During a course of external beam radiotherapy treatment, patients are reviewed to assess treatment related toxicity, traditionally such reviews have been undertaken by a clinician, however, in recent years’ therapeutic radiographers have extended their role to conduct ‘on treatment review’. Review radiographers (RR) are supported by a number of Government bodies, that recognise the importance of role development for an improved service delivery streamlining patient-centred care. Most recent reports recommend allied health professions (AHP’s) should undertake reviews to help reduce patient delays, provide clear accurate information and referrals to other health disciplines, in the hope of creating an improved, seamless patient journey. The role of RR has been implemented successfully, enabling staff to bring about change, improving services and patient experience, demonstrating increased job satisfaction amongst RR. The authors considered whether there was an opportunity for therapeutic radiographers to participate in patient follow-up review process.

A prospective observational study recruited 30 patients attending for routine radiotherapy follow-up at two urology outpatient clinics. Clinic lists were screened for potentially eligible patients, and ethically approved information posted to the suitable patients for consideration of study participation. Patient’s conditions and potential requirements were discussed at a routinely scheduled pre-clinic meeting. Based on the most current patient-related information, some patients were no longer eligible to participate and were reviewed by the clinician. Eligible and willing patients were consented upon arrival, 1:1 randomisation was performed for review with doctor or therapeutic radiographer. In total, 5 doctors and 5 therapeutic radiographers were involved in the review of patients. Following review, patients completed a short anonymous structured feedback questionnaire (based on previous studies). Waiting times at clinic and at a number of time-points were collected and assessed to provide quantitative information.

Of the 44 patients identified, 30 were recruited.

- Average time from scheduled appointment time to departure from clinic was 36mins for both the doctor and therapeutic radiographer
- Average length of consultation was 19mins for the therapeutic radiographer and 10mins for the doctor
- Average length of wait from scheduled appointment to time taken for review was 17mins for the therapeutic radiographer and 25mins for the doctor
- Doctors were required to subsequently review 2 patients who had been randomised for review with the therapeutic radiographer

Questionnaires were distributed to all patients, 2 were not completed. All patients reported confidence in their reviewer, with some variation in the satisfaction of the review;

- 26/28 patients being most satisfied
- 23/28 patients had no preference of reviewer
- 2/28 patients preferred to be seen by a doctor
- 3/28 patients stated a preference for review with a therapeutic radiographer

- Additional comments were encouraged

- The sample size was limited to facilitate recruitment, data collection, analysis and reporting within time constraints. Small sample size means it is difficult to draw reliable conclusions from the evidence produced and a larger cohort of patients would be required in order to ascertain the true impact of this role development for therapeutic radiographers.
- Issues were also identified which could have contributed to variation in length of patient review:
  a) therapeutic radiographer less experienced in undertaking patient follow-up
  b) patient may feel more comfortable and relaxed when being reviewed by the therapeutic radiographer
  c) doctor may be more conscious of the number of patients waiting to be seen

The results of the study are encouraging and, despite the lack of statistical evidence in support of a transition to include therapeutic radiographers as part of the patient follow-up process, should be further investigated in an attempt to develop what could prove a rewarding aspect of the therapeutic radiographer’s role. Importantly, this study recognises the potential improvements this model could present in helping to transform our health service in line with UK government recommendations, not only for therapeutic radiographers but through adoption by other Allied Health Professions (AHP’s) to help streamline and improve care within their own specific area ultimately improving patient throughput and satisfaction.