Challenges in recruitment and retention: Securing the therapeutic radiography workforce of the future

NIGHTINGALE, Julie, MCNAMARA, Joanna and POSNETT, Joanne

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Challenges in recruitment and retention: Securing the therapeutic radiography workforce of the future

Nightingale J, McNamara J, Posnett J.

Dept of Allied Health Professions, Sheffield Hallam University

In this issue of the Radiography journal, we have published a Letter to the Editor from E.R. Andersen which argues that the development of therapeutic radiography as a profession across Europe is limited by a lack of visibility.[1] The author makes a plea to therapeutic radiographers to '*let the world know that we exist*'. He argues that the lack of public and professional awareness of the profession as well as variation in the scope of practice from country to country is limiting our potential to engage in cross-European projects and multi-disciplinary work that could benefit our patients.[1]

Andersen's comments certainly resonate in the United Kingdom (UK), where there is a heightened emphasis on promoting therapeutic radiography to the public and professionals alike. One of the most challenging aspects of increasing our public identity has been the many and varied titles that we have adopted both across and within different countries. A very important step for our public image was in the European Federation of Radiographer Societies recommendation to European official bodies and authorities to use a single professional title of 'radiographer' in all their documents and correspondence at the European level.[2] While titles vary elsewhere in the world, in the UK the Society and College of Radiographers have reaffirmed that the registered professional titles of 'radiographer', 'diagnostic radiographer' and 'therapeutic radiographer' should be used. The '*Hello, my name is…*' '….and I am a Therapeutic Radiographer.' campaign is a good way of introducing our professional title to patients who then may spread the word to potential future applicants to the profession, but it is dependent upon all radiographers in clinical practice to uphold and promote this message to their patients.

Getting the message out to the public about our role is vitally important to ensure the future supply of therapeutic radiographers, but in the UK this is an area of particular concern. While the NHS Cancer Workforce plan (2017) highlighted therapeutic radiography to be a profession 'at risk', requiring 1560 FTE more therapeutic radiographers by 2021 in order to deliver the plan's objectives,[3] another workforce consultation document published in the same year only mentioned in passing potential recruitment issues in the profession.[4] Currently 96% of the UK therapeutic radiographer workforce is employed by the NHS,[5] and the growth in this workforce in the last 5 years (2012-17) has been quoted as between 15%[5] and 22.4%.[4] While radiotherapy centres appear to be coping with a consistent vacancy rate of around 6.2%,[5] it is likely that extended shift patterns and the good will of staff have kept services running whilst masking the effects in the short term. However, there is evidence of staff shortages and higher demand for services impacting on both

student training and the quality of patient care, including waiting times. For example the proportion of patients breaching the radiotherapy waiting time target (one month between decision to treat and the radiotherapy treatment) increased from 1.2% to 2.5% between November 2011 and November 2017.[6] Whilst the increase appears small, when viewed in the context of real patients and the potential impact on their long term prognosis this is concerning. Without significant changes to education or workforce delivery, the predicted growth in demand outlined in the NHS Cancer Workforce Plan[3] will be unlikely to be accommodated without further negative impact on treatment targets.

The need to recruit to target, retain students and then support their transition to the workforce is therefore of vital importance to meet the required growth in the work force. Currently 14 HEIs deliver Therapeutic Radiography programmes within the UK, and most have seen their target numbers rise in order to meet this demand. The majority of education providers are now at maximum capacity in terms of availability of clinical placements [7] and to grow the workforce will require a radical re-think of the current clinical training model. This is not unique to therapeutic radiography, as diagnostic radiography colleagues are currently attempting to address the dichotomy of a need to grow the workforce in the context of squeezed clinical placements. However the availability of placement sites is more restricted in therapeutic radiography, with major cancer centres often located in larger urban centres which may be inaccessible for some students with family commitments.

Rapid growth causes considerable instability as it puts additional pressure on both academic teams and clinical partners alike. Recruitment onto Therapeutic Radiography programmes in the UK has been problematic for several years, but this appears to have been exacerbated since the 2017 changes in health care education funding from a bursary to the standard student loan system for both fees and maintenance. A 2016 editorial in this journal surmised that these education funding changes could be seen as both a 'crisis and an opportunity'.[8] The full extent of the impact of the change in the bursary scheme is still unclear, but official statistics show that applications are indeed reducing[9] and many admissions teams are reporting difficulties in recruitment.[7] In 2018, several programmes confirmed they had not recruited to target, and most had needed to go into 'clearing' to recruit students close to the start date of the course.[7] While it is possible to attribute this decline to the recent loss of bursary, some of the other allied health professions including diagnostic radiography have maintained their application numbers despite the loss of bursary. Having a better understanding of the potential applicants to our programmes may offer explanations. For example many education providers have a higher proportion of mature applicants for therapeutic radiography compared to other allied health professional groups, and we know that they are often less mobile due to other commitments, and are generally more risk averse about debt. Being a lesser known profession, we are also affected to a greater degree by changing national population profiles. In the UK the demographic age profile continues to decline before increasing over the next 5 years; fewer young people in the population will mean more competition for applications to join the whole range of health profession programmes.

Identifying the recruitment challenges affecting small and vulnerable professions at a national level is an important step, and the Strategic Interventions in Health

Education Disciplines (SIHED) programme goes a long way towards lowering the risks posed to these professions.[10] Funded by the Office for Students (formerly the Higher Education Funding Council for England), it is expected to run for three years with a budget of £1M per year.[10] The SIHED project's Challenge Fund aims to encourage the development of new approaches to the delivery of, or recruitment to, healthcare courses. As well as supporting widening participation initiatives including a focus on mature student applications,[10] one of the projects is focussing on male students as an under-represented group within therapeutic radiography[11]; identifying the barriers to entry for this group of students may open up a new source of recruitment for the future. However given the extended timeframe for undertaking research and then translating the findings into training programmes, the impact of this work is likely to be delayed, given that workforce planning appears previously to have been haphazard and significantly under-estimating the staffing levels required.

By increasing the profile of the profession, and careful targeting of under-represented groups, we can work towards improving recruitment and enrolment. However we must also be mindful of the impact of our recruitment strategies on the potential for attrition (students leaving an education programme before completion). Average attrition from UK therapeutic radiography programmes is consistently over 20% (currently 22.14% for 2016-17),[12] ranging from -2.17% (net gain in students) to an attrition rate of 47.62% for the 2016-17 academic year.[12] These attrition rates are much higher than for diagnostic radiography which ranges between 12-14%, though the actual numbers of students lost from therapeutic programmes are much smaller.[12]

So what are the reasons why students leave their courses? This is difficult to pin down, as reasons are often multi-factorial and students leaving a course may be reluctant to give detailed responses. The RePAIR project (Reducing Pre-registration Attrition and Improving Retention) has highlighted the factors impacting on healthcare student attrition and the retention of the newly qualified workforce in the early stages of their careers.[13] Covering nursing, midwifery and therapeutic radiography, RePAIR offers recommendations for improved retention across the student journey and it highlights the 'crunch points' where additional support may be required. However their first recommendation was to standardise the definition of attrition, which means different things to different organisations, making it very difficult to understand the data and observe trends. They also recognised that "not all attrition is either bad or controllable and that some attrition is inevitable and in some circumstances desirable",[13] and while the percentage of therapeutic radiography students engaging in this project was relatively small, RePAIR still stressed that attrition from pre-registration therapeutic radiography programmes continues to be a concern.

Therapeutic radiography is an emotionally demanding profession which requires students to demonstrate heightened compassion and empathy towards patients in one of the most vulnerable stages of their lives. Flinton et al (2018) note that this special caring relationship with patients is cited by students as one of the main reasons they choose the radiography profession.[14] However they identify the importance of compassion satisfaction and the risks of compassion fatigue in the student population, and it is possible that without the appropriate support in place that this could be one reason for students to re-consider their choice of career.[14] In

this issue of *Radiography*, Clarkson et al also explore the potential influence of mindfulness on compassion fatigue, burnout and resilience in therapeutic radiography students.[15] While at a pilot phase, the study nevertheless highlights concerns about the potential levels of burnout within the student population,[15] which if unchecked may result in attrition from both education programmes and from the future workforce. Education programmes, clinical placements and the students themselves all share a responsibility in developing an environment in which resilience is strengthened and supported to shield the student from the challenges of clinical practice.

It is interesting to note that the reason why students may leave their therapeutic radiography programmes differs depending on whether students, or educators, are asked. The education providers listed 'wrong career choice' and 'not meeting academic standards' as the main reason for students leaving their programmes.[12] The RePAIR project noted that dissatisfaction with clinical experience was a major influence in attrition.[13] In a recent survey of students and newly qualified radiographers, a poor clinical placement experience was also cited as a main cause for students to consider leaving their course.[16] Previous student surveys have highlighted this factor but also 'wrong career choice' and it is a concern that an increasing number of students are being admitted to our programmes through the clearing process.[16] By the 'last minute' admission of a clearing candidate, it poses a potential risk that clearing applicants may be less prepared for the programme (wrong career choice) and for their clinical placements (less opportunity for a meaningful pre-application clinical visit). The RePAIR project [13] highlighted a 2013 report commissioned by the Society and College of Radiographers [17] which sets out the expectations of Radiotherapy Centres in reducing potential attrition by outlining staff responsibilities, managing bullying and harassment, and providing an opportunity for prospective students to visit prior to receiving an offer of a place.

While UK therapeutic radiography recruitment and retention is currently in the spotlight, the Letter to Editor from Andersen [1] suggests that some of these challenges (particularly with profile) are experienced outside the UK. Without serious investment in Radiotherapy recruitment from education providers and their clinical partners we will inevitably reach a crisis point where cancer survival rates will be affected by a reduced workforce. Action is required now and not just when a crisis becomes evident within clinical practice.

References

1. Andersen, E.R. Letter to Editor: To all therapeutic radiographers and radiation therapists – Let the world know that we exist! *Radiography* 2019; 25(1)

2. European Federation of Radiographer Societies. EFRS definition of a radiographer. Utrecht, the Netherlands: European Federation of Radiographer Societies; Nov 2011. Available from: http://www.efrs.eu/publications.

3. NHS Cancer Workforce Plan. Phase 1: Delivering the cancer strategy to 2021. 2017

4. HEE. Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027

5. SCoR Census of the UK Radiotherapy Radiographic Workforce Nov 2017

6. Nuffield Trust. Cancer waiting times: how has NHS performance changed over time? https://www.nuffieldtrust.org.uk/news/cancer-waiting-times-how-has-nhs-performance-changed-over-time. Accessed 13.12.18

7. The College of Radiographers. Therapeutic and diagnostic radiography pre-registration admissions. 6th November 2018

8. Nightingale J. Radiography education funding – Crisis or opportunity? Editorial. Radiography 2016; 22(2):105-106

9. UCAS. Applicants for UK higher education down: 5% for UK students and 7% for EU students. 2017. https://www.ucas.com/corporate/news-and-key-documents/news/applicants-uk-higher-education-down-5-uk-students-and-7-eu-students

10. Office for Students. Strategic Interventions in Health Education Disciplines. https://www.officeforstudents.org.uk/advice-and-guidance/funding-for-providers/health-education-funding/strategic-interventions-in-health-education-disciplines/ Accessed 11.12.18

11. Office for Students. Challenge Fund. https://www.officeforstudents.org.uk/advice-and-guidance/funding-for-providers/health-education-funding/challenge-fund-funded-projects/ Accessed 11.12.18

12. College of Radiographers. Approval and Accreditation Board. *Annual Report 1st September 2016 – 31st August 2017* https://www.sor.org/sites/default/files/document-versions/cor_aab_annual_report_2016-2017.pdf

13. Health Education England. Reducing Pre-registration Attrition and Improving Retention (RePAIR) Report, 2018. Available at: https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention

14. Flinton D, Cherry P, Thorne R, Mannion L, O'Sullivan C, Khine R. Compassion satisfaction and fatigue: an investigation into levels being reported by radiotherapy students. Journal of Radiotherapy in Practice 2018; 17: 364–367.

15. Clarkson M, Heads G, Hodgson D, Probst H. Does the intervention of mindfulness reduce levels of burnout and compassion fatigue and increase resilience in pre-registration students? A pilot study. Radiography 2018, 24(5)

16. Society and College of Radiographers. *Analysis of student and recently qualified radiographers survey 2017*. Society of Radiographers 2018, London.

17. Colyer H. Improving retention of the radiotherapy workforce – the role of practice placements in student attrition from pre-registration programmes in England: Full report. Society and College of Radiographers, London, 2013.