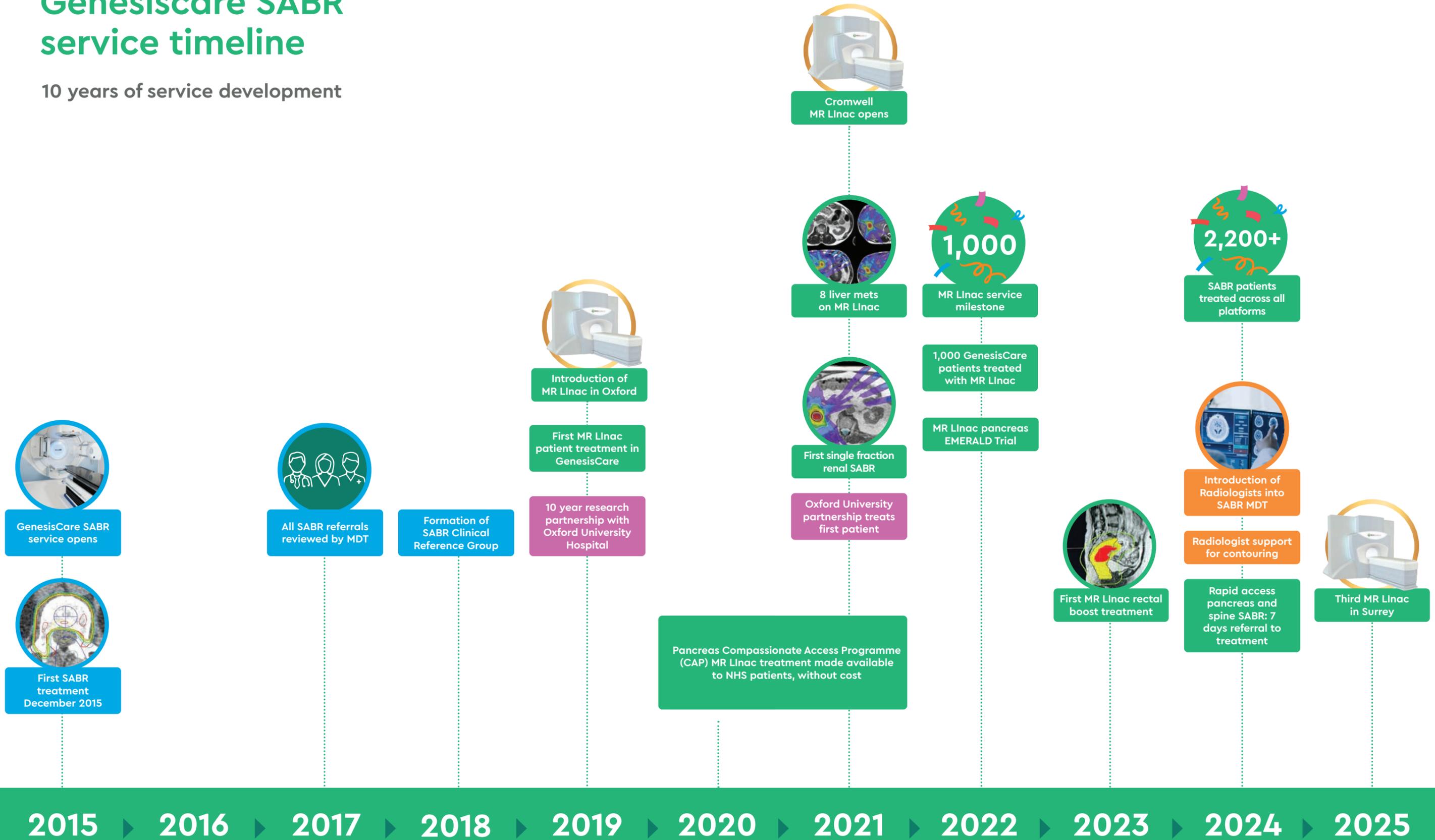
## Linac Vs MR Linac considerations for SABR

	Linac	MR Linac
Exquisite soft tissue visualisation	X	✓
Multi-target tracking	X	✓
Daily plan adaption (targets & OAR)	Coming in 2026 (Elekta Evo)	✓
Live tracking of target volume	Cromwell Varian (Fiducial Tracking)	✓
Breath-hold gated treatment	Cromwell Varian (Fiducial Tracking)	✓
Abdominal compression	All Centres	Not Required
4DCT	All Centres	Not Required
Time on couch	30-40 minutes*	45-60 Minutes*
PTV margins	5mm (Spine 2-3mm)	3mm
Oncologist IGRT support	Available for complex cases	Every Fraction
Machines in the GenesisCare network	14	3
7-Day rapid access pathway	Yes - Spine	Yes - Pancreas

\* Average and dependent on patient and case

# Genesiscare SABR service timeline

10 years of service development



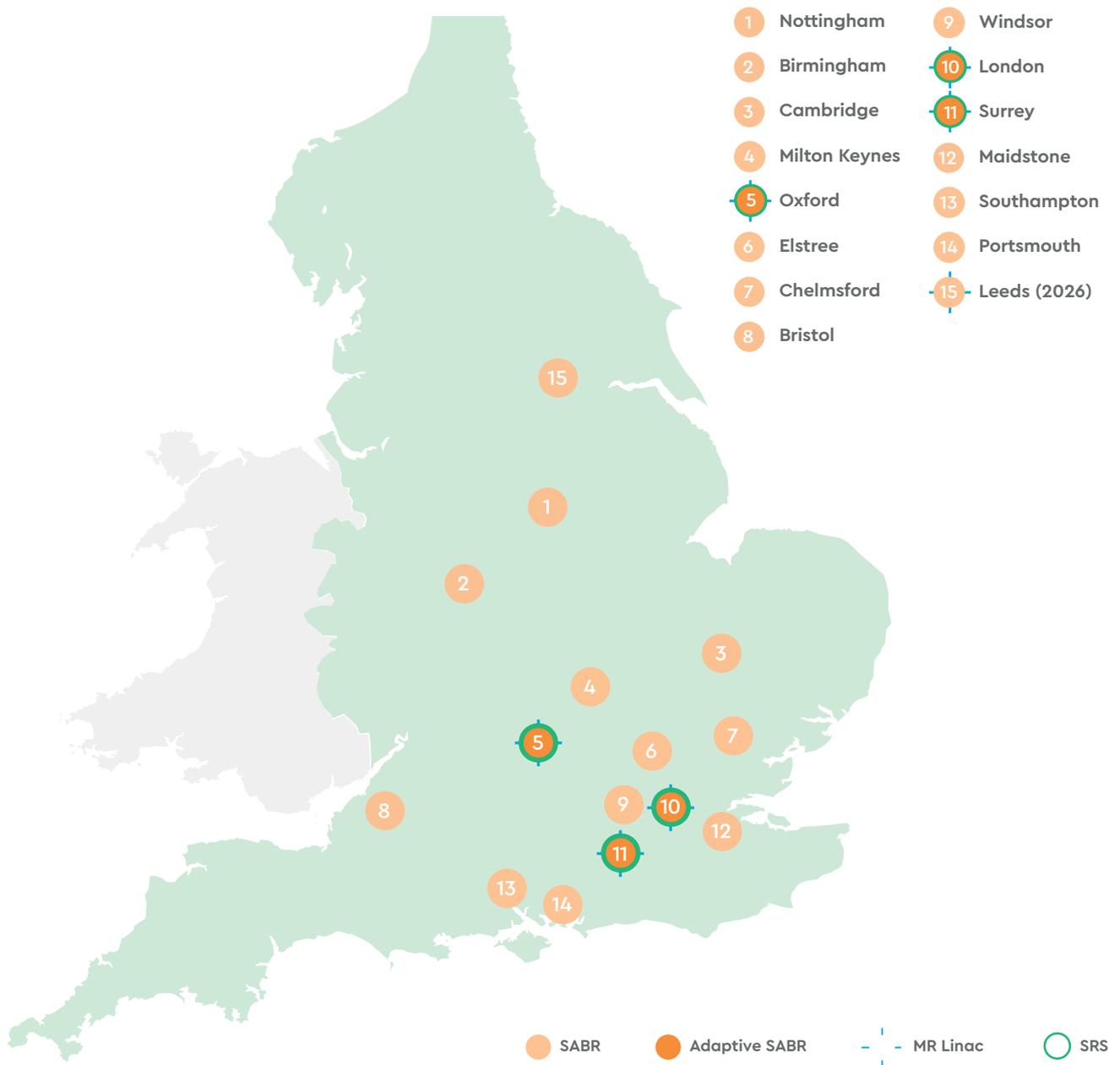
2015 ▶ 2016 ▶ 2017 ▶ 2018 ▶ 2019 ▶ 2020 ▶ 2021 ▶ 2022 ▶ 2023 ▶ 2024 ▶ 2025

# Our network of SABR centres

By becoming credentialled to deliver SABR with us at GenesisCare, you will gain comprehensive expertise in all aspects of SABR as practiced throughout our network of 14 state-of-the-art centres.

This will enable you to confidently refer patients to any GenesisCare centre – whether it's the patient's nearest location or their centre of choice. This approach allows patients to access the best care pathway for their needs without being limited by geography.

Depending on treatment type and centre location, GenesisCare can assist patients with transport and accommodation arrangements to help reduce stress and make care more accessible.



# Tumour sites supported by credentialling



Prostate



Non-spine bone (Pelvis)



Lymph nodes



Pancreas



Lymphoma



Peripheral lung



Non-spine bone (Ribs)



Spine



Liver



Gynae boost



Central/  
ultracentral lung



Rectal



Renal



Abdominal  
mets



Re-Irradiation

# Improving patient access to SABR

## What is credentialling?

Credentialling is the formal process by which clinicians acquire and demonstrate skills, training, and experience to independently plan, review, and manage SABR treatments.

Credentialling is an essential quality assurance step that upholds our high standards of patient care and regulatory compliance.

## SABR credentialling at GenesisCare

At GenesisCare, SABR credentialling is a structured process that ensures clinicians are appropriately trained to safely and effectively deliver SABR treatment across a range of disease sites using the full suite of technology and platforms available within our network.

Previous SABR training via RTTQA is taken into account, and a bespoke approach created accordingly.





## What does credentialling enable you to do?

Once credentialed, clinicians are able to:

- Refer patients directly for SABR across GenesisCare UK
- Contour remotely (no requirement to be on-site)
- Review and approve treatment plans remotely
- Access daily adapted MR Linac SABR in addition to conventional linac SABR

This enables a truly flexible model of care, where clinicians can manage their patients' treatment regardless of geography – supporting a national network approach and expanding access to high-quality SABR treatment across the UK.

## What's involved in the process?

The credentialling process includes:

- Submission of relevant training and experience
- Completion of site-specific contouring and planning cases
- Demonstration of knowledge of GenesisCare workflows and safety protocols

Where clinicians have previously completed external credentialing (e.g. RTTQA), this can be submitted as evidence.

We are happy to accept this and update your practicing privileges accordingly.

## Why is this important?

Clinicians who complete our credentialling programme can deliver SABR to their private patients, independent of their NHS scope of practice, with full support from our MDT and peer-review processes throughout every referral.

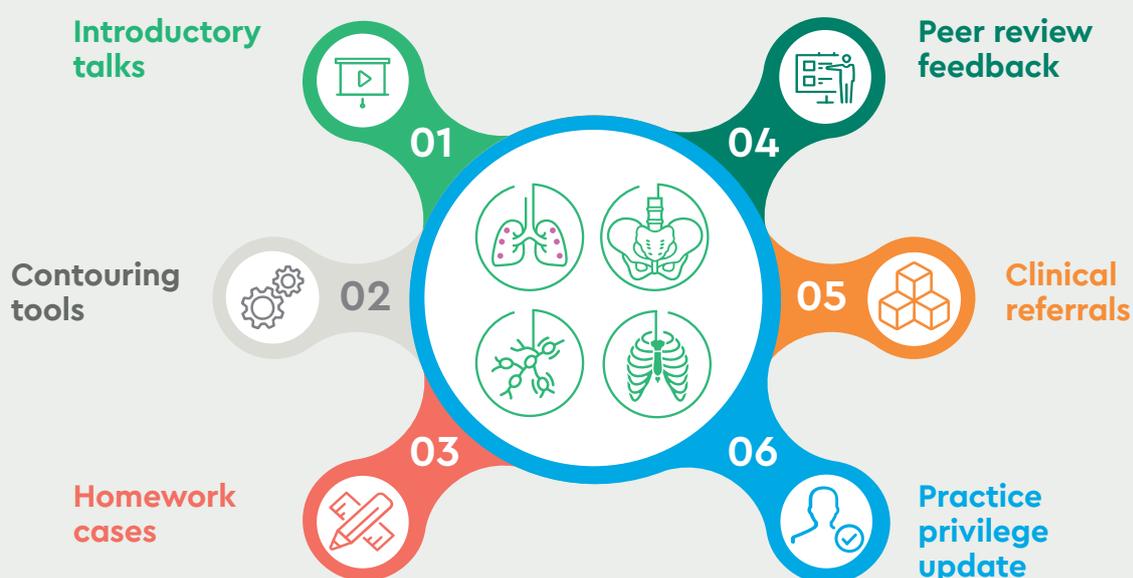
With many SABR regimens delivered in as few as 1-5 fractions, treatment can often be completed in a single week, significantly improving access and reducing treatment burden for patients from all parts of the UK.

# Credentialling process by tumour type

## SABR (non-MR Linac)

### Tumours:

Lung (peripheral, central and ultra-central), non-spine bone mets, lymph nodes, spinal and sacral metastases



### Step 1 – Introductory talks

Review 3 pre-recorded presentations on SABR delivered by Clinicians recognised for having significant experience in thesebody sites.

### Step 2 – Contouring tools

Attend 1st online workshop to gain training on MIM contouring platform alongside a Physics SABR planning presentation.

### Step 3 – Homework cases

Complete contouring for 4 simple SABR homework cases within 4 weeks and submit for a GenesisCare SABR mentor to review.

### Step 4 – Peer review feedback

Attend a 2nd online workshop with your SABR mentor to review your homework contouring together and discuss their feedback. Some additional contouring or adjustments to be completed where required.

### Step 5 – 3 Clinical referrals

After your first 3 clinical referrals are peer-reviewed by your allocated SABR mentor you will be issued with a certificate of completion.

### Step 6 – Practice privilege update

Practicing privileges (PP's) and scope of practice within GenesisCare will be updated.

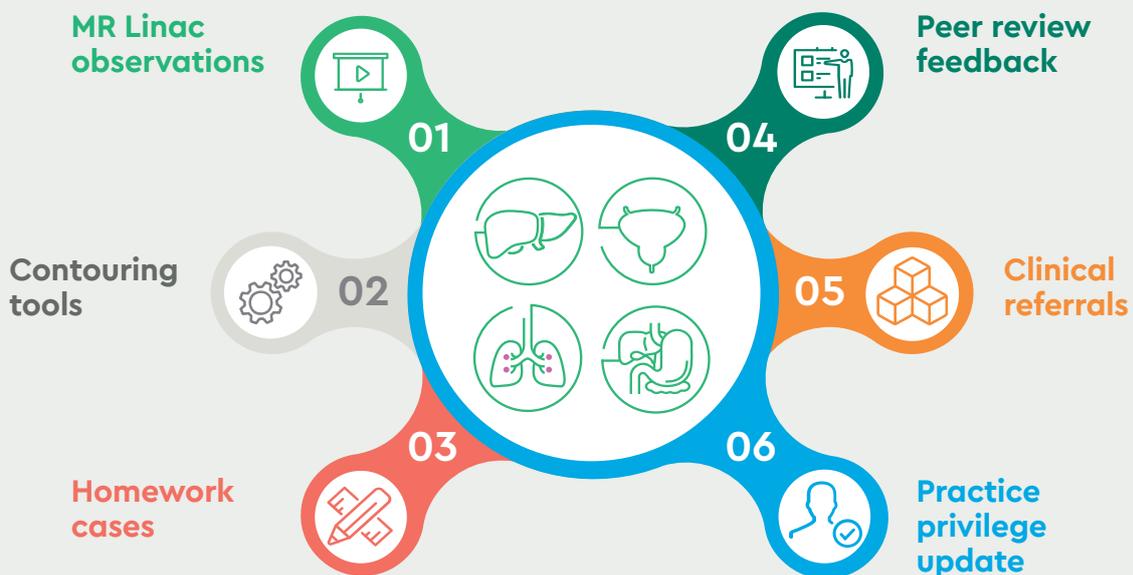
# Credentiailling process by tumour type

## MR Linac SABR credentiailling

### Tumours:

Prostate, central/ultra-central lung, upper GI, renal and gynae

Due to the advanced technology of the MR Linac, it's an effective tool for reirradiation for previously difficult to treatment tumours



### Step 1 – MR Linac observations

Attend a GenesisCare MR Linac centre and observe a patient treatment (ideally for the body site specialty you will be most commonly referring). The onset team will explain the adaptive workflows and you will also receive presentations from other key members of the team on both clinical and technical aspects of the service.

### Step 2 – Contouring tools

Whilst in centre observing your clinical treatments, the MR Linac physics team will provide you with dedicated training on the MIM contouring platform and provide a technical introduction to the MR Linac system.

### Step 3 – Homework cases

Complete the required homework cases for the relevant body site within 4 weeks and submit for a SAT member to review contouring.

### Step 4 – Peer review feedback

Attend 2nd online workshop for feedback and review homework contouring exercises.

### Step 5 – 3 Clinical referrals

After your first 3 referrals are peer-reviewed by allocated mentor clinicians will be issued with a Simple SABR certificate.

### Step 6 – Practice privilege update

Practicing privileges (PP's) and scope of practice within GenesisCare will be updated.

#### Credentiailling homework requirements

Prostate	= 5 cases
Lung	= 3 cases
GI	= 3 x Pancreas, 3 x Liver, 1 x Re-irradiation, 2 x Renal
Oligomets	= 4 Lymph Nodes (3 x Abdo, 1 x Pelvic)

# The SABR Clinical Reference Group

## Delivering clinical excellence

**We are committed to an environment of clinical quality, objectivity and accountability.**

Our SABR service is spearheaded by the SABR Clinical Reference Group (CRG) – an advisory team of leading clinicians who have been recruited due to their expertise.

Our ethos is one of excellence, inclusivity and collegiality, seeking to implement international best practice in the service of patients.

The CRG provides the necessary clinical oversight for a safe and effective SABR service across the GenesisCare network.

This includes improved access to SABR treatments, introducing new clinicians to the network, overseeing training and competency frameworks, and contributing to the evidence base.

In addition, the CRGs plays a central role in advancing established and emerging radiation technologies – especially the MR Linac for MRI-guided SABR – while overseeing the treatment network and strengthening academic collaboration with the University of Oxford.



### Dr James Good

Clinical Director of Stereotactic Radiotherapy, GenesisCare UK

**Expert in:** HPB, GI and colorectal cancer



### Dr Crispin Hiley

Clinical Director of Lung Cancer, GenesisCare UK

**Expert in:** Thoracic and oligometastatic cancers



### Dr Veni Ezhil

Consultant Clinical Oncologist

**Expert in:** Thoracic cancers and lymphoma



### Dr Neel Bhuva

Consultant Clinical Oncologist

**Expert in:** Upper and lower GI malignancies, treatment of unknown primary cancers and general oncology



### Dr Peter Dickinson

Consultant Clinical Oncologist

**Expert in:** Thoracic cancers and mesothelioma



### Dr Kasia Owczarczyk

Consultant Clinical Oncologist

**Expert in:** HPB, Lower GI, and Upper GI cancers



### Dr Alex Martin

Consultant Clinical Oncologist

**Expert in:** Thoracic and urological cancers



### Dr Kevin Franks

Consultant Clinical Oncologist

**Expert in:** Thoracic cancer and mesothelioma



### Dr David Woolf

Consultant Clinical Oncologist

**Expert in:** Breast cancer, thoracic cancer and mesothelioma



Collaboration and innovation are at the heart of what we do.

By expanding access to cutting-edge MRI-guided radiotherapy and continually advancing our research, we are redefining what is possible for our patients across the UK.

Dr Peter Dickinson, Consultant Clinical Oncologist

# Accessing our dedicated SABR MDT

Our dedicated SABR MDT includes members of the SABR CRG and MDT, who lead multidisciplinary teams and review all referrals during the bi-weekly eMDT on Wednesdays and Sundays.

**Live MDTs are available on request on Wednesdays, with twice-weekly asynchronous MDTs also offered**

**The dataset cut-off for adding patients to the MDT list is 24–48 hours of the MDT meeting.**



**Dr James Good**

Clinical Director of Stereotactic Radiotherapy, GenesisCare UK

**Expert in:** HPB, GI and colorectal cancer



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Clinical Director of Lung Cancer, GenesisCare UK

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Consultant Clinical Oncologist

**Expert in:** Thoracic cancer and mesothelioma



**Dr Kasia Owczarczyk**

Consultant Clinical Oncologist

**Expert in:** HPB, Lower GI, and Upper GI cancers



**Dr Raminivas Sundareyan**

Consultant Radiologist

**Expert in:** Interventional radiology, Hepatocellular carcinoma



**Dr David Woolf**

Consultant Clinical Oncologist

**Expert in:** Breast cancer, thoracic cancer and mesothelioma



**Prof. Vineet Prakash**

Consultant in Radiology and Nuclear Medicine

**Expert in:** Prostate, lung, breast, head and neck cancers and lymphoma



**Dr Amish Lakhani**

Consultant Radiologist

**Expert in:** Genitourinary radiology



**Dr Sarah Swift**

Consultant Radiologist

**Expert in:** Gynaecological and Haematological malignancies and testicular germ cell tumours

# The MDT process

Referring clinician to submit a completed SABR SAT request form to the MDT Coordinator:  
**MDT@genesiscare.co.uk**

The MDT Co-ordinator will upload the case information to the MDT platform by the cut off time and will notify the MDT core members once the cases are ready for review

The MDT Chair will make the final recommendation which will automatically create an outcome report

To submit a patient to the SABR MDT a SAT request form must be completed and emailed to:

**MDT@genesiscare.co.uk**

(A copy of the SAT request form can also be provided on request.)



01

The MDT Co-ordinator will collate the minimum data set required along with relevant imaging

02

MDT core members will log into the MDT platform, review each case and leave comments before the meeting deadline

03

04

The MDT Coordinator will distribute the outcome report to the referring Clinician, their secretary and treating team as appropriate. A copy will also be added to Mosaic

05



**Collaboration and innovation underpin our credentialling process — ensuring the highest standards of SABR for every patient.**

Dr Neel Bhuva, Consultant Clinical Oncologist



# How to become credentialled

To gain practicing  
privileges or to  
be considered for  
credentialling, scan  
the QR code





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