



LTWARP2023 ABSTRACTS

A) Keynote and Invited Speakers

The Pursuit of Happiness: Chasing Advanced Practice

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Abstract:

For the past 20 years, I have been chasing the permanent and universal integration of advanced radiation therapy practitioners (APRTs) into the existing radiation medicine health care team. But, the journey to developing a new health care provider role – whether for diagnostic or therapeutic radiographer advanced practice - is long and complicated one. The good news is that it can also be exciting and rewarding and bring much happiness with each incremental win along the way. Using my experiences with local and regional APRT role development, and subsequent national and international engagement, this presentation will use a design thinking model to highlight the many elements at play in new role development, implementation, testing and sustainability. With the model as our guide, I will take you along my journey by sharing some of the successes, failures (“learning opportunities”), and strategies employed in the pursuit of my APRT happiness. My hope is that it will help you appreciate and envision your own journey so we can all arrive at our happy place together – a universally understood health care provider role that contributes to improving patient care and outcomes and is seen as a respected, permanent member of the healthcare team worldwide. Join me!

Enhanced, Advanced and Consultant practice in the UK aligned to the College of Radiographers Education and Career Framework

Dr Rachel Harris

The Society and College of Radiographers, UK

Abstract:

The College of Radiographers (CoR) Education and Career Framework (ECF) (4th edition) provides guidance for the education and career development of the radiography profession in the United Kingdom.

Since the first edition of the ECF was produced in 2005, there have been many policy, technological and service delivery changes across imaging and radiotherapy services, as well as within radiography education and research settings. These changes have required the professional practice of the radiography workforce to evolve. As we consider how the workforce has developed, the 4th edition of the ECF reflects the changing knowledge, skills and attributes of the profession at each level of practice. It aims to be visionary, reflecting the future trajectory of a range of careers and roles in radiography, aligned to service and individual needs.

In this presentation Dr Rachel Harris, Head of Professional Practice and Education at The Society and College of Radiographers, will provide an overview of the ECF, looking at key content and explaining how this 4th edition may be used to develop the radiography workforce. This presentation will focus specifically on the practice and the educational standards related to enhanced, advanced and consultant levels in the United Kingdom.

Celebrate and collaborate: A quarter century of UK radiographer advanced practice and what the future holds

Dr Nicholas Woznitza,

University College London Hospitals, UK

Abstract: TBA

An Overview of the evidence for Advanced Practice and the ESTRO RTTC position on the future of AP for our profession

Dr Yat Tsang,

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Abstract:

Radiation therapists (RTT) are responsible for planning and delivering radiotherapy (RT) and play a non-replaceable role in cancer patients' RT pathways. Task shifting is a strategy where a professional group, that generally requires less training and fewer qualifications, expands their scope of practice to close gaps with other professional groups that requires longer training, in order to tackle bottlenecks or gaps in the delivery of high quality and timely care to patients. For the purposes of streamlining workflows in RT, this task shifting concept has been consolidated under the umbrella of 'advanced practice' (AP).

There is no doubt that each AP RTT position is unique. The concepts of task shifting through AP RTT roles should not be interpreted as replacing medical colleagues but rather as a way to rationalize who provides what service, in order to augment the efficiency and effectiveness of our healthcare system for patients getting the right care at the right time. The development of AP in RT is constantly progressing locally and globally. AP RTT can quickly be perceived as 'standard' practice. It is important to consider that AP RTT roles should adapt over time due to the continuously evolving technology and service needs.

Against this background, this presentation aims:

- to provide an overview of the evidence of AP in RT
- to deliver the ESTRO RTT Committee position on the future of AP within the RTT profession.

- how we can strive for gathering all relevant information in a consistent manner and provide evidence that will compel healthcare service users to implement clinically relevant AP RTT roles.

Creating the Professional Evidence

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Abstract:

Radiographers play critical roles in modern healthcare, in diagnosis, treatment, and patient care. As technology advances and healthcare demands grow, it becomes imperative to ensure that our profession keeps pace with the evolving healthcare landscape. This can only be achieved by making sure that radiography education is evidence-based, that our professional practice is evidence-based, and that our views and work towards growing areas such as advanced practice is evidence-based.

This presentation will explore: what is meant by, and how we view, evidence-based practice (EBP); the potential impact of EBP on our work; our professional identity and how this aligns with EBP; the shifting roles of radiographers in building our own professional evidence-base; the essential components of and key considerations about how we build our professional evidence-base; the need to enhance our approaches to dissemination; the role of our professional peer-review journals, such as *Radiography* in addressing many of these topics; and how the journal *Radiography* and the Leading the Way in Radiography and Radiotherapy Advanced Practice (LTWRAP) conference have both led the way in the creation of a community of advanced practitioners across medical imaging, nuclear medicine, and radiation therapy, and ensuring we have the professional evidence to support further advanced practice opportunities.

Both *Radiography* and LTWRAP support international dissemination, discussion, and debate, about advanced practice within, and beyond, our profession with the aim of creating new roles, responsibilities, and opportunities for radiographers to make even greater contributions to the diagnosis, treatment, and care of our patients, to the enhancement of clinical services, and to ensuring we continue to keep pace with the technological advances and evolving demands of modern healthcare. All radiographers hold a responsibility for both engaging with and contributing to our professional evidence-base.

The duty of radiography leaders and champions of research and EBP is to convince our community of their role, as healthcare professionals, in creating the professional evidence. Our profession has come a long way, but it is essential that all radiography professionals around the world consider the direction of the profession in their country across medical imaging, nuclear medicine, and radiation therapy. Our profession's ambitions and expectations for the future must consider issues such as advanced practice and new roles, as well as artificial intelligence, setting standards, building evidence, and promoting our profession, to build a strong professional future.

Implementation of Advanced Practice Radiation Therapists: Understanding perceptions, challenges and defining an alternative model of care

Ms Rebecca Height,

The Sunshine Hospital Radiation Therapy Centre, Australia

Abstract:

Advanced practice radiation therapy (RT) has had pockets of great success globally. Despite significant interest in Australia, converting the concept into a long-term alternative model of care nationally has been challenging. In 2022 our service embarked on a project to define the challenges and benefits of introducing this model of care at a large tertiary cancer hospital, whereby an exploration of perceptions and understanding of Radiation Oncology health professionals with respect to advanced practice RT roles was undertaken. Alongside this we endeavoured to review our own service model, analysing gaps and bottlenecks within the service which may be addressed through the addition of Advanced Practice Radiation Therapist (APRT) roles. Successfully attracting dedicated funding and support from key leaders has resulted in the service implementation of an APRT fellowship program, with three dedicated APRT fellows commencing in 2023.

Attempting this work 20 years after APRT roles in the UK were first defined, we've found the generosity and knowledge of a strong community of practice, and the robust base of evidence in the literature, has positioned us to better understand the challenges, benefits and best approach to implementing this alternative model of care, increasing our chances of success. This talk will discuss our journey to advanced practice RT, including the framework used to establish roles. The aim is to guide others who are yet to embark on such a journey; to validate those continuing to struggle; and to rejoice with those who continue to work hard on this rewarding and vital improvement in service provision for our patients.

Impact of APRT Roles in the Management of Patients

Dr Soong Yoke Lim,

National Cancer Centre Singapore

Abstracts:TBA

Advanced Practice in Radiography- Can this make a difference to quality care?

Dr Charles Goh Xian-Yang ^{1,2},

1 Singapore General Hospital

2 Singapore Radiological Society

Abstract:

The field of radiography has undergone remarkable transformations in recent years, fuelled by advancements in technology, evolving patient needs, and the pursuit of improved diagnostic accuracy and patient care. With increasing subspecialisation, technical knowledge and practical experience of radiographers, the expansion of the scope of work of advanced practitioners is a natural and welcome change. By close interprofessional collaboration with radiologists, clinicians and other healthcare professionals, advanced practice radiographers can make significant

contributions towards the quality-of-care delivery for our patients. In this presentation, we briefly explore the potential roles advanced practice radiographers can play and the challenges to adoption that must be overcome.

Oral Papers Presentation Session 1

1. BEING AN ADVANCED PRACTITIONER IN RADIOTHERAPY: EUROPEAN KEY STAKEHOLDERS' INSIGHTS

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INTRODUCTION: Advanced Practitioners (APs) in oncology are a valuable resource within the healthcare workforce. Advanced Therapeutic Radiographers/ Radiation Therapists (TR/RTTs) currently face many challenges at national and European level, mainly in education and training for AP roles. Direct barriers include: no formal training for specific AP roles, lack of regulation on AP governance, no standardised education requirements for AP level. Indirect barriers include: dual qualification for TR/RTTs practice, lack of professional recognition and career development, academic degree lower than EQF6 level for TR/RTT registration. Organisational barriers: work-based learning with low support from academy, implementation of ad hoc roles at local level, lack of protected time for education and training. This study explores the perceptions of European Radiotherapy (RT) stakeholders about the current APs' profile in RT practice.

METHODS: This qualitative exploratory study conformed to the COREQ 32-point checklist used both convenience and purposive sampling to recruit participants across Europe. Data collection involved recording of online one-to-one semi-structured interviews with participants from different stakeholder groups between June and September 2022. Independent transcriptions were checked, anonymised, and four researchers partly performed independent coding for inter-coder reliability. The seven steps of Braun and Clarke guided the thematic analysis (using NVivo software) to draw out the main themes discussed and approved by the team.

RESULTS: Insights from 33 participants across a range of stakeholder groups: APs (n=14), managers (n=6), educators (n=4), postgraduate students (n=3), professional associations representatives (n=4) and regulatory bodies representatives (n=2) working (or studying) in 16 European countries. Participants described APs' profile in RT in a broad range of contexts. The facilitators to the implementation of AP roles included clear career progression pathways, governance and regulation, funding and protected time for AP posts and education/training, importance of professional recognition, collaborative working, acceptance of changes in the departmental culture, staff motivation, management support, work-based learning with supervision, access to Continuing Professional Development (CPD) to support AP roles among others. Requirements to work as AP TR/RTT were appointed as master's degree education and experience in RT clinical practice, although some participants reported no formal specifications at local level. The identity of the AP TR/RTT was described as a confident, independent, autonomous, and expert professional. Several participants perceive the APs as leaders, problem solvers, critical thinkers, role models, decision makers, innovators, influencers, team players, educators, reflective learners, trusted and respected professionals, aware practitioners, etc.

CONCLUSION: This study has provided the shared voice of AP stakeholders in RT across Europe. APs in RT hold an emerging professional profile with a level of practice that is not yet regulated across Europe. These insights emphasize the importance of recognition and regulation of this professional profile amongst the oncology workforce to provide consistently high level of care to patients throughout Europe.

2) DIVERGENCE: WHY INVEST IN IT? THE LOCAL AND BROADER IMPACTS OF INVESTING IN NEW ROLES AND NEW DIRECTIONS

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INTRODUCTION: The radiation therapy profession has consistently shown the ability to adapt and integrate new technologies and techniques. In meeting the challenge of delivering the best of care to our patients, opportunities have emerged for radiation therapists (RTs) to progress their careers into advanced practice (AP) roles. AP has presented one of two traditional career pathways for RTs in Australia (the other being a leadership pathway). Where AP opportunities have historically been resourced to higher levels of experience, in treatment or dosimetry, the Northern Sydney Cancer Centre (NSCC) has taken a different approach. This is informed by strengths-based leadership. The needs of a department, in the context of a workforce shortage, are different, and alongside caring for our patients, we must meet the challenge of attracting and retaining our workforce.

METHODOLOGY: At the NSCC several positions have diverged away from traditional practice, each with the purpose of either: Enhancing patient care and experience; Developing and improving clinical practice and operations; or Seeking new paradigms that positively impact either of the above. These roles promote a strengths-based leadership approach, where the ideal candidates are encouraged to lean into their natural strengths. Each role falls within a domain of

divergent practice and is filled by a portion of the department's existing workforce. The domains of divergent practice cover: Patient Care & Experience; New Clinical Practice; Education & Training; Research and Development; and Quality Improvement. Each divergent domain is approached dynamically. Rather than "silos" of expertise, with stagnant positions, they are promoted as domains applicable to all areas of practice, allowing all staff the opportunity to explore divergent practice within their own workspaces.

IMPACT: The success of divergent practice is measurable and this is demonstrated in the early adoption of new techniques and technologies, enhanced patient experience, significant increase in scientific presentations and publications and performance in quality indicators. Over time, divergent practice has transformed clinical operations and this has unlocked efficiency gains in existing labour, which has then been re-invested in divergent practice, and so on. What has evolved is a symbiotic ecosystem where divergent practices and clinical practices support each other. Divergent practice has presented the workforce with opportunities to progress beyond operational norms with a diverse range of career opportunities. In the last 12 months, only one RT vacancy has been due to organisational attrition. All other vacancies have been created by internal promotion or transfer to other opportunities. Given that all vacancies have been successfully recruited to with external candidates, in a time of large-scale domestic vacancies, this would suggest a positively engaged workforce culture. In a post pandemic world, we have adopted a lower tolerance of "working unwell" and have required a consistent level of redundancy in our workforce. Our divergent workforce fulfils this. The whole workforce supports a clinical operation, but that operation is flexible and agile with symbiotic support from divergent practice that harnesses innovation. Divergent practice is becoming the engine that not only supports operational continuity but keeps it moving forward.

3) A COLLABORATION BETWEEN ACADEMIC AND CLINICAL INSTITUTIONS: STEERING ADVANCED ADAPTER RADIATION THERAPISTS TOWARDS ADVANCED PRACTICE

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Abstracts:

The role of radiation therapists (RTs) has evolved significantly, with a growing emphasis on advanced practice (AP) to fill gaps, maintain high quality care and promote role expansion, job satisfaction and RT retention. Advanced practitioners in radiation therapy require a deep understanding of complex treatment techniques, advanced technologies, and patient implications. To meet the demands of this evolving landscape, clinical and academic partnerships play a crucial role in bridging the gap between advancing technology, clinical expertise, academic knowledge, and the application of capability. This work explores the collaboration between Olivia Newton John Wellness and Research Cancer Centre (ONWRJCC), the Northern Sydney Cancer Centre (NSCC), both renowned as early adopters and clinical expertise in Online Adaptive

Radiation Therapy (oART), and Monash University, renowned for its academic excellence and well established programs supporting advanced practice initiatives. A collaboration of the three stakeholder groups resulted in the establishment of the Adaptive Radiation Therapy Education Committee (ARTEC). The ARTEC sought to develop the newly created novel adaptive radiation therapy curricula to align with the existing Master of Advanced Radiation Therapy Practice and real world clinical expectations. Leveraging the expertise of academically qualified clinical educators, senior post doctorate researchers, clinical leaders and academic experts, a key objective of the ARTEC was to align Masters graduates from the program with the seven domains of advanced practice, as framed by the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT). The intention was to support the development and clinical introduction of Advanced Practitioner Radiation Therapists (APRT) who could lead daily oART, facilitated by mentoring and supervision of expert Radiation Oncologists (RO). The collaboration between ONJWRCC, NSCC and Monash University confirms that dynamic partnerships can harness the clinical and academic strengths of the RT community, ensuring the collective graduating RT's are prepared to meet the expanded demands of AP in radiation therapy. This collaborative effort sets a precedent for future partnerships between clinical and academic institutions, adding a layer of educational independence in which professional bodies can have confidence, with participation, evolving around ongoing advancements in the field and continued improvement of patient outcomes.

4) GOVERNANCE OF ADVANCING PRACTICE: PERSONAL EXPERIENCES OF LEADING AN ORGANISATIONAL REVIEW

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INTRODUCTION: Although advanced practice roles have been formally adopted into the UK workforce for the last 2 decades local implementation has varied with inconsistent application of role titles, pay and governance structures across professions and organisations. In summer 2023 a framework for the governance of advancing practice roles (enhanced, advanced and consultant posts) was agreed in one NHS Trust in northern England. This was based on the national governance Maturity Matrix¹ and set a benchmark for practice, including radiography.

METHOD/RESULTS: Following approval of the governance framework a mapping exercise was conducted to identify roles which included the term 'Advanced' or 'Consultant' in the non-medical workforce based on electronic staff records. Consultation with professional teams and specialities identified a range of different roles with inconsistent application of the titles based on role content and responsibility. Mapping against the Multiprofessional Framework for Advanced Clinical Practice identified posts which were working at, or close to, the national capability expectations and these were supported to meet the expectations through educational achievement or ePortfolio completion. Other roles were identified as 'enhanced' with the expectation that the role title was amended, although development plans were established for some practitioners.

CONCLUSION: This presentation will share examples from practice, including radiography, of how the governance framework has impacted on practice including the implementation of a shared appraisal template together with formalised supervision arrangements for trainees and advanced/consultant practitioners.

REFERENCES:

NHS England. Governance Maturity Matrix. 2023. Retrieved from: <https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/>

Oral Papers Presentation Session 2

5) **Uncharted Territory: Navigating and optimizing a national APRT(T) oral examination certification model**

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INTRODUCTION: The Canadian Association of Medical Radiation Technologists (CAMRT) is the certifying organization for Advanced Practice Registered Technologist (Radiation Therapy) ("APRT(T)") in Canada. The certification process provides a three-phase standardized mechanism to certify practitioners in this emerging role. Following the successful completion of the first two stages – prior learning assessment portfolio and case log – the candidate is eligible to challenge a competency-based oral examination (CBOE).

The objective of the CBOE is to evaluate the candidate's competence in solving clinically relevant problems requiring decision-making in their area of specialization in a live, virtual examination. The exam panel is comprised of 4 trained expert moderator (2 radiation oncologists, 1 medical physicist, 1 APRT(T)/expert therapist) and 1 exam moderator. Competence is assessed at a level defined by the standards outlined in the CAMRT APRT(T) Competency Profile.

PROGRAM EVALUATION: The CAMRT conducts rigorous evaluation to ensure that the CBOE is justifiable and defensible. Since 2017 the CBOE has been administered 15 times with each

iteration being evaluated using 1) examination statistics (candidate performance, time spent and examiner scoring concordance, etc) and 2) qualitative methods (examiner and candidate interview post CBOE). Data was collected in an iterative process to inform ongoing exam and process refinement to ensure the reliability and validity of the exam against sound assessment principles and the standards set for APRT(T) practice in Canada.

Results are reviewed by the Exam Preparation Committee and recommendations made to address any issues or deficiencies identified. The following modifications have been recommended and implemented:

- 1) Professional Practice content - Shorten the number of questions, divide the questions delivering half at the start of the exam and half at the end
- 2) Exam materials - Provide hard copy versions of supporting documentation (patient history, diagnostic imaging and reports, treatment plans) to give candidates the option of reviewing images, data, etc. on monitor or on hard copy; also provides back up in the event of a technological problem
- 3) 'Acceptable' probes - for each question, specific statements or questions have been added that can be used by examiners to guide the candidate down a certain line of thinking that might not have been explored in their primary answer, without overt prompting
- 4) Score review - Schedule immediately following an exam instead of after the scores have been submitted to the central office. This provides an opportunity to review and resolve large item inter-rater variability while the experience is fresh in the examiners mind.
- 5) Process for second attempt – Candidates who did not pass on their first try are now only required to complete the portion of the exam where they were unsuccessful, not sit the entire exam again

CONCLUSIONS: The CBOE model is an established mechanism for assessment and provides a meaningful capstone to the Canadian APRT(T) certification process. Approached with rigor, it is nonetheless new territory for the CAMRT and many of its stakeholders, and ongoing efforts will be made to balance the need for consistent, valid, and reliable processes with opportunities for refinement.

6)AN EVIDENCE-BASED FRAMEWORK FOR THE IMPLEMENTATION OF RADIATION THERAPY ADVANCED PRACTITIONERS

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INTRODUCTION: The implementation of advanced practitioner radiation therapists (APRT) in Australia has not yet been fully realised, despite discussing the need for such roles for some time. A doctoral research study that explored why this was the case identified that the implementation of RTAP was highly complex, influenced by contextual practical, social and personal concerns, underpinned by a process of Navigating Uncertainty. To aid practitioners to overcome uncertainty and progress the APRT agenda, an evidence-based implementation framework based on this research has been proposed.

METHODS: Data was collected in the primary study through ethics approved focus groups and case study interviews with 53 participants, including APRT, radiation therapists, radiation oncologists, and medical physicists. Analysis used a constructivist grounded theory methodology. To better understand a systems view of processes, further inductive analysis and synthesis of the original findings were undertaken to achieve a higher level of abstraction. Results were validated against the original data, and checked against the broader literature to inform the development of an implementation framework for APRT.

RESULTS: The resulting synthesis identified that Uncertainty, Power, Value and Identity were the key factors influencing APRT implementation in Australia. Participant responses to perceptions of uncertainty, power, value and identity could be negative or positive, and were highly influential on implementation outcomes. Uncertainty was apparent in participants trying to conceptualise the meaning and fit of the APRT into a service. Power was influential in the key role played by workplace leaders in legitimising the APRT. Value was the strategy used to validate the usefulness of the APRT. Identity work was apparent in all participants as they attempted to assimilate the new role with their own professional identity. An implementation framework for APRT has been developed that emphasises enabling responses to these influencing factors, and includes stepwise strategies of preparation, planning, integration, and evaluation.

CONCLUSION: It is anticipated the use of the evidence-based implementation framework will assist practitioners seeking the implementation of APRT to overcome uncertainty and enable the best chance of success. The framework may also be of use to related disciplines and other jurisdictions where implementation strategies for advanced practice are not well developed.

7)A SCOPING REVIEW OF ADVANCED PRACTICE IN ONLINE ADAPTIVE RADIOTHERAPY: EDUCATIONAL NEEDS AND TRAINING FOR EVIDENCE AND OPPORTUNITY BUILDING

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INTRODUCTION: Radiation therapy plays a critical role in the management of cancer, and radiation therapists (RTs) are at the forefront of delivering precise and effective radiotherapy. Online Adaptive Radiation Therapy (oART) is a novel and emerging treatment option for cancer patients. Historically, adaptive radiotherapy has been implemented via plan of the day (POD) approach, with multiple contours and treatment plans approved by the radiation oncologist (RO) before the patients arrival, and subsequently, available for selection at treatment. Technological advancement allows for oART, guided by either cone beam computed tomography or magnetic resonance imaging, by generating new organ at risk and target contours with an optimised treatment plan, on the dataset captured at the point of care. Currently, RTs are not trained, nor permitted, to lead the entire modern, oART workflow, handing off to another multi-disciplinary team (MDT) member to undertake traditional treatment planning roles. This particular workflow is

resource intensive and a barrier to widespread application of the benefits of oART, given that a member from each of the MDT needs to be present to deliver an oART fraction.

As technology continues to advance, the field of radiation therapy has witnessed the emergence of advanced practice (AP) roles, empowering RTs to take on additional responsibilities beyond traditional scopes of practice. To maximise the potential of oART, RTs need to possess a comprehensive understanding of the underlying technology, image-guided techniques, contouring, treatment planning, and quality assurance processes. Additionally, they must be adept in using adaptive software platforms and collaborating closely with expert ROs and medical physicists.

METHOD: The aim of this research is to investigate the advanced educational and training requirements for APRTs in the context of oART. The research aim will be achieved by a scoping review of the evidenced literature. The analysis will encompass peer reviewed publications and grey literature (i.e. professional body reports) since 2003, pertaining to the research question. By examining the evidence across medical databases, this review aims to inform educational programs and professional development initiatives tailored to the AP needs of Australian and global RT community.

RESULTS: Preliminary results indicate effective commonalities and variable education approaches for RTs, according to global location and codes of practice, governing AP roles. Approach to RT oART specific training and thresholds for assessment was dependent on the complexity of patient treatment, method to deliver oAR, RT role responsibilities during oART and dosimetric impact.

CONCLUSION: As oART gains momentum in clinical practice, it is imperative to address the educational needs and training requirements of RTs to support their pathway to AP roles. This scoping review will serve as a valuable resource to inform the development and alignment of educational programs, training curricula and research, fostering the growth and proficiency of RTs in the era of customised cancer treatment. The findings will contribute to enhancing the competencies of RTs and ultimately, streamlining workflow efficiencies and improving patient acute toxicity and outcomes by ensuring access to the delivery of high-quality, personalised radiation therapy.

8)QUANTIFYING ADVANCED PRACTICE CLINICALWORKLOAD: TWO YEARS OF DATA

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BACKGROUND: Clinical specialist radiation therapist (CSRT) is the title assigned to a radiation therapist practicing in an advanced capacity with advanced knowledge, skills and judgement and is used synonymously with Advanced Practice Radiation Therapist (APRT) in Ontario. CSRTs formed a Community of Practice (CoP) and a working group (WG) to develop a standardized Advanced Practice (AP) Activity List (APAL) to measure the clinical impact of CSRTs. The list was translated into 20 codes integrated into radiation therapy electronic medical record (RT-EMR)

systems (2019). This report will share the WG learnings from the first 2 years of using APAL including AP activities as captured by codes to evaluate the CSRT AP clinical workload and any trends within and across CSRT roles.

METHODS: All CSRTs (n = 22) were invited to capture AP codes quarterly related to patient interactions throughout 2021 to 2022 via a secured online shared drive. Data analysis was completed by the CoP WG. In addition, in Q1 2023, the WG circulated an e-survey to all CSRTs to evaluate AP codes and descriptions and to identify any barriers to code capture.

RESULTS: Seventeen CSRTs (9 palliative, 2 breast, 2 head & neck, 2 Stereotactic body radiotherapy (SBRT) 1 adaptive and 1 brachytherapy) from 8 of 11 cancer centres submitted AP codes at least once. Total number of AP codes submitted was 21600 (11167 in 2021, 10433 in 2022). The top 5 AP codes captured by CSRTs were Care Coordination (14%), Contouring Target Volumes (13%), Patient Navigation (11%), Patient Education (11%) and New Patient Consultation (10%). Palliative CSRTs submitted the majority of AP codes (89%). Care Coordination was the most captured AP code by palliative, breast and brachytherapy CSRTs. Critical Image Assessment & Approval was the most captured AP code captured by head & neck, SBRT and adaptive CSRTs. Eighteen of 25(72%) CSRTs completed the e-survey evaluation. CSRTs identified RT-EMR setup, ambiguity in AP code description, difficulty in distinguishing AP versus regular radiation therapy activities and lack of incentive as barriers to data collection.

DISCUSSION: The results highlight the wide variation in how CSRT roles are implemented locally, also how individual CSRT roles change over time in the clinical domain. The rich database reveals numerous trends that the WG hopes to harness to characterize the impact on the individual, organizational and system-wide level and inform evidence-based decision making regarding APRT. The biggest challenge is encouraging the uptake of the coding process. As AP code captures declined from 2021 to 2022, strategies to reinforce the value of data collection need to be implemented to ensure that code reporting increases going forward.

CONCLUSION: This is the first systematic attempt to quantify AP clinical activities performed by APRTs and there is much to be learned from the data collected. As this list only records patient-related AP activities, non-clinical AP workload codes for research, education and program evaluation/development must be developed and added to the APAL. In addition, efforts will be made to test the generalizability of the activity list beyond Ontario.

9) Examining Examsmanship: The ‘je ne sais quoi’ of advanced practice

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INTRODUCTION: The Canadian Association of Medical Radiation Technologists (CAMRT), the certifying organization for Advanced Practice Registered Technologist (Radiation Therapy) (“APRT(T)”) in Canada, utilizes a Competency-Based Oral Exam (CBOE) as the final step for certification.

THE PROBLEM: To date, eight candidates have attempted the CBOE with only one candidate passing on first attempt. Review of stakeholder feedback and CBOE statistics suggested a lack of candidate preparedness, but not necessarily for their command of the advanced subject matter in clinical, technical, or professional practice domains. The challenge was observed in the exam’s real-time demand to justify clinical reasoning and engage in professional critical thinking and discussion, as arbitrated by an interprofessional panel of colleagues. This was seen to emulate the expectation of advanced practice and was thus a critical but underappreciated aspect of competence. This elusive skill was termed by the APRT Certification Committee as representing “examsmanship” and is defined as the skill of taking examinations (Wiktionary). It became evident early in the evolution of the CBOE, that radiation therapy professionals were not well versed in the rigour required for acceptable oral examination performance.

THE GAP: Upon embarking on the APRT(T) initiative, CAMRT deliberately set its role as one of a certifying body, not one of educator or trainer. As such, applicants are responsible for seeking and accessing all necessary education and preparatory materials to meet established standards independently. Upon analysis, it became evident that exam candidates were not prepared for the CBOE format and struggled to be able to formulate and defend clinical judgment and decisions in a systematic way. It was hypothesized that this kind of training was not naturally inherently incorporated in the radiation therapists training or practice and required explicit support. While not originally planned or intended, it became clear that the CAMRT’s investment in equipping candidates in basic examsmanship principles might minimize first exam failures and both optimize use of CAMRT resources and reduce candidate anxiety and time to certification.

THE INTERVENTION: Utilizing evidence from medical education literature, data from the APRT(T) pilot phase, and learnings from subsequent oral examinations, candidate ‘CBOE preparedness’ was identified as a priority for the CAMRT. Immediate work focused on revising information on the website to more clearly describe the CBOE format and process and on instituting a model of support for candidates by matching them with a member of the Steering Committee and with a APRT(T) mentor. All elements of the existing and planning program will be described and rationalized.

CONCLUSIONS: The novel nature of the CBOE format required unique attention to ensure candidates were equipped to demonstrate their competence in this high stakes’ evaluation. Further plans include a preparation ‘program’ that will include reference materials as well as video clips of prior examinations to permit familiarization with the format and examples of good examsmanship.

Oral Papers Presentation Session 3

10)UTILISATION OF RADIOGRAPHER COMMENTING TO REDUCE ERRORS IN THE RADIOLOGY DEPARTMENT

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INTRODUCTION: Radiographer commenting, also known as preliminary image evaluation, is a written alert of significant findings on medical imaging examinations at the time of image acquisition. Comments have the potential to support radiologists in reducing missed findings. Therefore, the aim of this proof-of-concept study was to investigate if a newly implemented radiographer comment system could reduce the number of errors made in radiology reports for X-rays. It was hypothesised that in some cases comments would accurately alert an imaging appearance that was not otherwise documented in the radiologist report, thereby enabling results to be revised and errors collaboratively reduced.

METHODS: 92% of general radiographers working at a major hospital (Sydney Adventist Hospital) participated in the study. All comments made on X-ray examinations over a 12-month period were audited against the corresponding radiologist report. Where discrepancies arose, additional radiologist review or subsequent imaging was used to determine the accurate interpretation. The number of discrepant comments that were deemed true positive (TP) and provided new diagnostic information compared to the radiologist report were identified. These were converted to a percentage of total comments that therefore reduced reporting errors. The number of discrepant cases where comments were deemed false positive (FP) was also measured and converted to a percentage of the total comments. Confidence intervals for these binomial proportions were calculated using the Wilson score interval.

RESULTS: Over 12 months, 282 comments were made to alert significant radiographic appearances on X-ray. 32 comments were discrepant with the report. Of these 32 comments, 24 were deemed TP meaning they accurately alerted a pathological imaging appearance. Therefore, 8.5% of comments added value by accurately highlighting a pathology that was not otherwise documented in the radiologist report, 95% CI (5.8% - 12.4%). This enabled results to be promptly amended and reporting errors reduced. Conversely, 8 comments were discrepant with the report but deemed FP and therefore 2.8% of comments did not add any rapid alerting value to the investigation, 95% CI (1.4% - 5.5%). None of these FP comments negatively impacted patient care.

CONCLUSION: These findings support the hypothesis and are consistent with previous literature proposing comments may provide a safety net for radiologists due to factors such as direct patient contact, ability to expand on clinical history, and difference in accumulated expertise. This study

supports that radiographer comments may be effectively used as a multidisciplinary tool to reduce radiological errors and improve patient safety and outcomes.

11) BREAST OF INTENTIONS: OPPORTUNITIES AND CHALLENGES IN SYSTEMATIC EXPLORATION OF ADVANCED PRACTICE IN BREAST IMAGING

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INTRODUCTION: Advanced practice (AP) for medical radiation technologists (MRTs) has not yet found the same traction in medical imaging in Canada as it has in radiation therapy over the past 15 years. This has been attributed informally to differences in professional identity, traditional interprofessional relationships, and practice settings, and lack of dedicated internal champions and concerted efforts to lay related groundwork within the profession. In an effort to mirror the success in radiation therapy while providing a clear example of a systematic approach to exploring evidence-based AP opportunities in the interest of efficient and quality patient care, an exploratory process mapping study was undertaken using the established PEPPA framework at three interrelated breast imaging (BI) clinics at large urban academic hospitals in Toronto, Canada.

METHODS: BI represents a complex multimodality setting with a well-defined role in the healthcare system. BI holds great potential as a setting to consider opportunities to leverage the MRT role to optimize patient-centered service. This study involved three phases; mapping BI processes and workflows, identification and characterization of care delivery problems (CDPs) within these process maps, and prioritization of opportunities where task shifting might engage MRTs to optimize care. The PEPPA framework - a systematic planning tool for AP nursing roles more recently used in radiation therapy in Canada - was used, with the first five of nine steps considered within project scope.

RESULTS: Twelve distinct BI processes were mapped; a single clerical workflow and 11 subsequent clinical processes. Each map included swimlanes for MRTs, radiologists, and clerical staff and included processes ranging from routine mammogram and ultrasound orders to stereotactic-guided core biopsies and rapid diagnostic workflows. Across maps, nine CDPs were identified; scheduling, radiologist availability, incorrect orders, and coordination of externally-acquired imaging and consults. Characterization of the root causes of each CDP led to common reflections on team and task factors, including inefficiencies in communication or division of responsibilities, or availability of resources or team members to support workflows. Consultations based on the resultant maps and CDPs led to identification of potential advanced roles for MRTs; review and decision-making relating to imaging acquired externally prior to patient appointments, exam ordering and protocoling in defined scenarios, and task-shifting of certain clinical procedures such as screening ultrasounds and contrast-enhanced mammography. Independent of formal study results, important lessons were gleaned from the response to the academic output of this work. While the study prioritized interprofessional consultation at key intervals, physicians

expressed reluctance to consider or pilot identified roles in a subsequent funded project, based on concerns about radiologist commitment to mentoring, impact on radiology trainees, and medicolegal considerations.

CONCLUSIONS: AP for MRTs holds great potential to address system inefficiencies in BI, if approached systematically and with the primary objective to optimize care. This study in medical imaging followed the lead of similar work in radiation therapy, and while preliminary results indicated opportunities deemed by MRTs to be worth investigating, there remains work to be done to engage radiology colleagues as key stakeholders to define and advance related objectives.

12) MAKING A DIFFERENCE - ADVANCING RADIOGRAPHY PRACTICE IN THE UAE

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Introduction: Radiography is a critical component of modern healthcare, and advancements in this field have the potential to make a profound impact on patient care. This abstract introduces the theme of advancing radiography practice in the United Arab Emirates (UAE) and underscores the significance of this endeavour.

Methods: A quantitative research approach was employed to assess the impact of advancements in radiography practice in the UAE. The study used a mixed methods design to address the aims and objectives. The study focused on understanding the acceptance challenges, obstacles and the future of advancing radiography practice in UAE.

Results: The research findings indicate that advancements in radiography practice have indeed made a substantial impact in the UAE. The widespread adoption of cutting-edge imaging technologies has improved diagnostic accuracy and more efficient patient care. Additionally, educational programs and professional development opportunities have empowered radiographers to stay at the forefront of their field.

Conclusions: In conclusion, the efforts to advance radiography practice in the UAE have borne fruit. Integrating state-of-the-art technologies and a commitment to ongoing education have elevated the quality of radiological services, resulting in enhanced patient outcomes. This abstract highlights the positive impact of advancing radiography practice in the UAE. By staying at the forefront of technological and educational developments, the UAE can continue to make a substantial difference in the field of radiography, ultimately benefiting both healthcare providers and patients.

13) SUPPORTING THE STRATEGIC LEADERSHIP DEVELOPMENT OF ADVANCED AND ASPIRING CONSULTANT RADIOGRAPHERS - THE GOOD, THE BAD AND THE UGLY

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INTRODUCTION: Multi-professional consultant practitioners provide values-based leadership across the care pathway, service and systems in complex and changing situations (1). Investment in commissioning consultant practitioners as system leaders alongside supporting their education and development is integral to achieving people centred health and social care in the long term (2). Creating strategic leadership opportunities is essential to promote and grow sustainable and attractive career progression routes to enable radiographers to progress from enhanced to advanced to consultant level roles.

The NHS England National Cancer and Diagnostic programme developed and implemented a six-month fellowship opportunity for advanced and consultant radiographers to support the delivery of several projects aimed at upskilling the radiographic workforce. Whilst providing much necessary subject matter expertise and infrastructure to the national programme of work, the fellowship also provided exposure and experiential learning around strategic leadership and systems type thinking.

METHODS: Seven practitioners from diagnostic (n=5) and therapeutic (n=2) backgrounds were recruited to the fellowship. They were all at varying stages in their advanced or consultant career journey. Various areas of learning and development were analysed to determine the impact of the fellowship using the following quantitative and qualitative methods: baseline questionnaire, activity diaries, informal coaching sessions, peer support, mentoring from dedicated senior leaders, project outputs and an exit interview and questionnaire.

RESULTS: There were high expectations from the radiography clinical fellows and employing senior leaders at the start of the secondment period and this was maintained throughout. Common areas of development were identified, and strategies put into place to support these. They included strategic system type thinking, the use of terminology and phraseology in the corporate context, project management skills, awareness of key stakeholder relationships at regional and national level and further understanding of funding and investment processes to support national education and training activities. A strong element of peer support based on inclusive and compassionate leadership traits was noted to be a strong motivating factor. The radiography clinical fellows reported mentorship from senior leaders was instrumental in increasing their confidence and self-efficacy of leadership.

CONCLUSION: The radiography clinical fellows provided valuable subject matter expertise to support several national projects around the upskilling of radiographers. The secondment opportunity improved their confidence and knowledge around strategic leadership through both experiential learning and planned developmental activities. The fellows felt the skills and experience they gained would have a positive impact on their substantive roles, their employing organisations and their future career choices.

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14)MULTI-PROFESSION RECOGNITION OF ADVANCED LEVEL PRACTICE IN THE UK: INITIAL RADIOGRAPHER EXPERIENCE

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INTRODUCTION: In the UK radiography clinical career development is well established, with advanced and consultant roles embedded since the early 2000s. But to take account of differences across professions and reflect emerging career pathways in 2017 the Multiprofessional Framework for Advanced Practice 1 was published in England. This provided a set of capabilities to be achieved by those working in roles at this level, usually through an accredited master's programme. In addition, a recognition scheme was launched to enable experienced individuals to demonstrate their capabilities through an ePortfolio with applicants are supported over a maximum of 1-year by an allocated educational (academic) supervisor. Accreditation of advanced and consultant practice is not a new concept in radiography but engagement in a previous professional body scheme was limited.² This project reviews individual drivers for radiographers to the multiprofessional ePortfolio scheme, patterns of role specialisation seeking accreditation, common learning needs, support required and any reasons for withdrawal if people leave without completing.

METHOD: Data regarding radiographer specialisation, role and prior academic achievements was combined with semi-structured interviews exploring prior accreditation at advanced practice level (if any), drivers for applying and their initial experience of the ePortfolio process.

RESULTS: Diagnostic and therapeutic radiographers from a range of specialities had applied for recognition. Many had previously achieved a master's degree, but some had no prior post-registration academic study. A small number had previous accreditation with the professional body, and they perceived this route to be more onerous, but the support of an educational supervisor was considered to be of significant benefit. The majority were undertaking this route to enable recognition, with a small number this was being mandated by their employer. Self-assessment of confidence across the pillars identified the greatest gaps in leadership and research pillars.

CONCLUSION: Recognition of the advanced practice level through a multiprofessional ePortfolio route is possible for radiographers. Support for individuals wanting to pursue this route is advised to enable them to start to prepare their evidence in advance of applying.

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Oral Papers Presentation Session 4

15) LOCAL ACTION, GLOBAL IMPACT: ESTABLISHMENT OF AN ADVANCED PRACTICE INTERNATIONAL COMMUNITY OF PRACTICE

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INTRODUCTION: Advanced radiotherapy practice (APRT) has been growing in several jurisdictions around the world. Outputs and publications from the different countries demonstrate the positive impacts of these roles on the local delivery of radiotherapy care. Until recently, that work and growth was conducted within countries and often focused solely on individual roles. Much of the existing data examines local perspectives and may not be generalizable to other jurisdictions. The Advanced Practice Radiation Therapy International Community of Practice (APRT iCoP) was established in September 2021 to provide a platform for international collaborations, to overcome the silo-effect of previous work.

METHODS: At the Leading the Way in Radiotherapy Advanced Practice (LTWRAP) 2018 conference, there was significant interest that led to an initial call for membership. Due to the timing of the Covid-19 pandemic, this initiative was delayed until August 2021, when another call for members took place via email. This was distributed to several local, provincial and international contacts. Through these various networks of advanced practitioners, the group is continuing to grow with new members. An online platform was built to communicate and disseminate information, and a social media account was created to connect the iCoP with the broader radiation therapy community.

RESULTS: An inaugural virtual meeting was held on Sept 24, 2021. Presently, the APRT iCoP is comprised of 55 members from 15 different countries. Since that time, Terms of Reference have been written and approved. The APRT iCoP objectives have been defined as (i) Advocacy – to work with our external stakeholder to affirm and promote role identity to influence increasing utilization in the cancer care system, and (ii) Collaboration – providing an accessible mechanism for sharing knowledge, advancing roles, and providing mentorship. To date, four full group meetings have taken place, resulting in the formation of several smaller working groups. Current areas of activity include development of an international set of codes to capture APRTs' clinical workload, development of an international definition for Advanced Practice Radiation Therapists, mentorship for jurisdictions developing and implementing new APRT roles, as well as establishment of an APRT podcast series. A quarterly iCoP podcast series has also been initiated to showcase excellent and innovative APRT initiatives and activities.

CONCLUSION: The APRT iCoP was formed in an effort to bring together the global community of advanced practitioners in radiation therapy and related experts to learn about and promote

APRT through collaborative works. These international, multi-centre partnerships have the potential to accelerate the gathering of evidence about how APRT can improve the quality and safety of radiation therapy delivery and patient care, ensure a consistent and standard interpretation of what constitutes advanced radiation therapy practice, and enable us to improve global access to safe and high quality radiation therapy treatment more effectively and efficiently.

16)CONSULTANT PRACTICE ROLES IN RADIOTHERAPY: A LEEDS PERSPECTIVE

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INTRODUCTION: The NHS workforce in the UK continues to evolve as we adapt to new challenges in workforce. Consultant practice outside of the medical world gained improved trust level buy in following the NHS long term plan(2019)(1) which promised investment in new roles to aid retention of highly skilled Allied Health Professionals (AHPs). This was backed up by the Interim People plan (2019)(2) which further assured acceleration of workforce development, specifically in advanced practice and focus on professional standards and regulation. Governance of these roles has as a result undergone national, strategic development with the publishing of new national frameworks and professional body guidance(3,4,5) which seek to standardise training and simplify career progression, whilst addressing workforce issues. The successes of Consultant Practitioners in Oncology have helped maintain a focus on the further development of these roles going forward. In radiotherapy specifically, clinical leads are faced with an ever increasing shortfall of clinical oncologists, predicted to be at 26% in 2024(6). Set this against an ever increasing population of patients requiring treatment, from both symptomatic and screening presentation, and it's not hard to see why consultant therapeutic radiographer (CTR) roles are being increasingly explored. It is important to recognise though, that these roles are about more than vacancy replacement. Consultant therapeutic radiographers come with a set of skills and experience which add value to the department and drive development of the service, as demonstrated in the case studies below.

RECRUITMENT AND TRAINING: This large regional cancer centre has three CTR's working within two treatment sites. Recruitment and funding for each has been by different routes, due to challenges in accessing adequate funding streams and developing business cases. The job plans and training frameworks were carefully considered before appointment to ensure adequate Oncologist supervision during the training year and CTR competency at the end of it. Autonomous practice being the end goal but supported by a robust scope of practice, approved and signed off by the relevant departmental leads.

CASE STUDIES: As part of the appraisal and review process each consultant produces a report every year highlighting the work completed in each of the four pillars. The Leeds team of CTR's treated over 400 patients between them in the last year which is a huge measure of impact in itself, but what the below demonstrates is the wide range of involvement in the other areas of practice.

CONCLUSIONS: The impact of these roles on not just the department but the field of radiotherapy nationally is demonstrated by the figures above. Not just delivering high quality, patient centred care at every step of the pathway but a breadth of contributions to research, academia, national frameworks and workforce development. Development of future roles needs to be carefully considered to ensure clinical contribution is not valued more highly than these other areas, which form such an integral part of consultant practice.

17)INTRODUCTION OF BRACHYTHERAPY ADVANCED PRACTICE RADIATION THERAPY ROLES IN CANADA

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BACKGROUND: Clinical Specialist Radiation Therapist (CSRT) is the title assigned to radiation therapists (RTTs) practicing in an advanced capacity with advanced knowledge, skills and judgement in Ontario and has been used synonymously with Advanced Practice Radiation Therapist (APRT) but is different than the national professional title of Advanced Practice Registered Technologist (Therapy). The Brachytherapy CSRT (bCSRT) is a highly competent clinical and academic practitioner in the specialized area of brachytherapy (BT) practice. They integrate theoretical, research, and practical knowledge to optimize the effectiveness and efficiency of the complex peri-operative environment in BT procedures.

ROLES IMPLEMENTATION: In Ontario, Canada, bCSRT roles were implemented in three academic cancer centers, specializing in gynecological (bCSRT1), thoracic (lung & esophagus) (bCSRT2) and prostate (bCSRT3) cancers. These roles were established in 2012 and are still ongoing, except for the bCSRT3 role, which discontinued in 2017. This work describes the activities of bCSRTs in the four pillars of APRT.

DESCRIPTION OF PRACTICE: Clinical Pillar: Each bCSRT role enhances the clinical BT workflow in a different capacity: patient consultation, anesthesia screening, patient education, pre-brachytherapy imaging, applicator insertion, treatment planning and follow-up consultation. Notable activities performed by the bCSRTs are the insertion of an intra-vaginal applicator for post-operative endometrial cancers (bCSRT1), the insertion of a vaginal applicator for cervical cancer patients prior to MR-simulation (bCSRT3), the insertion of an intra-luminal applicator for lung and esophagus cancers (bCSRT2) and administering trans-rectal ultrasound (TRUS) for prostate mapping procedures (bCSRT3).

Leadership Pillar: The bCSRTs play a crucial role in leading the efficient and timely integration of new technologies into practice. Examples include integrating magnetic resonance imaging into the BT workflow (bCSRT1 & bCSRT3) and conducting initial virtual consultation during the COVID-19 pandemic (bCSRT2). Additionally, they contribute to establishing a culture of safety by implementing a specialized surgical checklist and time-out process specifically tailored to BT in operating room settings (bAPRT1).

Education Pillar: The bCSRTs educational efforts encompass teaching a wide range of healthcare professional trainees, including nurses, oncology and physics residents, fellows, and RTTs. The

bCSRTs also actively contribute to inter-professional education by imparting their extensive knowledge of the BT workflow, applicators, imaging equipment, and safety considerations related to BT procedures to members of the peri-operative team and imaging technologists (all bCSRTs). Research Pillar: The bCSRTs engage in research initiatives aimed at improving the efficiency, effectiveness and safety of the BT workflow. Their research focuses on advancing the field through innovative approaches, exploring new techniques, and enhancing existing protocols. By conducting research, the bCSRTs contribute to the advancement of BT practice and promote evidence-based improvements in patient care (all bCSRTs).

FUTURE DEVELOPMENT OF ROLE: The bCSRT serves as a self-regulated practitioner specializing in BT for gynecological, thoracic and prostate cancer patients. The future development of bCSRT roles entails expanding the implementation of this AP position to other provinces in Canada and potentially extending its presence to the United States. This expansion aims to ensure that more patients benefit from the expertise and specialized care provided by bCSRTs in the field of BT.

18) Collaborate to Transform: using improvement science to harness collaboration and nurture innovation as a fundamental pillar of clinical operations.

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INTRODUCTION: In 2022 The Northern Sydney Local Health District (NSLHD) published its 5-year strategic plan titled “Exceptional Care, Leaders in Research, Partners in Wellbeing.” This initiated a strategic planning program amongst the radiation therapists (RTs), at the Northern Sydney Cancer Centre (NSCC), to deliver our own strategic plan – a departmental interpretation of how RTs will contribute to delivering the NSLHD’s strategy.

Central to delivering this piece of work was meaningfully demonstrating the organisational value of “Collaboration” through an improvement science methodology.¹ The aim of which was to harness the wide range of ideas and opportunities that our team have identified into a cohesive strategic plan that stakeholders not only have a say in; but can meaningfully claim as their own. Ultimately for staff to be able to tangibly see their contributions and arrive at consensus endorsement of the strategy.

METHODS: Over a 4-month period, a framework of improvement science was applied during the strategic planning process. This included anonymous surveying, formally facilitated forum discussions, brainstorming, driver mapping and root cause analyses, which upheld collaboration and supported psychological safety. Many themes and trends were identified and over 600+ data points were compiled that would all be fed into the design of the strategic plan. All this resulting in a single strategic document that could be linked to the NSLHD’s strategic plan. The RT strategic plan was positioned such that it could be interpreted, from all perspectives and workspaces, enabling all members of the team to be able to contribute to any parts of its success.

RESULTS: During the strategic planning program, formally facilitated forum discussion demonstrated a clear consensus that as a department, and professional cohort, we valued our culture of research and development. And that this is a unique point of difference for the

department as both a healthcare provider and employer. On a 5-point Likert Scale the median score was 5, with 96.9% of respondents (n=33) either somewhat agreeing or strongly agreeing on this point.

In addition to this there was also consensus on two key identified transformation opportunities that would help enable successful delivery of the 5-year strategy:

1. That our governance pathways for innovation and improvement could be standardised, and clearer, for quality improvement of our innovation practices; and
2. Our governance structure could be adjusted to demonstrate the importance with which we hold Research and Development - as a unique point of difference that we want to nurture.

CURRENT PROGRESS: The investigator intends to update at LTWRAP 2023 on the progress of the two key transformation opportunities identified in the results. The design of the governance transformation(s), what each solution is aiming for, how we are measuring success and how we are facilitating sustainability of transformation.

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