

# IMPACT

Volume 10  
Issue 1  
Spring 2026

## Perspectives in Advanced Practice Radiation Therapy

Liverpool, England  
Host city of UKIO 2025



from **Melissa O'Neil, MRT(T), MSc**  
**IMPACT Editor-in-Chief**

*Advanced Practice Palliative/Stereotactic Radiation Therapist*

Over the past year, I've had the privilege of traveling far and wide, sharing work in sim-free planning and polymetastatic disease, but more importantly, building meaningful connections across our international advanced practice radiation therapy (APRT) community. From UKIO in Liverpool to the Peter Mac SABR Symposium in Melbourne - where it was a true honor to serve as the first radiation therapist invited as international faculty - to the ACRO Summit in Orlando, these experiences have reinforced the strength, innovation, and shared

purpose that define our profession. As I look ahead to ESTRO in Stockholm this month, I am reminded that while our practices may differ, our collective commitment to advancing patient care unites us.

It is with this perspective that I step into the role of Editor-in-Chief for IMPACT. I would like to extend my sincere gratitude to Carrie Lavergne for her exceptional leadership and vision in shaping this publication.

Carrie has built a strong foundation, and I am grateful that she will continue to lend her guidance as a mentor during this transition. My goal is to carry forward the momentum she has created - continuing to educate, inspire, and amplify the voices and stories that define advanced practice.

In this edition, we are excited to bring you a range of contributions that reflect the diversity, innovation, and impact of APRTs and the broader radiation therapy community.

Looking ahead, I want IMPACT to be more than a newsletter - it should be a platform for our community. We are actively seeking your contributions, feedback, and ideas. What topics matter most to you? What would you like to learn more about? Whether you are currently in an advanced practice role or aspiring toward one, we want to hear from you. We are particularly interested in showcasing projects and initiatives that align with the pillars of advanced practice, demonstrating how members of our MRT community are already driving change, innovation, and excellence in their work. These stories not only highlight the depth of talent within our profession but also help pave the way for future APRTs.

This is **your** publication, and together, we can continue to build a resource that reflects and strengthens our growing community.

### Inside this issue

*Features* **We Can Can-AP.  
Can You Can-AP?**

**Making the Invisible Visible:  
Capturing Non-Clinical Work in  
Advanced Practice** *plus*

 **New APRT Spotlight:  
Krista D'Angelo** *+ more*

# WE CAN / CAN YOU CAN-AP / CAN-AP?

**By Caitlin Gillan RTT MEd PhD FCAMRT  
Member, CAMRT APRT Steering Committee  
and Nicole Harnett RTT ACT MEd  
Chair, CAMRT APRT Steering Committee**

If you're reading this newsletter, you know about the PEPPA framework. You probably also know about the PDSA cycle, the four pillars of APRT, perhaps Bloom's Taxonomy, and maybe you have some experience with the Hierarchy of Intervention Effectiveness (if you're into continuous quality improvement from the lens of incident learning). We probably don't need to tell you that the value of having a model to ground your understanding of a topic is not purely academic – there can be practical value in referring to a structured set of concepts to ensure you're approaching a problem responsibly, considering all angles of a proposed solution, and speaking the same language as other interest holders.

Without any desire to reinvent the wheel or overcomplicate our APRT world, Nicole and I came to the realization last spring that while we have made great strides in some aspects of APRT – as a country, as an international community, and as individual

academic champions for advanced practice – there were some that we just hadn't afforded any attention to. And maybe some that we didn't even know required any attention, but that may have been limiting our overall ability to implement APRT in a responsible and sustainable way.



***So we did what we always do – we started mapping out our understanding and asking questions to flesh out any gaps.***

This led us to a survey of 6 international key APRT informants, seeking their insight to system level 'elements' of APRT; what they were, how they related to each other, and what barriers and facilitators had been found to influence how they were pursued in some of the countries exploring APRT.

The published paper provides additional insight to how Canada, the US, the UK, Australia, France, and Singapore each approached the different elements, how the work of early adopters (i.e. Practice Frameworks from Canada and the UK) benefited those who followed, and the reflections on how each jurisdiction might approach implementation if they were to find themselves back at the beginning of the process.

This model isn't meant to replace any existing models. The PEPPA framework, for example, fits nicely as a tool under the Role Implementation heading. The four pillars are fundamental to most of our Practice Frameworks. Instead, it can help us to organize the multitudes of academic work, as well as practical tools and resources, in

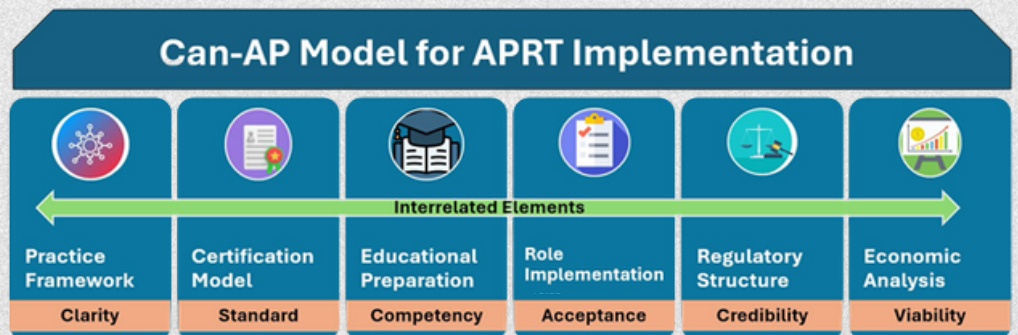


Figure has been abridged for fit

# IMPACT *Feature*

# WE CAN / CAN YOU CAN-AP / CAN-AP?

**Continued...** such a way as to better make use of them. It can help us to plan how to approach APRT in a comprehensive manner, and to identify where we have perhaps not assigned sufficient attention. The fact that our initial set of elements did not even include the concept of Economic

Analysis (it was added based on the input from our key informants) truly suggests that this was a blind spot for us – and subsequently has become the focus of a CAMRT Research Fellowship Grant, international collaborations, and a workshop at the 2025 LTWRAP conference.

We are also now using the model to support meaningful and structured international updates for iCoP meetings, to analyze trends in presentation topics at past LTWRAP conferences, and to plan for future initiatives.

So we can Can-AP. Can you?



Krista began her radiation therapy career after completing her studies at McMaster University, joining the London Health Sciences Centre—now the Verspeeten Family Cancer Centre—in 2013. Throughout her career, she has contributed to a wide range of initiatives, including dosimetric feasibility studies for stereotactic breast treatment and dose-escalation planning for liver SBRT. Krista has also worked in a

## New APRT Spotlight

### Krista D'Angelo

research therapist role focused on multimodal pain management for patients undergoing head and neck treatments.

An active member of the Breast Disease Site Team, Krista is dedicated to advancing high-quality patient care, supporting clinical innovation, and promoting ongoing professional education. Her previous experience as a Clinical Educator strengthened her passion for anatomy, professional education, and collaborative practice.

Krista holds a Master of Science in Radiotherapy and Oncology from Sheffield Hallam University. Her dissertation explored the impact of an Anatomy, Radiology,

and Contouring (ARC) Bootcamp on Radiation Therapists—an initiative some colleagues may remember participating in.

Krista is excited to step into her role as an Adaptive APRT, and eager to broaden her skills to facilitate Ethos adaptive treatment and innovative workflows, including the development of sim-free treatment pathways. She looks forward to contributing to the evolution of adaptive radiotherapy and supporting VFCC's commitment to excellence and innovation.

Outside of work, Krista has fun chasing her kids, her dog and occasionally a soccer ball - usually in that order. She also enjoys reading and spending time with friends and family.

## MAKING THE INVISIBLE VISIBLE

### Capturing Non-Clinical Work in Advanced Practice

*...and recognizing the vital non-clinical contributions that drive innovation, strengthen practice, and advance patient care*



*By Henna Parmar, MRT(T), MSc, APRT(T)(candidate), Palliative Advanced Practice Radiation Therapist  
Carrie Lavergne, MRT(T), MSc, APRT(T), Palliative Advanced Practice Radiation Therapist  
and Saher Ali, MRT(T), SBRT Clinical Specialist Radiation Therapist*

APRTs & CSRTs play a dual role within the cancer system by delivering direct patient care and contributing extensively to non-clinical activities. The non-clinical activities are essential to drive evidence-based practice and innovation, build workforce capacity, advance system-level improvements, and strengthen local and national advocacy for advance practice roles.

The CoP has worked extensively over the years to capture the clinical workload activities of APRTs and CSRTs<sup>1,2</sup>. This reporting system is now being tested globally through an International Delphi Study<sup>3</sup>. Although the reporting of clinical workload has been formalized and rigorously tested, prior to 2025, there was no method to capture the wide range of non-clinical contributions of APRTs & CSRTs. Given the

breadth and impact of non-clinical activities of members, the CoP identified this initiative priority; to formalize a reporting system to capture the non-clinical workload of advanced practitioners in radiation therapy. This led to the creation of the Non-Clinical Working group.

A preliminary survey to CoP members was performed in late 2024. Of the 20 respondents, 100% of participants reported to participate in non-clinical activities. A pilot project was then launched in January 2025 utilizing the Plan-Do-Study-Act methodology. To standardize submissions and assess the overall impact of CoP members, 4 non-clinical domains and 10 project roles were identified.

A reporting template was created, and APRT/CSRTs were

asked to record their quarterly non-clinical activity/project title, non-clinical domain, primary and additional activity roles, a short description of contribution, and the estimated time spent on the associated activity/project. Members are requested to enter all non-clinical activity regardless of project status to capture the numerous roles members fulfill throughout a project lifecycle.

Non-clinical reporting within the CoP was first released in Q1 (January-March) of 2025. Due to limited submissions in Q1, the template was revised to include a drop down for domain and project roles, as well as definitions for users to refer to. Education within the CoP quarterly meetings was also performed, and a how to guide was shared with members. Submissions ultimately increased in Q2 and Q3 of 2025. In 2025,

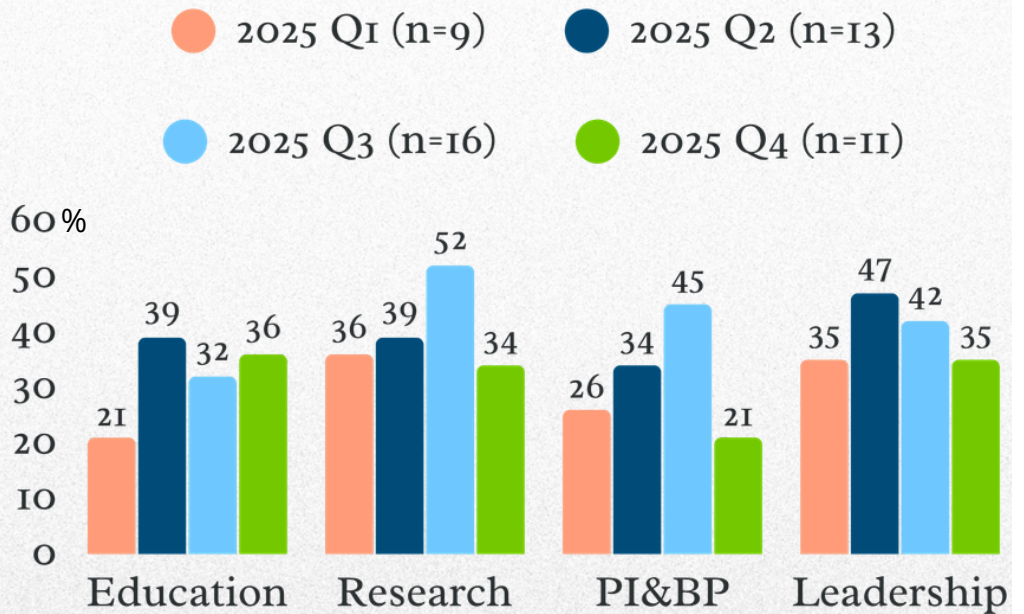
# MAKING THE INVISIBLE VISIBLE

**Continued...** following one year of submissions, 17 CSRTs and APRTs across 10 cancer centers have submitted 387 unique projects amounting to greater than 4800 hours of non-clinical activities.

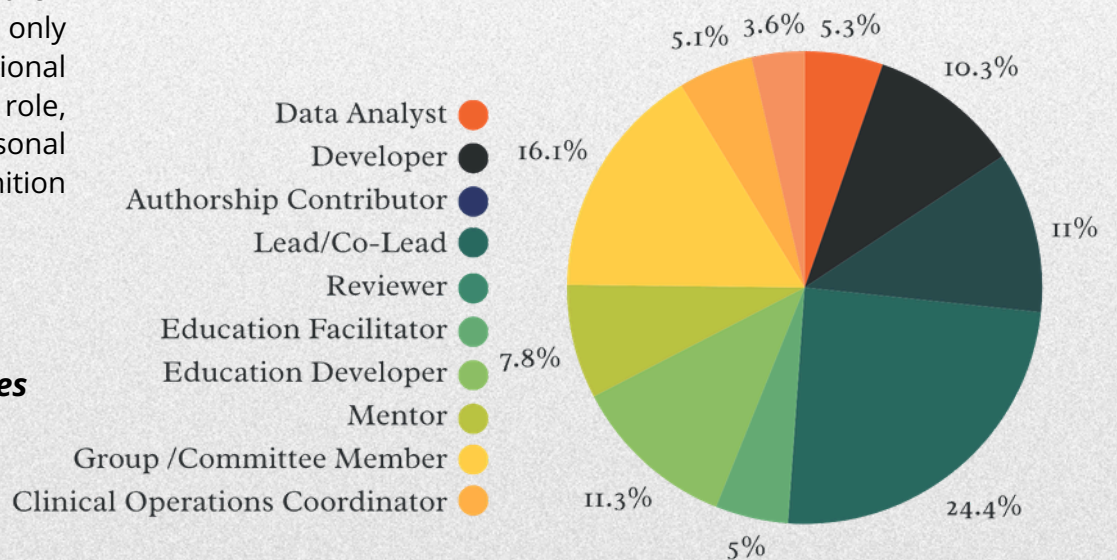
Although known anecdotally, through reporting each quarter, it has been seen that APRTs and CSRTs are drivers of innovation and quality. This work performed by CoP members not only strengthens the practice of radiation therapy but also raises the profile of APRTs/CSRTs.

Each quarter we continue to request members to submit their non-clinical activities, to not only support the professional advocacy for the APRT(T) role, but also to promote personal growth, professional recognition and visibility.

## CSRT/APRT Project Domains



## CSRT/APRT Project Roles



### References:

- Chan, K., Chan, B., Linden, K., Eler, D., D'Alimonte, L., Kong, V., Kraus, J., & Harnett, N. (2024). Framework Development: Standardizing Definition of Advanced Practice Radiation Therapy Activities for Clinical Workload Quantification. *Technical innovations & patient support in radiation oncology*, 29, 100238. <https://doi.org/10.1016/j.tipsro.2024.100238>
- Chan, K., & Harnett, N. (2023). Quantifying advanced practice CLINICALWORKLOAD: Two years of Data. *Journal of Medical Imaging and Radiation Sciences*, 54(4). [onal growth, professional recognition and visibility.](#)
- Chan, Kitty, Harnett, N., & Tsang, Y. (2025). International consensus on Advanced Practice Radiation Therapist Clinical Practice: A modified Delphi Study. *Radiography*, 31, 103043.

# IMPACT APRT iCoP

The APRT International Community of Practice (iCoP) continues to keep busy! And we continue to grow, with members representing 20 countries from around the world. On April 2, 2026, we launched a podcast featuring Dr. Caitlin Gillan, who shared her work on the Can-AP Framework, a System Level Model for APRT Implementation. We have since used the CAN-AP Framework at our most recent meetings, to facilitate a round-table discussion to learn about the current state of APRT around the world.

The APRT iCoP has recently partnered with the Canadian Association of Medical Radiation

Technologists (CAMRT) and are proud to announce the launch of our new website. It contains information about the APRT iCoP, and will be the future home to a Zotero database that features publication links for members. Please click here to check out this exciting new homepage. We are grateful for the CAMRT's support in the building and launch of this website.









The APRT iCoP is eager to engage in new and exciting initiatives as we continue to expand and embark on future collaborations. Current work includes a Delphi study that aims to validate a framework for a universal/global description of

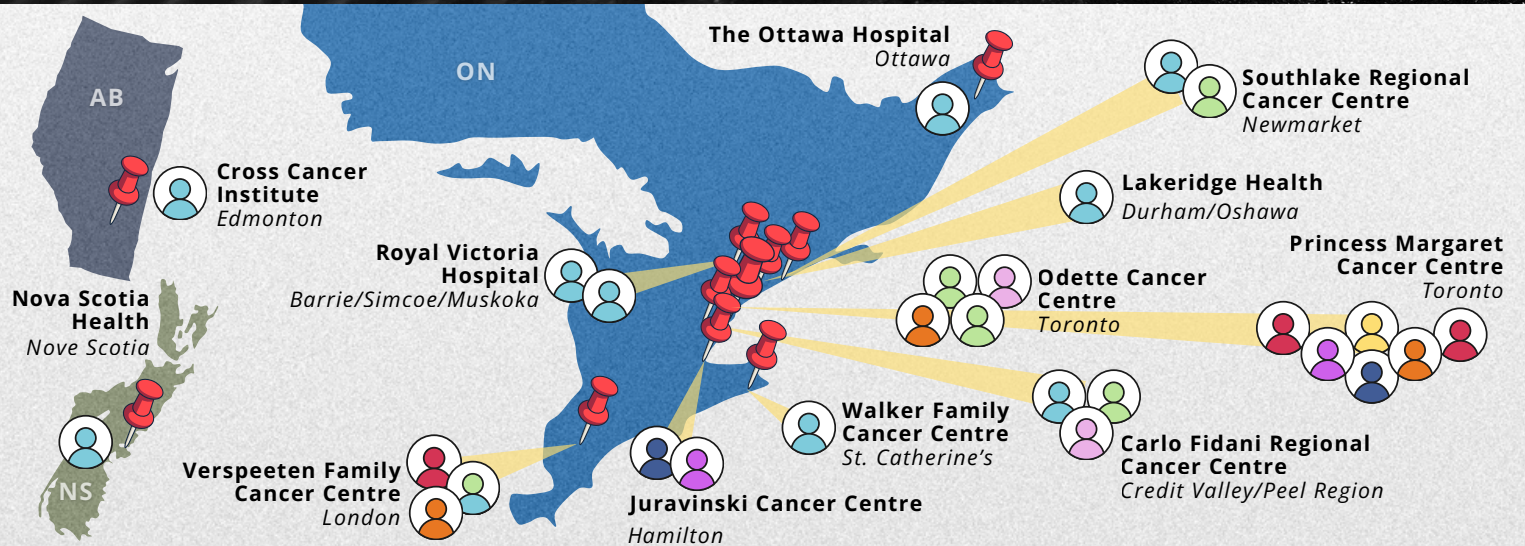
APRT, in addition to continued research on the health economics of APRT. If you are interested in joining us, or would like to register for our new webinar/podcast series, please send us an email.

**“We’re building a diverse, international network for collaboration, shared learning, and advancing APRT together.”**

**20** member countries + counting

## Advanced Radiotherapy Practice in Canada

 Palliative  SRS/SBRT  Gynae  Head & Neck  IGART  Brachy  Breast  Paeds



### IMPACT Editorial Team:

**Editor-in-Chief, Layout & Design:** Melissa O'Neil

**Editorial Team:** Carrie Lavergne, Lori Holden, Vejitha Raveendran, Natalie Rozanec, Pamela Paterson

**CSRT CoP Co-Chairs:** Carrie Lavergne, Henna Parmar, Natalie Rozanec, Kitty Chan

**CSRT CoP Advisor:** Nicole Harnett

**Subscribe here!**

# IMPACT Achievements

## Awards, Grants and Achievements

**Ritchie, T.** RMP Clinical Award, Excellence in Patient Experience Award (2025)

**Ritchie, T.** Installation and Implementation of RadFlix on Pediatric Unit (Princess Margaret Cancer Centre)  
Lee, G. University of Toronto, Radiation Oncology, Medical Radiation Sciences (MRS) Program - Best Guest Lecturer Award 2025

## Articles

Lee J, **Javor J**, Tsai J, Cummings B, Mesci A, **Kong V**, Millar BA, Dawson L, Wong R, Delposo-Lee K, Taylor E, Wong P. (2026). Evaluating the environmental Effects of Simulation-Free radiation therapy for palliative treatments. *Radiotherapy & Oncology*, 111472.

Visanji A, Li W, Winter J, Chung P, **Kong V**. (2026). Time toxicity in CBCT-guided radiation therapy: A retrospective analysis of unplanned imaging burden across disease sites. *Technical Innovations & Patients Support in Radiation Oncology*, Vol 37, 100379.

**O'Neil M**, Tan VS, Schuler T, Abraham C, Boeke S, Huynh E, Kavanagh BD, Nelissen KJ, Roderick S, Sher S, Shinde A, Versteijne E, Wong S, Palma DA. (2026). Clinical Implementation of Simulation-Free Palliative Radiation Therapy: Consensus Recommendations From a Modified Delphi Study. *Advances in Radiation Oncology*, 11, 101993.

## Presentations

**Kong V.** Evaluating the Resource Burden of Radiation Therapy: Identifying Priority Disease Sites for Adaptive Radiation Therapy Implementation. The Canadian Cancer Research Conference 2025, Calgary, Alberta

**O'Neil, M.** Diagnostic CT-Enabled Radiation Therapy (DART): A Road Map to "Sim-Free" RT. Edinburgh Cancer Centre Seminar Series. 25 Mar 2026. [Invited Speaker]

**O'Neil, M.** Sim-Free RT: Rewriting the Workflow of Palliative Care. ACRO Summit, Orlando, 5 Feb 2026. [Invited Speaker]

**Paterson, P.** Specialized Team Management Improves Person - Centered Care for Patients Undergoing Palliative Radiotherapy". Society of Palliative Radiation Oncology's Focus on Palliation Virtual Symposium, Duke University, Durham, NC. 25 Feb 2026.

## RTi3 March 27-28, 2026

**Ritchie, T.** Pediatric Proton Therapy in Ontario: Current Status and Future Directions.

**Rozanec, N., & Tan, K.** New "gizmos": Use of an AI tool as an academic resource for learners in the medical radiation sciences.

**Rozanec, N.,** Gabara, A., Comsa, D., Lefresne, S., Wong, P., Sergeant, M., & Kassam, Z. Future-proofing sustainable care in radiation medicine: Development of a toolkit for radiation medicine professionals.

**Kong V,** Visanji A, Li W, Winter J, Chung P. Evaluating the Resource Burden of Radiation Therapy: Identifying Priority Disease Sites for Adaptive Radiation Therapy Implementation.

**Kong V,** Velec M, Appiah S, Hindle D, Kwan P, Lara M, Naccarato, N, Phung S, Sung M, Velasco L, Wong A, Wu G, Xie S, Mansour I, Chung P, Glicksman R. Reducing Treatment Time Variability In Bladder Radiotherapy: A Comparison Of Image-Guided Radiation Therapy And Adaptive Radiation Therapy Workflows.

Velec M, **Kong V,** Appiah S, Hindle D, Kwan P, Lara M, Naccarato N, Phung S, Sung M, Velasco L, Wong A, Wu G, Xie S, Mustafayev T, Keilty D, Serban M. One-Year Radiation Therapist Experience with CBCT-Guided Adaptive Radiation Therapy.

**Ali, S.** Quantifying Non-Clinical Activities of CSRTs/APRTs: A Data-Driven Approach within a Canadian Community of Practice.