# A Systematic Review of Evidence about Advanced Practice Roles for Therapeutic Radiographers/Radiation Therapists (RTTs)

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### **BACKGROUND & RATIONALE**



Advances in Radiotherapy (RT) demand a greater level of autonomy, responsibility and accountability in RTT's clinical practice. Advanced practice (AP) roles in RT workforce enhance patient care.



Study aim

VIEW

Conflicting definition of AP in the literature and international divergence about the perception of whether a specific role represents AP. Some AP roles can be embedded into standard practice over time.

To establish an international baseline of evidence on AP roles in RT to

identify advanced activities amongst RTTs and capture its perceived

impact on clinical, organizational and professional outcomes.

### Adopted definition of AP (NHS-HEE 2017)<sup>1</sup>

ADVANCED PRACTIC

2021



# Core capabilities Area specific clinical competences



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## METHODS



review

rev

A systematic PRISMA<sup>2</sup> review (01/2020 -03/2021) 10 databases & hand search of RT journals & snowballing<sup>3</sup>



91 papers from 87 studies were included in the review

Studies were conducted in 10 countries. Most studies from 3 countries (UK/CAN/AUS)
First paper with an AP role description was published more than 20 years ago (1999)
41% of studies were mixed-methods

### **Data analysis**



Data extraction according <u>4 different categories</u>\* (\*some studies were categorized into more than one group)



RESULTS





### RESULTS

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Only 44% of the studies involve advanced practitioners RTTs (diverse job titles).



Only 13% of studies covers the 4 pillars of AP (most studies only focus on 1 pillar: clinical practice).



The most reported site-specific role is Breast Cancer (focus on comprehensive care, review clinics, interventions, target delineation, etc).



The most reported speciality is palliative care (holistic care, continuity of care, remote follow up, treatment prescription, etc).

| Impact of Advanced Practice        | Examples                                       | Studies<br>(n) |
|------------------------------------|--|----------------|
| Higher service efficiency          | patient throughput, workflow optimisation      | 30             |
| Maintain quality standards         | low observer variability - tasks performance   | 28             |
| Improved patient satisfaction      | quality of patient review, patient comfort     | 24             |
| Enhanced patient experience        | patient empowerment, patient reassurance       | 19             |
| Increased job satisfaction         | career progression, team working               | 18             |
| Enhanced patient-focused care      | continuity of care, holistic supportive care   | 15             |
| Increased satisfaction of RT staff | recruitment & retention, workload optimisation | 15             |

# SpecialitySite-specific<br/>tumourPalliativeBreastPalliativeProstateBrachytherapyHead & NeckPaediatricLung



Two decades of evidence of AP roles. Positive outcomes in clinical, organizational and professional indicators.

RADIOGRAPHY ADVANCED PRACTIC

Limited evidence of the 4 pillars of AP. Lack of cost-effectiveness evidence. Need for role standardisation.

### References

<sup>1</sup> NHS. Multi-professional framework for advanced clinical practice in England 2017. <sup>2</sup>PRISMA-P Group, Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, et al. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Syst Rev 2015 <sup>3</sup>Wohlin C. Guidelines for snowballing in systematic literature studies and a replication in software engineering. Proc. 18th Int. Conf. Eval. Assess. Softw. Eng., New York, NY, USA: Association for Computing Machinery; 2014.

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