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# Radiotherapy education in the EU: impact on practitioners' mobility and patient safety

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EU Radiography Professionals  
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# Funding



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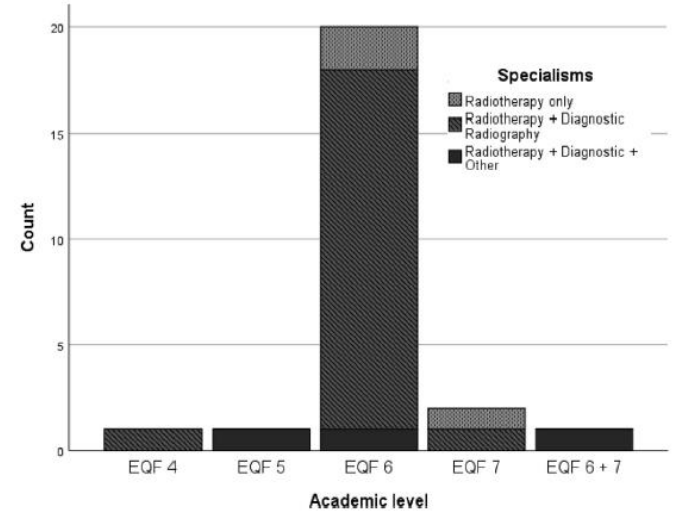
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# Background

- Therapeutic radiography: **Not regulated** at the EU level
- European education **guidelines** (non-binding)
- Differences in the educational programmes
- **Mutual recognition of qualifications in EU**
  - Criteria apply



Akimoto T, Caruana CJ, & Shimosegawa M, 2009; Payne & Nixon, 2001; Pratt & Adams, 2003; McNulty JP et al, 2016; 2005/36/EC directive, HENRE, 2008; EFRS, 2014; IAEA, 2014; ESTRO, 2014; Directorate-General for Energy, 2014

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# Aim

Explore the **differences in radiotherapy (RT) education** across EU  
and impact on **professional mobility** and **patient safety**



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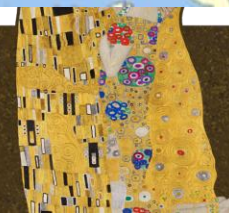


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# Methodology

- Cross-case study
- 4 EU countries (data collected before Brexit)
- Interviews with stakeholders
- Impact of education on:
  - RT competencies
  - Professional mobility
  - Patient care and safety
- Thematic analysis



# Impact on professional mobility

*“I would guess that they would tell me ‘Take another course when you get here’” (FL2)*

*“They recognize the title of the RTT because education in Poland is much more higher than education in Germany” (PL1)*

Education  
programme  
characteristics

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# Impact of education characteristics on competency level

Academic level

*"We have some possibilities to work after our bachelor's degree, but [...] we have some activities that we could do only when we have a master's." (PL5)*

Programme  
duration

*"I cannot evaluate a person competence in three weeks [of clinical placement]" (PT1)*

RT-specific training

*"Radiotherapy was minor thing about in the school [...] I think it can be more, but I'm happy that it's even 20 points [credits]." (FL5)*

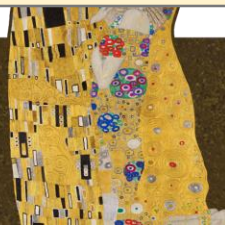
Specialisms

*"if we were to have a joint programme [...], I would worry about the level" (UK1)*

RT staff resources

Teaching methods

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# Impact on patient care / safety

Education  
(competency level)

*“Do you think that patients [abroad] may be at risk due to lack of competence? PT2: abroad and within the country.”*

*“it's quite alarming that people can be working in radiotherapy with what seems to be weeks' education or no education training” (UK1)*

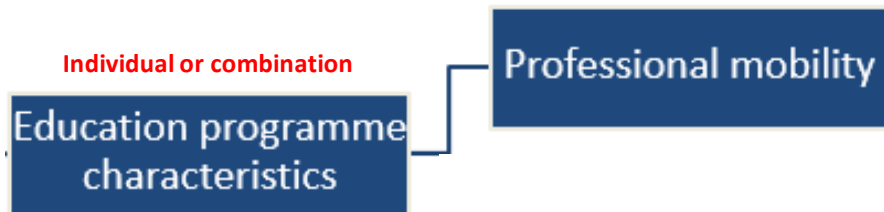
Patient safety  
competencies

*“when you push this button, you have to be sure.” (FL5)*

*“If somebody asked me to sum up radiotherapy, I would always say like, ‘Patient safety is probably always on your mind.’ (UK3)*



# Conclusion



**Education factors (competency) :** RT-specific training, academic level, programme duration, specialisms (RT-only or multi-specialism), RT staff resources and teaching methods

**Other factors (mobility):** language, workforce scarcity or excess, registration process, personal and family reasons, professional growth and salary

**Other factors (patient care):** language, diversity in the workforce, evidence-based practice, risk assessment, and multidisciplinary



# Recommendations

- Programmes with adequate RT training (↑ mobility + competency + care)
  - Minimum EQF6 (*at least 3 years at university level*)
  - Specific theoretical and practical RT training
  - Sufficient RT academic staff resources
- Planning of the workforce needs
- Standardisation of the RT-specific core competencies (+ flexibility)
- Promote language learning





# Thank you!

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