



## ESTRO 2021 RTT track report

- **Symposium** - Opportunities for RTTs in higher education: making the right choice
- **Proffered papers** - Education and training

### *Symposium - Opportunities for RTTs in higher education: making the right choice*

This symposium provided valuable insight and advice for RTTs considering the option of further higher education in a field that can be confusing.

Lifelong learning is promoted among radiation therapists (RTTs) to sustain their competence and skills in the provision of optimum radiotherapy as practice evolves [1]. The addition of an advanced practitioner (AP) in the patient pathway has been shown to increase efficiency and quality of patient care [2, 3]. While work is continuing to standardise the scope of practice, the AP is expected to be a leader in the clinic and to influence development and change [4].

The European Society for Radiotherapy and Oncology (ESTRO) recommends that advanced practice is 'underpinned by appropriate education' [5]. Although the impact of further higher education has not yet been quantified in radiotherapy, it is known that in nursing there is a positive association between master's level education and advanced practice [6]. The ESTRO postgraduate benchmarking document for RTTs on European higher education levels 7 and 8 defines level 7 extended practice roles as supported by postgraduate diploma education, while achievement of a masters or doctorate level is commensurate with a level 8 AP [7].

However, the pathway to higher education in radiotherapy is still largely self-directed and self-financed. RTTs who are interested in AP roles can feel underprepared for the role and misinterpret education requirements [8]. This shows the value of this symposium. There are many things to consider in making the right choice. For the most part, postgraduate diplomas, master's programmes and postdoctorate studies involve the payment of fees. There may be opportunities to receive grants, which all RTTs should explore. However, RTTs often self-finance higher education and continue to work clinically to support themselves. Educational institutes offer flexibility in teaching and learning, but RTTs must be prepared to complete their studies in their own time, outside clinical hours.

RTTs should be cognisant of who they hope to become as practitioners, what interests them, how that interest relates to their area of practice and the further education that is required to execute their ambition. The aforementioned benchmarking document suggests these possible areas of study: advanced delineation and volume determination; advanced treatment planning; advanced imaging; quality and risk management; management; patient care and support; brachytherapy; and research and education [9].

A period of consolidation of level 6 knowledge in clinical practice can help RTTs to identify where their skills and interests lie within radiotherapy practice. Higher education programmes are largely research led, which can be a daunting prospect. RTTs should aim to form research collaborations with colleagues in the workplace or in the wider RTT community. These links are vital to fulfil research obligations as they offer opportunities to develop existing research or to build on findings from completed projects.

Commitment to a higher level education takes time and determination. Although the benefit of further higher education in radiotherapy practice remains to be quantified, there is no doubt that further education is enriching. RTTs should be supported to fulfil their higher education aspirations and offered options that meet clinical and research needs.

1. Zereshkian, A., et al., *Continuing Professional Development Needs Amongst University of Toronto's Department of Radiation Oncology Faculty*. J Cancer Educ, 2021. **36**(1): p. 118-125.
2. D'Alimonte, L., et al., *Advancing Practice, Improving Care the Integration of Advanced Practice Radiation Therapy Roles into a Radiotherapy Department: A Single Institution Experience*. J Med Imaging Radiat Sci, 2017. **48**(2): p. 118-121.
3. Harnett, N., et al., *The Clinical Specialist Radiation Therapist (CSRT): A case study exploring the effectiveness of a new advanced practice role in Canada*. Journal of Medical Radiation Sciences, 2018. **65**(2): p. 86-96.
4. Smith, T., et al., *Conceptualisation of the characteristics of advanced practitioners in the medical radiation professions*. Journal of medical radiation sciences, 2015. **62**(3): p. 204-211.

5. Duffton, A., et al., *Advanced practice: An ESTRO RTTC position paper*. Technical innovations & patient support in radiation oncology, 2019. **10**: p. 16-19.
6. Wilkinson, J., J. Carryer, and C. Budge, *Impact of postgraduate education on advanced practice nurse activity - a national survey*. Int Nurs Rev, 2018. **65**(3): p. 417-424.
7. Coffey, M. and M. Leech, *Introduction to the ESTRO European Qualifications Framework (EQF) 7 and 8: Benchmarking Radiation Therapist (RTT) advanced education*. Technical Innovations & Patient Support in Radiation Oncology, 2018. **8**: p. 19-21.
8. Caulfield, L., *A literature review exploring the perceived impact, challenges and barriers of advanced and consultant practice in therapeutic radiography*. Radiography, 2021. **27**(3): p. 950-955.
9. Coffey, M. and M. Leech, *The European Society of Radiotherapy and Oncology (ESTRO) European Higher Education Area levels 7 and 8 postgraduate benchmarking document for Radiation Therapists (RTTs)*. Technical Innovations & Patient Support in Radiation Oncology, 2018. **8**: p. 22-40.

## ***Proffered Papers – education and training***

This proffered paper section enabled RTTs to share their experiences of addressing education and training needs in their clinics.

The ESTRO core curriculum, in conjunction with the International Atomic Energy Agency (IAEA) handbook for the education of radiation therapists, provides guidance for clinical educators on the provision of RTT education and training. The IAEA states that RTTs require appropriate education and training to provide optimum patient care [1]. Specialist degree programmes are well organised to prepare graduates to meet the scope of practice of an RTT. However, radiotherapy practice is continuously evolving and RTTs have a professional responsibility to engage in education and training to remain proficient and competent in their roles.

RTT involvement in the patient pathway, i.e. in patient preparation, treatment planning and treatment verification is well established. Significant developments at each stage of the pathway, e.g. in the increased application of magnetic resonance imaging (MRI) in localisation and verification, are ongoing, and RTTs must remain cognisant of these developments and of the necessary education and training to stay abreast of changes. However, education and training should be tailored to radiotherapy and should be RTT led.

For example, the principles and practices of MRI imaging form an extensive field and the breadth and depth of knowledge that are required to apply MRI principles safely in the radiotherapy pathway should be identified. This was demonstrated in a presentation by Mikki Campbell (lecturer, department of radiation oncology, University of Toronto, Canada) in which she showed how engagement with relevant stakeholders and the use of a Delphi consensus had helped to identify learning objectives to design a MRI education course for RTTs.

This session also highlighted changes in the culture of patient care. Although patient outcomes are an important indicator of the quality of radiotherapy treatment [2], creation of a positive, patient-centred experience during treatment is increasing in priority. Due to their unique position and regular face-to-face contact with patients, RTTs are best placed to identify and quantify the needs of patients. RTTs should be provided with the education and training to be innovative in the ways that they measure patient satisfaction and address deficiencies in patient care.

The topic of survivorship and notably the addressing of late effects as part of the paradigm of cancer care was also discussed. While late effects can present months and even years after treatment is completed, RTTs should be confident to address and provide appropriate patient care during the treatment course.

It is clear that RTTs welcome opportunities to take up education and training to maintain competence in their daily practice, but time can be a barrier in busy clinics [3]. The use of flexible learning options such as e-learning modules is essential to increase participation in education and training. Creating a culture of continuous education and training is the key not just to motivating RTTs to remain proficient in their roles but to place RTTs at the forefront of clinical developments in the provision of optimum patient care.

1. *A Handbook for the Education of Radiation Therapists (RTTs)*. 2014, Vienna: INTERNATIONAL ATOMIC ENERGY AGENCY.
2. Albert, J.M. and P. Das, *Quality Indicators in Radiation Oncology*. International Journal of Radiation Oncology, Biology, Physics, 2013. **85**(4): p. 904-911.
3. Walsh, R. and A. Craig, *Radiation Therapists' and Diagnostic Radiographers' participation in continuing professional development and knowledge of Regulatory Body Registration*. Journal of Radiotherapy in Practice, 2016. **15**(2): p. 150-160.





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