

should be adjusted and become more inclusive, so that all autistic patients have a better MRI experience. Autistic people should be empowered to disclose their identity to help radiographers optimally adjust the procedure for them.



Proffered papers: Radiotherapy – practice development

M5.1 Exploring therapeutic radiographer career outreach in the UK

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Background: Radiotherapy is needed by 50% of people with cancer (Borras, 2015). Therapeutic radiographers (TRs) who plan and deliver this vital treatment are under increasing pressure to keep up with growing demand and are faced with their highest vacancy rate on record (8.1%) (COR, 2021).

A key factor in recovering from the cancer workforce crisis is successful recruitment of TR students. Current recruitment strategies include promoting radiotherapy at career events and work experience placements. The success and impact of such strategies has not previously been explored.

This study aims to find out what career outreach activities are successfully being utilised nationally and what factors contribute to students choosing a career as a TR.

Method: Two online surveys were developed to capture opinions and experiences from 1st year undergraduate students and qualified staff involved in radiotherapy career outreach. The surveys were distributed from June 2022 to March 2023. Data analysis included descriptive statistics and qualitative thematic analysis.

Method: 85 student responses highlighted the key influencing factor for enrolling in a radiotherapy degree was a friend or family experience of cancer, followed by positive experiences at university open days and work experience in radiotherapy. A quarter of the respondents attended career events; 3D visualisation of radiotherapy and hands-on activities were key influencing factors. Data collection for the professional stakeholder survey is ongoing with results anticipated in April 2023.

Conclusion: Ensuring patients understand the role of a TR can positively impact both a patient's treatment and radiotherapy recruitment. Future analysis will allow for recommendations on national recruitment strategies required.

1. Borras JM, Barton M, Grau C, et al. (2015). The impact of cancer incidence and stage on optimal utilization of radiotherapy: Methodology of a population based analysis by the ESTRO-HERO project. *Radiotherapy Oncology* 116(1): 45-50 3.

2. College of Radiographers (2021) *Radiotherapy radiographic workforce 2021 UK census*. Available at: https://www.sor.org/getmedia/8503732e-e584-4c8a-a4e0-51b61f37690b/2021_CoR_radiotherapy_radiographic_workforce_uk_census_report_v3.pdf (Accessed: 01 February 2023)

M5.2 Evaluation of a pilot therapeutic radiographer (RTT)-led radiotherapy late effects service

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Background: Radiotherapy can cause debilitating late effects which impact on a person's physical and psychological health. In response, an RTT-led radiotherapy late effects service was piloted. Patients were given opportunities to talk about symptoms and their physical/emotional impact. A joint management/support plan was created aimed at reducing the impact of late effects on an individual's daily life and ability to function. This study evaluated the impact the service had on patients using it.

Method: Patients using the pilot service between May 2020 and July 2022 were invited to complete questionnaires after their initial appointment and again 3-4 months later. Quantitative data was evaluated to assess how patient's needs were met. Thematic analysis of patient's comments provided qualitative evidence on service impact.

Method: Questionnaires returned from 34 patients after their initial consultation showed 97% reported it met expectations, had a positive outcome and they gained better understanding of their symptoms and how to self-manage. 3-4 months later 100% of 17 patients scored > 8/10 for satisfaction with the service (M=9.65, SD=0.61). Mean response regarding service impact on symptoms affecting daily life was 7.47 (SD=2.65) with 76% of patients scoring 7 or higher. Patient-reported themes across both questionnaires: positive emotions - feeling more hopeful, positive, reassured; information - information provided improved understanding of symptoms; positive outcomes - symptoms resolved or reduced with action plans: praise for the RTT leading the service.

Conclusion: The pilot service had a considerable positive impact on patients' ability to understand/manage symptoms leading to quality-of-life improvements alongside reduced significance of symptoms.

M5.3 A centralised advanced clinical practitioner-led breast radiotherapy service

Sarah Findlay

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Background: Radiotherapy is used to treat 63% of all breast cancer patients (CRUK, 2018), with the incidence of breast cancer referrals to radiotherapy evidenced to be increasing (Trust Statistics, 2022) there is an expanding workload. A shortfall in Clinical Oncologists (RCR, 2021) has led to the need for skill expansion of therapeutic radiographer roles for example Advanced Clinical Practitioners (HEE, 2018) to aid in the optimisation of the breast radiotherapy treatment pathway.

Method: A business plan was submitted in 2019 for three ACPs who would have specific responsibilities for the management of the radiotherapy pathway for breast cancer. This required a 2 year training period prior to the ACP-led services' full implementation and generation of income for the Trust. All ACPs completed an Advanced Practice MSc, in-house training and competencies aligned with the HEE ACP framework (2017).

Method: 42.3% of all breast cancer referrals during 2022-2023 were managed through the centralised ACP-led breast radiotherapy service, enabling the department to meet the referral caseload and reduce workload burden for Clinical Oncologists. A reduction in waiting times from referral to breast radiotherapy treatment by 50% in most cases has been evidenced since implementation of the ACP-led service. Service user and radiotherapy clinical team satisfaction surveys indicated a high level of satisfaction with the ACP-led service throughout the radiotherapy treatment pathway.

Conclusion: Advanced Clinical Practitioners in therapeutic radiography are an alternative workforce that can be utilised effectively to address service gaps in the breast radiotherapy pathway, to improve consistency, capacity and patient experience.

1. Cancer Research UK. (CRUK) (2018) Breast cancer treatment statistics. [Online]. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/diagnosis-and-treatment> [Accessed 01 February 2023].
2. Health Education England. (HEE) (2017) Multi-professional framework for advanced clinical practice in England. [Online]. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced> [Accessed 01 February 2023].
3. Health Education England (HEE). (2018) Strategic Framework for Cancer Workforce. [Online]. Available at: https://www.hee.nhs.uk/sites/default/files/documents/Cancer-Workforce-Documents_FINAL%20for%20web.pdf [Accessed 23 January 2023].
4. Royal College of Radiologists (RCR). (2021) RCR Clinical oncology census report 2021. [Online]. Available at: <https://www.rcr.ac.uk/clinical-oncology/rcr-clinical-oncology-census-report-2021> workforce consensus 2021 [Accessed 23 January 2023].

M5.4 Caring in therapeutic radiography -- perceptions and experiences of academic educators

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Caring is frequently espoused within healthcare, being well established in policy and professional codes of conduct, whilst featuring within the NHS Constitution. The notion of caring and its meaning remains troublesome and nebulous. Within Therapeutic Radiography TR there is a paucity of research involving caring. This phenomenological study explored the perceptions and experiences of caring in academic educators. Eight interviews were conducted and analysed, using a modified van Maan approach, to reveal the essences of caring. The notion of Being Caring emerged, educators having caring characteristics and being caring individuals, resulting from a variety of antecedents in the lives. These antecedents were alongside the innate moral caring virtue with which individuals entered the profession. Caring in the clinical and education settings was similarly interpreted by participants. Caring For emerged as a task-oriented and practical focussed dimension of caring, lacking an emotional connection with the patient or student, being viewed as lesser caring. Caring About emerged as emotive and feelings-focussed, where humanity, a relationship, and rapport existed to enable knowing and connection between the recipient of caring and the practitioner. Supportive behaviours were part of Caring About at a level participants described as 'above and beyond' the essential, perfunctory tasks. This research contributes to knowledge as the first UK study to explore caring with academic TR educators. Caring For and Caring About provide a useful model for framing teaching and practice, better enabling practitioners to deliver caring in both the clinical and educational settings.