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The four pillars of Advanced Practice: perspectives from key radiotherapy stakeholders across Europe

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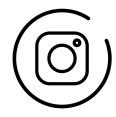
Note

Please feel free to photograph and share these slides on social media.









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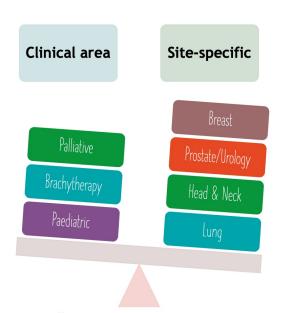




Context

- Definition of Advanced Practice AP
- AP roles in Radiotherapy by...





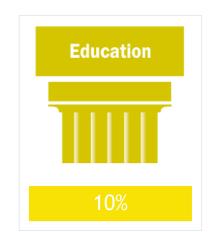


Rationale

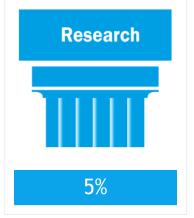
- Previous European survey about Advanced Practice-AP roles amongst RTTs' practice
 - 66% informal AP
 - 52% education gaps





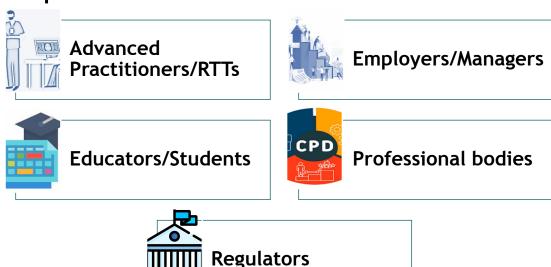






Purpose

• To explore perceptions of the four pillars of AP in the current and future practice and education of RTTs across Europe.





Methods

Qualitative study using the COREQ guideline June-September 2022 / 1 interviewer



Methods

- 33 interviews (average 47 minutes) with participants from
- 16 European countries.





Full verbatim independently transcription



Member checking by interviewees



Inductive thematic analysis



1+3 researchers for independent coding

Results

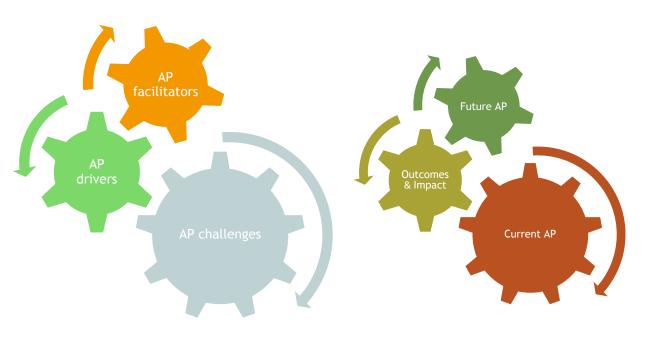


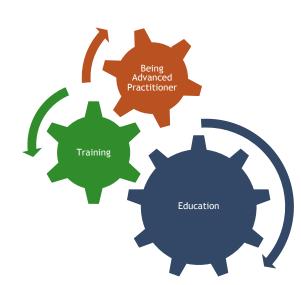
Interview participants (n=33)

Stakeholders	Gender	Years of practice	Education*	Countries#
AP RTTs	10 🔉 4 🤻	4-30 RTT/ 2-16 AP	10 MSc RT (1) 8 MBA/MSc (2) 4 MSc Radiation 7 PhD RT (3) 3 MSc Health (1) 3 other MSc 4 other PgD/C	6 ENG 5 NL 3 BE/PT/CH 2 FI/NI/IT/DK 1 NO/MT/LV 1PL/IE/DE/EE
Managers	3 👰 3 🧖	5-19 management		
Educators	1 🖁 3 🖫	13-35 education		
Students	2 2 1 💀	4-18 RTT		
Professional body	2 2 2 2	4-40 RTT		
Regulators	1 🙊 1 🖳	4-5 regulation		

^{*} Some participants have undertaken more than one Master's # Few participants work or study in different countries () Degrees in progress

Themes





AP challenges- subthemes









Education gaps

- Educational backgrounds
- Lack of RTspecific masters
- Outdated curriculum

Training barriers

- On-the-job
- CPD for AP
- Limited CPD

Career progression

- Identity issues
- Unclear pathways
- No options

RTT profession

- Job title inconsistency
- New profession
- No recognition

AP challenges- subthemes









Governance

- No framework & regulation
- Job titles inconsistency
- No standardized level of practice

Funding

- No funding for AP posts
- No funding for AP education
- Temporary AP funding

Role development

- Departmental culture
- Lack of support
- New ways of working

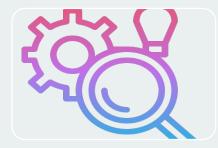
Workforce

- Staff shortage
- Recruitment & retention issues
- Professional mobility

Why Advanced Practitioners do not work across all pillars?









- Staff shortage
- Professional dominance
- No motivation
- Limited funding
- No recognition
- Limited CPD specific to AP roles

- Lack of supervision
- No allocated time
- Liaison gaps between academy & practice
- No RT-specific Masters

- Clinical demands
- Limited MDT support
- No research culture/skills
- No allocated time
- No funding

- No job plan
- Limited specific training
- No appraisal
- Recruitment & retention issues

Recommendations



Permanent funding for AP posts

Funding and protected time for education/training



AP framework & requirements

Job description & job plan



Awareness of research pillar importance

Improve research skills (CPD)
Disseminate AP roles impact



Staff motivation & retention
Clear route to the AP role



Recognition of APs
Supervision in practice
MDT support



Leadership & management training/education

AP roles evaluation

Future AP roles

Technique/technology based

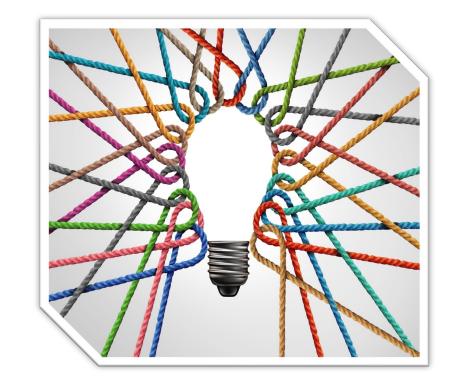


- "Adapters"
- Al experts

Scope of practice based



- Case/care manager
- Clinical academic



Take home messages



Recognition & motivation of APs improve staff retention.



Standardisation of AP level (with flexibility for AP roles). APs must work across 4 pillars!



Priority of enhancing the pillar of research amongst RTTs practice.





RT-specific masters should include contents of all 4 pillars!

Acknowledgements

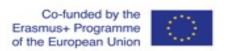
All participants!



SAFE EUROPE project & EFRS!























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