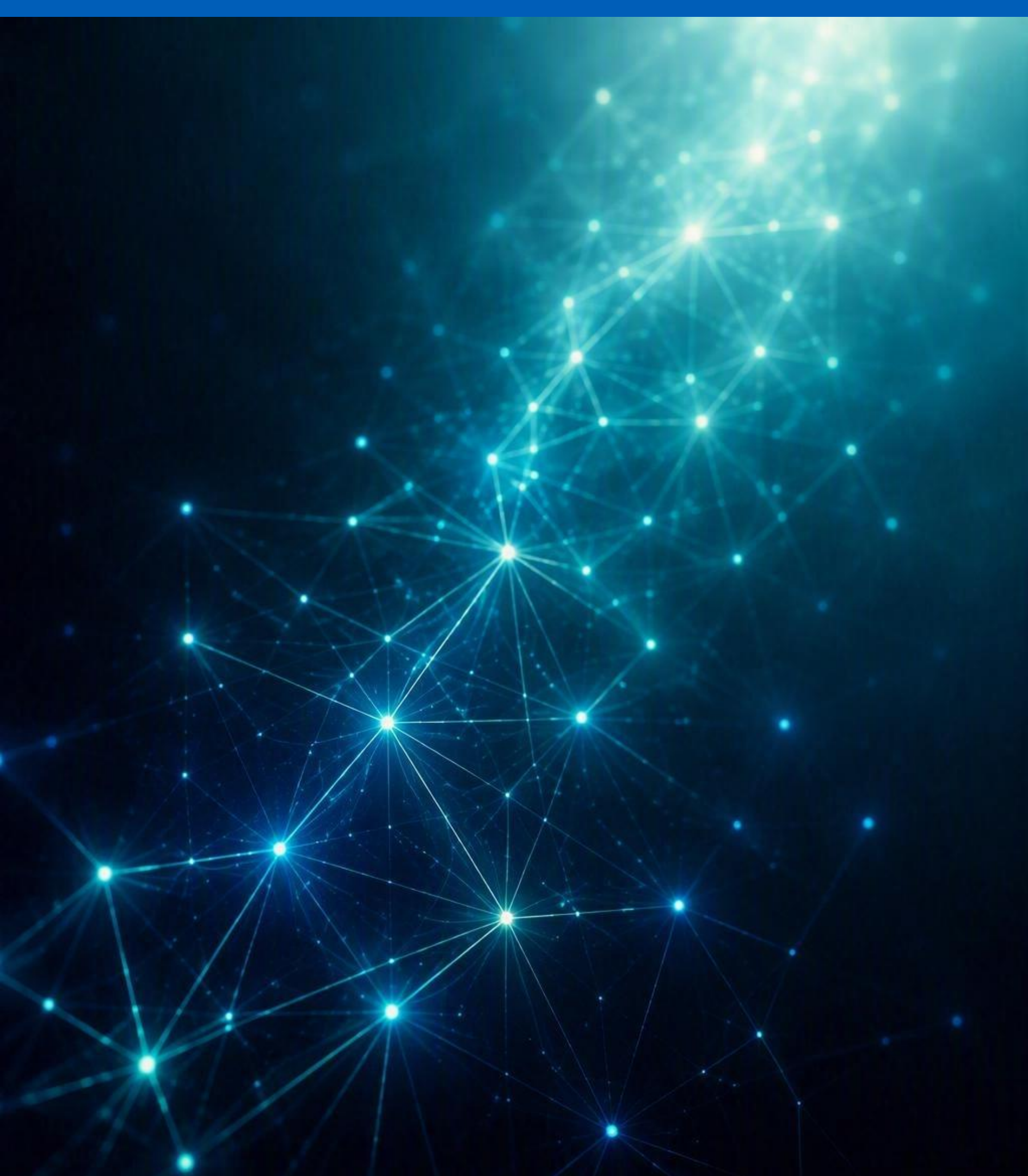




Project EMERGE: Bridging Clinical & Professional Gaps Across the East Midlands Radiotherapy Network



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**No conflicts of
interest to declare**

Something to Think About.....

WHAT WE ASK

- Lead the team on a busy treatment unit
- Manage the list when it overruns
- Recognise risk early and escalate appropriately
- De-escalate patients, carers and colleagues
- Support and develop junior staff and learners
- Contribute to service improvement



HOW WE PREPARE THEM

An IGRT study day?

How EMERGE Began

- The ask: one educator across all five Trusts
- Scope the whole network, identify gaps, design training, deliver locally
- Not one department, not one training package
- EMERGE – East Midlands Radiotherapy Education, Resource and Gap Enhancement
- Funded by NHSE WT&E and network budget to Sep 2027



The Challenge: What Regional Scoping Exposed

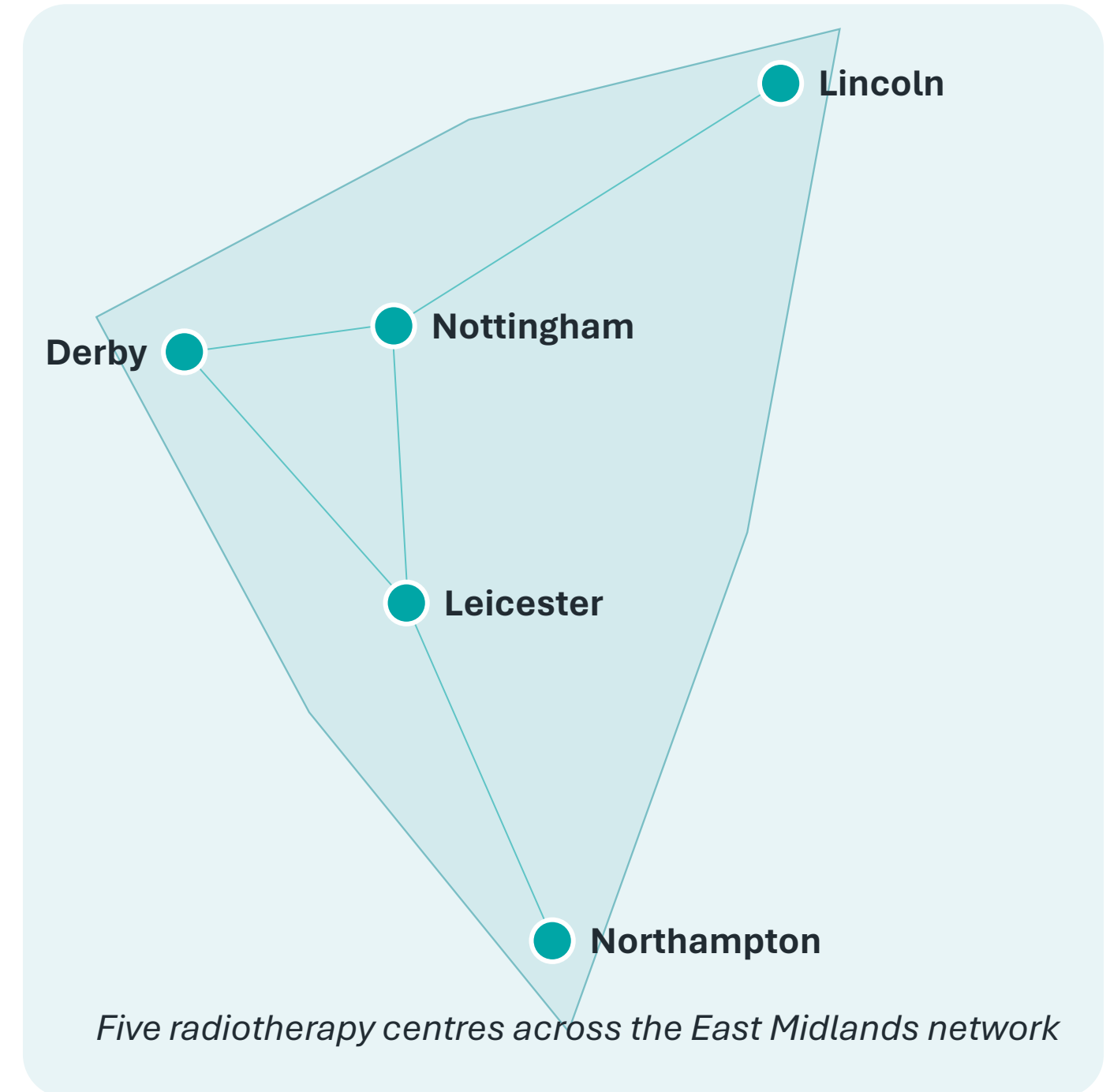
Focus groups across the 5 departments to prioritise gaps

Baseline surveys pre-training: IGRT n=22, leadership n=29

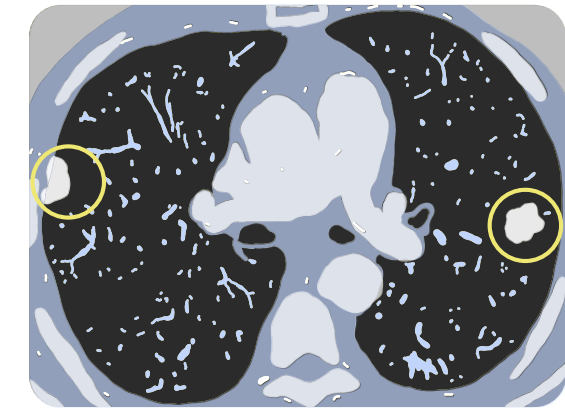
Technical gap: 1 in 3 rate their knowledge of dosimetric impact only basic or adequate
Leadership gap: 2 in 3 don't consistently act independently when safety is uncertain

Supported on simple workflows, less so when complex or pressured

Two distinct gaps, one regional response



How the IGRT Package Works



Development Package

Guided learning & case exposure

- 1 4 anatomical sites with common scenarios
- 2 Confidence development pathway via reasoning framework
- 3 Dosimetry workshops

IGRT Workbook

Recording practice & development

- 1 Image review logs
- 2 Case summaries and reflections
- 3 Progress and capability tracker

Developmental, not assessed. Brief reflections are sufficient.

How the Leadership Package Works



Section 1

Mapping Your Leadership

Gap analysis, leadership profile, and initial self-reflection

Section 2

Tactical Leadership

On-shift activities: handovers, list management, managing workflow

Section 3

Real-World Pressures

Action Learning Sets and post-incident reflections

Section 4

The Evidence Log

Observed behaviours and a “One Change” improvement activity

Peer-led and practical - ending in one real improvement the individual owns.



Pilot Uptake, Impact & Reality

5 Trusts: 2 piloting, 2 held by staffing, 1 deferred to October

Pilot tracker feedback, June-August 2026

Early Wins

- Good engagement across departments
- Psychological safety in Action Learning Sets - real team issues surfacing
- B5s evidencing for B6; escalation reframed as normal
- Local PEs facilitating across sites, shifting from advice-giving to coaching
- Workbook “thought-provoking”; radiotherapy-specific scenarios beat generic

Challenges & Adaptations

- Protected time under service pressure - capacity, not buy-in: staffing crisis, training backlog
- IGRT launch stalled: leads unable to prepare cases or workshops
- Facilitator confidence in Action Learning Sets - a new ask
- Workbook hard to restart in short gaps; staff pulled back on set



The fix: protected time and write-up slots – where time is protected, the package is embedding and working

Next Steps & Learnings

1

Secure & negotiate protected time

Essential for meaningful development; IGRT rollout follows leadership

2

Evaluation

Pre/post confidence, capability, psychological safety, understanding of dosimetric impact

3

Sustainability

Train-the-trainer and local facilitation: the value lies in how it is facilitated, not just the package

4

Scalability

Small, adaptable pilots as a blueprint for other UK networks and professions



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- 4 Trust Imaging Leads and Dosimetry Teams

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