Snapshot of European advanced Therapeutic Radiographers/ Radiation Therapists: a mix-method study

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BACKGROUND

One in four patients who need radiotherapy (RT) do not receive it, and this is projected to increase by 2025 as the workforce capacity decreases. Flexibility in models of care such as Therapeutic Radiographers/Radiation Therapists (TR/RTTs) working in new and evolved roles across all advanced practice (AP) pillars optimises cancer patient experience and treatment pathways however, limited information exists on the range of advanced practitioners (APs) in RT.

AIM

This study aimed to research AP among TR/RTTs across Europe and identify educational gaps.

METHODS

- Self-designed survey:  
  - Pre-test & pilot
  - Online survey (Microsoft Forms)
  - Convenience sampling
  - Dec21-March22
- Descriptive statistics: Excel & SPSS

- Pilot interviews  
  - Online interviews (Microsoft TEAMS)
  - Purposive sampling
  - June-Sep22
  - Independent transcription
  - Member checking
  - 4 coders
  - Thematic analysis: NVivo

- 31% Advanced TR/RTTs
- 57% TR/RTTs working AP roles (non-official)
- 9% Not sure
- 3% Other: trainees, nurses, etc

RESULTS

- Informal AP
  - No recognition/compensation
  - No appraisal/impact assessment

- Educational & training gaps
  - No MSc in AP/RT-specific
  - No leadership contents

- Research allocated time
  - No protected time/funding
  - Limited research culture/staff skills

- AP drivers & outcomes
  - Clinical
  - Professional
  - Organizational

- AP challenges vs outcomes
  - Governance & role development
  - Workforce & organization
  - Practice across 4 pillars
  - Education & training

- Current vs future AP
  - Clinical practice
  - Education
  - Research
  - Leadership & management

- Thematic framework
  - Development of competence & capability
  - Professional maturity
  - Challenging professional boundaries
  - Pioneering innovation

- Thematic analysis
  - NVivo

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- Job title
  - Variability & inconsistency
  - Multiple role titles

- Job description
  - Outdated without annual reviews

- Job plan
  - Inexistent allocation of working time by AP pillar

- Education needs
  - Image guided/Adaptive RT
  - Multimodal imaging & technologies
  - Advanced treatment planning

- Training needs
  - Leadership skills
  - Management skills
  - Clinical site-specific expertise

- We didn’t decide if the therapists are going to be an extension of the machine or an extension of the doctor. And I think that when you want to be an advanced RTT, you need to be an extension of both. PB#13 CH

- My role is broader than just an area of RT. It covers responsibility for patients through the entire RT pathway, but I think the key thing is that it covers the four pillars of AP. PB#4 UK

KEY TAKE AWAYS

Neither the profession nor education of TR/RTTs are harmonised across Europe, which is highly reflected in advanced-level practice. Advanced TR/RTTs should work across all pillars (including research), and these should be embedded in master’s programmes (currently not the case for leadership pillar). This study highlights a policy gap in education and professional requirements to practice at an advanced level in RT at the European level. Patients, staff, and employers benefit from AP. Governments should invest in its implementation and sustainability.

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