

Advanced Practice amongst TR/RTTs. Exploring the potential of the four pillars: preliminary results from a European perspective.

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#### INTRODUCTION

Advanced Practice Clinical education Image review Practice development On-treatment review Clinical research

Follow-up & survivorship

Advanced Practice-AP roles amongst Therapeutic Radiographers/Radiation Therapists-TR/RTTs plays a key part in enhancing capacity and capability within the oncology workforce, streamlining patient pathways in Radiotherapy-RT through Multidisciplinary Team-MDT working. 1

#### AIM

Investigate the profiles of advanced practitioners using the four AP pillars<sup>2</sup> in current practice and education.

## METHODS

Qualitative study using the COREQ guideline.

Pre-treatment

Drugs prescribing

Information & support

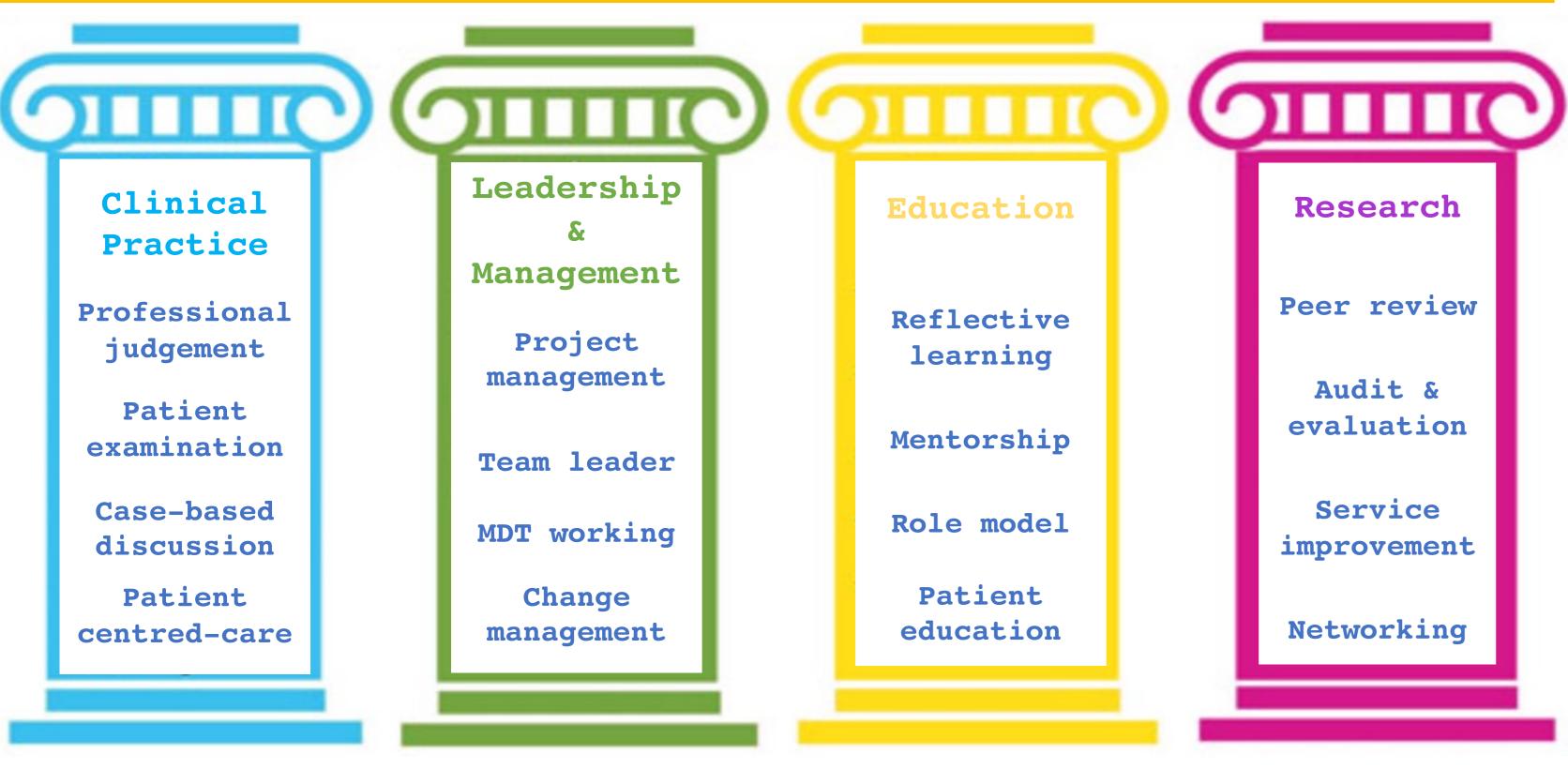
Data collection	2 pilot interviews
•June-July 2022	Online semi-structured interviews
•1 interviewer	Purposive and convenience sampling
Data analysis	Full verbatim independently transcription
• 4 researchers	Member checking by interviewees
for independent coding	Inductive thematic analysis: NVivo

23 interviews (average length of 48 minutes) with key stakeholders from 14 European countries.

A	Advanced RTTs	Post-Graduation background	RTT practice	AP
-	7 2 4 2	MSc 3 RT-specific 8 Others PhD 3 RT-specific (1 ongoing)	7-30 years	0-19 years
	Managers			Management
	2 2 2	PgD 3 (Healthcare) Management MSc 1 RT-specific 3 Others PhD 1 RT-specific	12-30years	5-13 years
	Educators			Education
_	1 3 3	MSc 1 RT-specific 4 Others PhD 1 Radiobiology	5-22 years	13-35 years
	Students			AP
	1 PhD	MSc 1 Healthcare management	4 years	2 years
1	Professional			
	Bodies			
	2 2 1 2	MSc 1 Biophysics MBA 2	4-19 years	NA

## PRELIMINARY RESULTS

Examples of capabilities by pillar of AP



Practice challenges	Incongruent job descriptions	
	Departmental culture & professional boundaries	
	AP roles variability (without standardisation)	
Management	Recruitment & retention issues	
issues	Lack of job plan	
	Informal status of AP (without regulation)	
Education	Liaison between academy & practice	
gaps	Lack of MSc programmes in RT/AP	
	Undergraduate non-RT specific programme	
Neglected	Lack of protected time	
research	Lack of MDT support	
	Lack of research skills or confidence	

Why advanced TR/RTTs do not work across all pillars?



"It is disappointing...I think the whole development of AP role was premised on all those four pillars...So, you might have a higher proportion of clinical practice in the advanced, but I would still expect those other pillars to be developed." Participant#4



"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." Participant#9

#### DISCUSSION

Advanced TR/RTTs should be supported by job descriptions and job plans with the inclusion of professional time allocation across all pillars. Regulation and standardisation of AP roles in RT is recommended and of prime importance. AP programmes in RT should underpin skills and capabilities for all pillars of AP.

# REFERENCES

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