

THE STRENGTH OF THE CHAIN IS DETERMINED BY THE WEAKEST LINK.**RTT EDUCATION IS THE WEAKEST LINK:**

Radiation treatment is an important component of overall comprehensive care and management of cancer patients. The specialty of radiation oncology is comprised of four major disciplines, namely, clinicians, clinical medical physicists, radiation therapy technologists (therapy radiographers) and clinical engineers.

With time, there has been a paradigm shift in radiation therapy practices. Older techniques like 2-dimensional external beam radiotherapy (EBRT) have gradually been replaced by more precise techniques like 3-dimensional conformal radiotherapy (3D-CRT), intensity modulated radiotherapy (IMRT) and more recently image guided radiation therapy (IGRT) techniques. These developments ensure more focused volumes to be treated, thereby reducing potential long-term complications for patients, and limiting normal tissue damage. As important it is for radiation oncologists and medical physicists to adapt to these changes in favor of patient well-being, it is equally essential to educate RTTs about the safe delivery of treatment through modern techniques. As discussed by Mary Coffey et al (2018), in the modern world RTTs are assuming a greater level of responsibility and it is essential that they undertake suitable education to continue safe and accurate treatment for all patients.¹ A suitably educated RTT is an important part of the multidisciplinary team, who can play an important role in assessing the technical and delivery aspects of treatment planning by modern machines. A qualitative study done by Filipa Sousa et al (2022) concluded that the quality of treatment delivered by IGRT is improved by specialist IGRT RTTs trained in checking and verifying images related to treatment delivery. Such specialist RTTs view their role positively and have confidence in the treatment they are delivering which is directly related to the level of education they have received.²

RTT education is still a struggling area of radiation oncology practice. Jesper G. Eriksen et al (2011) discuss that it is the responsibility of the educational institutes to establish a teaching curriculum for its RTTs in association with the national authorities, hence formulating a training program that best addresses the weaknesses in their environment.³ An example of such can be seen in the RTT training curriculum being followed by Radiation Oncology department, Aga Khan University Hospital, Karachi, Pakistan where RTT trainees are given 2 years of academic and technical training with regular assessments, enabling them to understand the treatments they are delivering, detect any discrepancies in planning, and develop a problem-solving attitude. RTTs should not only be trained to run LINACs, but also have a grasp about patient handling, positioning, warning signs to look for and when to intervene and ask help from physicians and physicists. Such education programs if introduced uniformly throughout institutions at the first step, and then regulated into a formal certification nationwide, will be a step forward in improving patient care and delivering treatments safely by eliminating technical errors.

To guarantee the level and uniformity of radiation tech education and training programmes, accreditation and certification are essential. Accreditation organizations set strict regulations and norms for educational programmes, including curriculum content, clinical training requirements, and faculty qualifications. One example of this is the joint review committee on education in radiologic technology (JRCERT) in the United States.⁴ Professional associations such as the American registry of radiologic technologists (ARRT) award certifications to technologists to verify their competency through stringent testing and continuous maintenance of certification requirements.⁵ These certifications act as standards of competence and professionalism, fostering public trust and guaranteeing that technicians have the know-how required to provide radiation treatments safely and efficiently.⁶

Radiation therapy places a high priority on patient safety and high-quality care, and training radiation technologists is essential to meeting these objectives. Technologists must ensure that treatments are

administered accurately and expose healthy tissues to as little radiation as possible. Comprehensive training programmes give technicians the information and abilities they need to carry out treatment planning, simulation, and delivery in a precise and accurate manner.⁷ Technologists can accurately assess patient needs, confirm treatment settings, and watch for any adverse effects throughout treatment by having a solid understanding of radiation physics, radiobiology, and treatment methodologies. Studies show that knowledgeable technologists increase patient safety and quality of life by reducing adverse events and improving treatment outcomes.⁸ Additionally, throughout the course of treatment, technologists educated in patient-centered care techniques create a supportive environment that encourages patient comfort, compliance, and satisfaction. Radiation therapy techs maintain the highest standards of service and help patients have a positive radiation treatment experience by continuing their education and developing professionally.⁹

The issues facing radiation technologists' education are complex and ever-changing. A notable obstacle is the swift advancement of radiation therapy technology and treatment approaches, which calls for ongoing modifications to instructional materials and curriculum. According to Smith et al.,¹⁰ technologists must gain specific skills and knowledge outside of the scope of regular training programmes to integrate new treatments like intensity-modulated radiation therapy (IMRT) and stereotactic body radiation therapy (SBRT).

In certain areas, there are further obstacles to providing comprehensive education due to resource limitations, such as restricted access to simulation facilities and qualified teachers.¹¹

Additionally, the lack of trained radiation technologists around the world makes labor shortages worse, highlighting the significance of scalable and easily accessible training solutions.¹²

In conclusion, the education of radiotherapy technologists emerges as the cornerstone of excellence in cancer care. A holistic education that blends technical proficiency with patient-centered care equips these professionals to navigate the intricate landscape of modern radiotherapy.

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