EFRS | EUROPEAN FEDERATION OF RADIOGRAPHER SOCIETIES

REPORT

Results of the EFRS 2020 Members Survey

National Societies

December 2020

Index

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1. Introduction

This report details the results of the third survey, sent to the National Societies (Members) of the European Federation of Radiographer Societies (EFRS) and was prepared by Dr. Andrew England (Chair, EFRS Educational Wing Management Team) with input from Dr. Jonathan McNulty (EFRS President), Charlotte Beardmore (EFRS Vice-President), and Dorien Pronk-Larive (EFRS Past-CEO).

2. Results

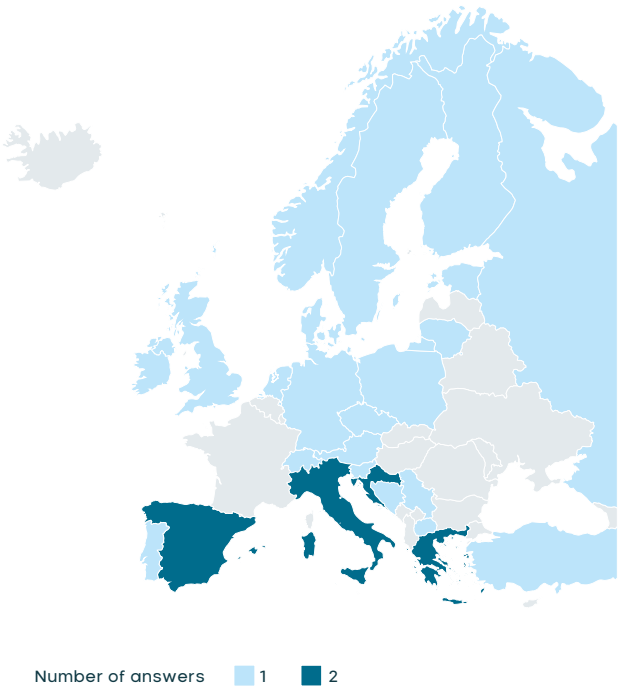
All 43 EFRS Member Societies were invited to complete this survey in December 2019. Responses were received from 30 of the EFRS Member Societies representing a response rate of 69.8%. Responses were received from the EFRS Member Societies in the countries listed below and illustrated on the map.

2.1 Details of Respondents

Q1. Details of the Participating Countries

Austria	Netherlands
Bosnia and Herzegovina	Norway
Croatia*	Macedonia
Czech Republic	Poland
Denmark	Portugal
Estonia	Russia
Finland	Serbia
Germany	Slovenia
Greece*	Spain*
Ireland	Sweden
Italy*	Switzerland
Lithuania	Turkey
Luxembourg	United Kingdom

* indicates a country where responses were received from two EFRS Member Societies



2.2 Member Societies

Q2. Areas of professional practice represented by each EFRS Member Society:

30 responses were received for this question. Respondents from 28 (93.3%) EFRS Member Societies indicated that their Society represented Medical imaging, 26 (86.7%) Societies represent Radiotherapy and 27 (90.0%) represent Nuclear Medicine. Five Societies (16.7%) indicated they represented 'Other' professional disciplines including: health physics, radiography education, audiometry, polycardiography, radiation safety and ultrasound. Responses were broadly indifferent to the results presented in the 2017 Survey.

Q3. If you do not represent all above-mentioned areas of professional practice are there separate independent Societies for these in your country?

20 (66.7%) responses were received for this question. 16 (80.0%) responded 'No' and four (40.0%) responded 'Yes'. Details of the five respondents indicating that their countries have other independent Societies were: '*in Spain there is SEGRA*', '*In Poland there is TNTMR for Radiotherapy*', '*in Croatia there is the Croatian Association of Radiation Technology*' and '*in Estonia there is a separate Society for Ultrasound Radiographers*'. Again, responses were broadly indifferent to the results from the 2017 Survey.

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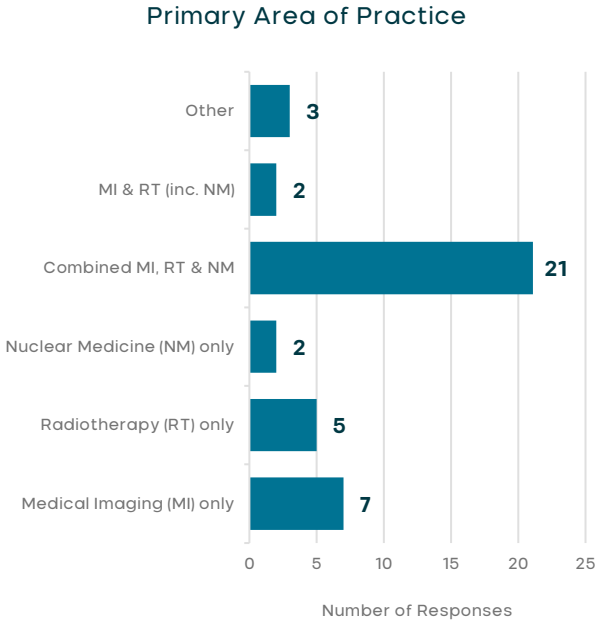
Countries responding 'Yes'	Countries responding 'No'
Croatia, Estonia, Poland, Spain.	Czech Republic, Denmark, Germany, Greece, Italy, Lithuania, Luxembourg, Netherlands, Macedonia, Norway, Sweden, Switzerland, UK.

2.3 Radiography Education

Q4. Please specify the primary area(s) of professional practice included in the initial radiographer education curriculum in your country (medical imaging includes basic knowledge of ultrasound, CT, MR / select all options that apply in your country).

Responses were received from all 30 respondents for this question. The majority of respondents, 21 (70.0%), reported that areas of professional practice included in initial radiographer education curriculum are a combination of Medical Imaging, Nuclear Medicine and Radiotherapy. Seven (23.3%) Society's curricula included Medical Imaging only, five (16.7%) Radiotherapy only, two (6.7%) Societies Nuclear Medicine only and two Societies (6.5%) reported their countries curriculum included Combined Medical Imaging and Radiotherapy (excluding Nuclear Medicine). Three Societies (10.0%) indicated 'other' with responses including '*basic ultrasound, audiometry and polycardiography*', '*combined Medical Imaging and Nuclear Medicine*' and '*direct entry sonography*'. Responses were indifferent to the results from the 2017 Survey.



2.4 Combined Programmes

Q5. For 'Combined' programmes, are graduates fully qualified to start practice in all the areas that are included in the combined curriculum?

Of the 22 EFRS Member Societies who indicated that they had some form of combined programme, 19 (86.4%) indicated that graduates are fully qualified to work in all of the areas covered in their combined programme, whereas three (13.6%) indicated that their graduates were not able to work in all areas covered upon graduation (Croatia, Norway and Serbia). Data again were similar to figures reported in 2017 (90 vs 10%).

Q6. If you answered 'No' to the above question, before working with patients graduates need :

Three (10.0%) Societies responded, indicating that for two (Croatia & Serbia) Medical Imaging graduates required '*compulsory additional clinical training*'. For Radiotherapy, one Member Society (Norway) reported graduates required 'compulsory additional courses (with additional certificate or diploma). Three Societies (Croatia, Norway & Serbia) stated for Radiotherapy graduates required '*compulsory additional clinical training*'. For Nuclear Medicine, one Society (Norway) reported that graduates required '*compulsory additional courses (with additional certificate or diploma)*' two Societies reported (Croatia & Serbia) 'compulsory additional clinical training' was required before working in practice.

Q7. Do graduates of combined programmes have the opportunity of being employed in a combined role, i.e. working in both Medical Imaging and Radiotherapy or Nuclear Medicine and Radiotherapy, or must they choose one area?

Responses were received from 22 out of 30 respondents. Sixteen (72.7%) agreed that a combined role was possible and six (27.3%) agreed that graduates must choose one area (Greece, Croatia, Italy, Czech Republic, Norway and Serbia). The number of Members reporting that combined roles were possible had increased from 2017 (60%) and the numbers where graduates were required to choose one area had decreased from 40%.

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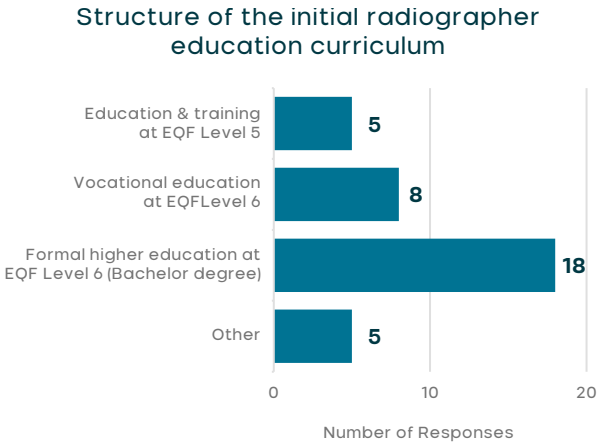
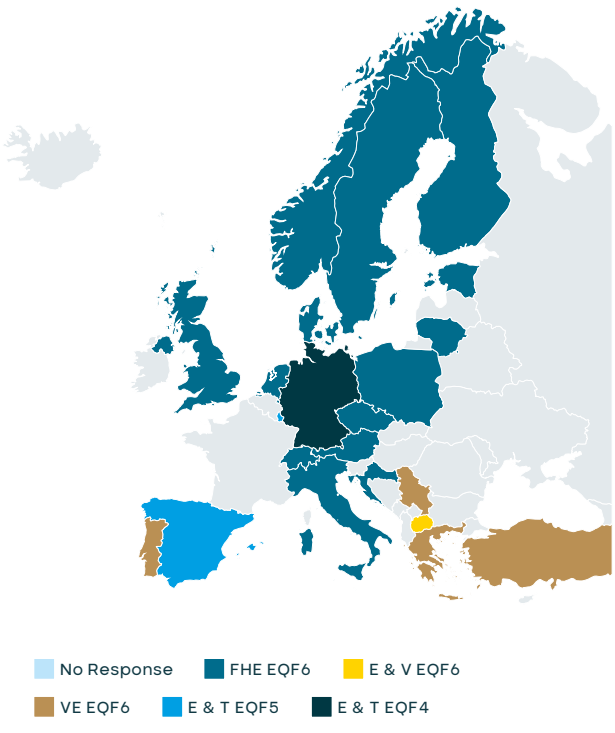
Q8. Please indicate the structure of the initial radiographer education curriculum in your country (select all that apply).

Responses were received from 29 of the 30 responding EFRS Member Societies with 18 (62.1%) indicating that they only had formal higher education provided by universities or universities of applied science at Bachelor's degree (EQF level 6). Eight (27.6%) had vocational level education and training at EQF Level 6, while five (17.2%) had education and training programmes at Level 5. When compared with the 2017 Members' Survey, the number of Societies who reported formal higher education within Universities had decreased (80.6% vs 62.1%). Results suggested that vocational and training at EQF Level 6 had increased (16.7% versus 27.6%) whilst training at Level 5 remained static.



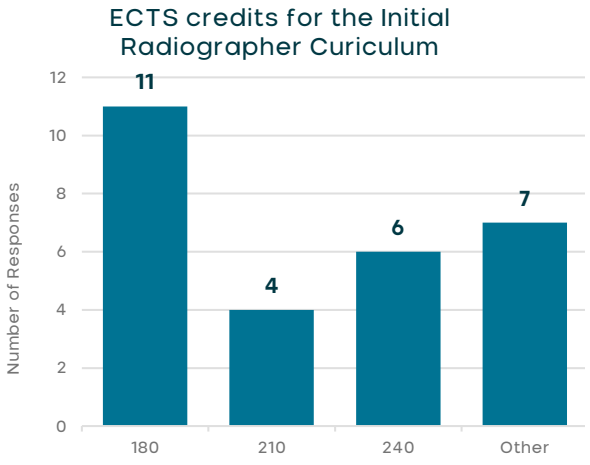


Five (17.9%) Societies responded as 'other including:' '*our education & training program is a vocational training course EQF Level 4*' and '*vocational education & training Level 5*' and '*some educational programmes are pre-registration EQF Level 7*'.

2.5 Education Level and Duration

Q9. Please indicate the number of European Credit Transfer and Accumulation System (ECTS) credits of the initial radiographer education curriculum. (If you do not use the ECTS, please translate the number of hours into ECTS. One credit generally corresponds to 25 hours of study load, including all study activities/assessments. For UK institutions 10 ECTS = 20 UK credits).

Responses for this question were received from 28 of the 30 responding EFRS Member Societies. 11 (39.3%) of respondents indicated that their initial radiographer education programmes were 180 ECTS in total (52.8% in 2017), four (14.3%) indicated that their initial radiographer education programmes were 210 ECTS in total (13.9% in 2017), and six (21.4%) indicated that their initial radiographer education programmes were 240 ECTS in total (19.4% in 2017). Seven respondents (25.0%) indicated 'Other' to this question with responses as follows: '*there are no credits allocated to the Programme*', '*360 ECTS credits for the Programme*', '*252 ECTS credits for the Programme*', '*120 ECTS credits for the Programme*', '*80 ECTS for the Programme*' and '*two Educational Programmes on offer, so multiple ECTS credits apply*'.



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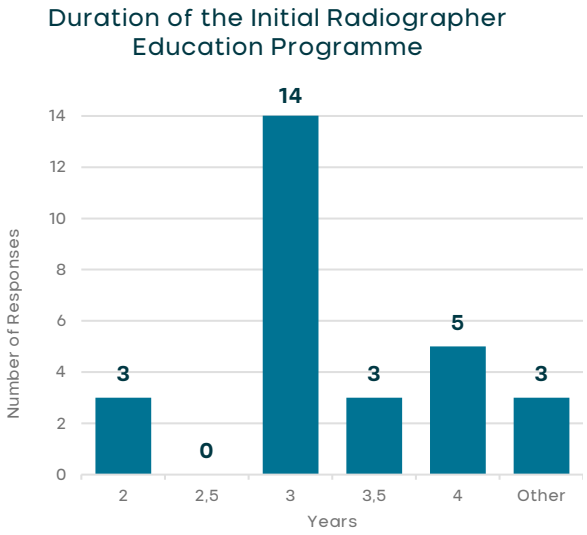
Q10. Please indicate the normal total duration, in years, of the initial (basic) radiography education programme in your country.

Responses for this question were received from 28 of the 30 responding EFRS Member Societies. Three (10.7%) reported the duration of the programme being 2 years (*Turkey and Spain*), 14 (50.0%) reported the duration of programme as 3 years, three (10.7%) reported 3.5 years and five (17.9%) reported the duration as 4 years. Three Societies (*Poland, Russian Federation and UK*) reported 'Other' durations which included '*2.5 years for the Ministry of Health and 3 years for the Ministry of Education*', '*3 months*' and one respondent '*2 to 4 years*'.



2.6 Radiotherapy-specific Questions

Q11. Are radiographers within radiotherapy in your country education and trained to make decisions about Image Guided Radiotherapy (IGRT)?

Responses were received from 24 out of 26 EFRS Member Societies who represent radiotherapists. Seventeen (70.8%) stated 'Yes' that radiographers within their respective country are educated and trained to make decisions about IGRT. The remaining seven (29.2%) responded 'No' to this question.

Q12. Where Radiographers in your country are educated and trained to make decisions in IGRT but are radiographers allowed to make decisions within clinical services?

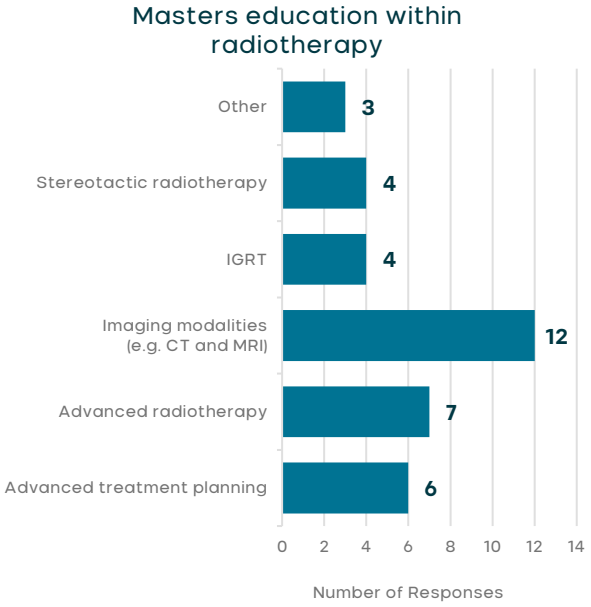
Responses were received from 18 out of the 26 EFRS Member Societies representing radiotherapists. Eight (44.4%) stated 'Yes' that radiographers within their respective country were allowed to make decisions within IGRT clinical services. The remaining ten (55.6%) responded 'No' to this question.

Q13. Are there professions other than medical physicists and / or radiographers in radiotherapy authorised to perform treatment planning within your country?

Responses were received from 24 out of 26 EFRS Member Societies representing radiotherapists. Five (20.8%) stated 'Yes' that there are other professions (other than medical physicists and / or radiographers) who are authorised to perform treatment planning. 16 (66.7%) responded 'No' and three (12.5%) 'Don't know' to this question.

Q14. Is Level 7 Masters education available for radiographers within radiotherapy on the following subjects?

Responses were received from 24 out of 26 EFRS Member Societies who have responsibility for radiotherapists. Topics for Master's level education in radiotherapy are illustrated in the figure below.



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Q15. For patients attending for radiotherapy treatment is the radiographer responsible for the daily care of the patient?

Responses were received from 24 out of 26 EFRS Member Societies who represent radiotherapists. Twenty (83.3%) stated 'Yes' that within the responding country the radiographer is responsible for the daily care of the patient. The remaining four (16.7%) responded 'No' to this question.

2.7 Continuous Professional Development:

Q16. Does your Society have a programme to support Continuous Professional Development (CPD) for radiographers?

Responses from 28 out of 30 EFRS Member Societies responded to this question. Twenty-three (82.1%) stated 'Yes' their Society does have a programme to support CPD whereas the remaining five (17.9%) stated 'No' that their Society does not have a programme to support CPD (*Poland, Greece, Sweden, Denmark and Norway*). In 2017, 70% of Member Societies responded 'Yes' and in 2015 this was 75%.

Q17. Is CPD obligatory for radiographers to remain in the profession in your country?

Responses from 28 EFRS Member Societies were received for this question. Twelve (42.9%) respondents indicated that CPD was obligatory in their country (*Italy, UK, Luxemburg, Spain, Bosnia and Herzegovina, Finland, Croatia, Czech Republic, Estonia, Serbia*), whereas 16 (57.1%) indicated that CPD was not obligatory in their country. In 2017, CPD was obligatory for 47% of Member Societies and in 2015 this was 36%.

2.8 Radiographer Research

Q18. Does your Society actively support Research to be carried out by radiographers?

Responses from 28 out of 30 EFRS Member Societies were received for this section. Twenty-one (75.0%) stated 'Yes' their Society does actively support radiographer research whereas the remaining 7 (25.0%) stated 'No' (*Russian Federation, Luxemburg, Bosnia and Herzegovina, Netherlands, Germany, Estonia and Switzerland*). Numbers from the 2017 Members' Survey were similar (75% and 25%, respectively) and for 2015 (70% and 30%, respectively).

Q19. If YES is this support (please mark all the activities your Society does to support research)

28 responses were received for this question. The 28 Societies who responded 'Yes' were asked to identify how they support radiographer research; these responses are indicated below.

Activity to support Research	Percentage			Number of Responses		
	2015	2017	2020	2015	2017	2020
Scholarships to attend research courses	30.0%	42.9%	38.1%	9	12	8
Research grants available to radiographers	23.3%	57.1%	28.6%	7	16	6
Research grants available to student radiographers	-	28.6%	23.8%	-	8	5
Organising activities to promote the value of research for the profession	56.7%	78.6%	71.4%	17	22	15
Organising courses in research methodologies	30.0%	50.0%	42.9%	9	14	9
Society has a research committee in place	-	39.3%	33.3%	-	11	7
Society hosts a scientific radiography conference / meeting	-	64.3%	71.4%	-	18	15
Other	23.3%	17.9%	9.5%	7	5	2

There were two (9.5%) responses in the 'Other' category these included: '*Courses to include some educational research activity*' and '*a research advisory group, online platforms for wider collaboration, a qualitative research group, a peer reviewed journal and support for submissions*'.

Q20. Has your society implemented a plan on how to give your members access to, and to use, the EFRS Radiography Research Network (RRN)?

Responses from 28 of the EFRS Member Societies were received for this question. Ten (35.7%) stated 'Yes' their Society does have a plan to give members access to the RRN (25% in 2017) and 18 (64.3%) stated 'No' their Society does not have a plan for members to access the RRN (75% in 2017).

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2.9 Peer Review Journal

Q21. Does your Society publish a peer reviewed* professional journal to publish radiographer research?(* 'peer reviewed' is the process when a submitted paper is evaluated before publication by a group of experts in the same area of expertise in order to make certain it meets the necessary standards and maintains the quality of the publication)

Responses were received from 28 Societies. Nine (32.1%) indicated that their Society does publish a peer reviewed professional journal (50% in 2017) and 19 (67.9%) indicated that their Society does not publish a peer reviewed professional journal (50% in 2017).

Q22. If 'No' does your Society publish another kind of informative journal?

Those 19 Societies who responded 'No' were asked if the Society publishes another form of informative journal (non-peer reviewed). Ten (52.6%) stated 'Yes' that they do publish another form of journal whereas nine (47.4%) stated 'No'. Figures for 2017 were 38.9% and 61.1%, respectively.

Q23. If 'Yes' is this distributed by?

Those Societies (n=10) who responded 'Yes', the majority, 7 (70%), publish their journal both printed and on online, whereas 3 (30%) published their journal online only and 0 (0%) publish in print only. Figures from 2017 were largely unchanged (66.7%, 27.8% and 5.6%), respectively.

2.10 Radiography Journal

Q24. Do you actively promote Radiography, the official journal of the EFRS, to your membership?

Responses from 28 of the EFRS Member Societies were received for this question. Twenty-two (78.6%) stated 'Yes' their Society actively promotes Radiography to members and six (21.4%) stated 'No' their Society does not. Again, figures were largely unchanged from the 2017 Survey (69.4% and 30.6%).

Q25. Do you have any suggestions on how we could support more article submissions to the Radiography journal from your country?

Responses were received from 28 EFRS Member Societies relating to this question. Ten (35.7%) stated 'Yes' and 18 (64.3%) 'No'. Suggestions included the following '*greater focus by Societies on the Radiography journal*', '*more web advertising*', '*advice on writing an article in national magazines*', '*translation of specific articles into local languages*', '*more assistance for non-native English speakers*' and '*promotion via social media as the Best Radiography journal*'.

2.11 Role Development

Q26. Does your Society promote role development for radiographers?

Responses from 28 of the EFRS Member Societies were received for this question. Twenty-six (92.9%) respondents stated 'Yes' their Society promotes role development for radiographers. This was similar 36 (100%) Member Societies indicating that they promote role development for radiographers back in 2017 and 26 (90%) in 2015.

Q27. If 'Yes' please describe the ways in which you promote role development and list areas of role development

Responses from 26 of the EFRS Member Societies were received for this question and the ways in which they promote role development are tabled below.

Ways of Promoting Role Development	Percentage		Number of Responses	
	2017	**2020**	**2017**	**2020**
International Networking	69.4%	69.2%	25	18
Lobbying with policy-makers / other organisations	66.7%	73.1%	24	19
Policy Statements	55.6%	53.8%	19	14
Research grants to support role development projects	41.7%	19.2%	14	5
Seminars	91.7%	88.5%	5	23
Other	11.1%	11.5%	23	3

The three respondents who replied 'other' promote role development through '*Courses*', '*Congresses*' and '*Online learning, a detailed career progression model, strategy supporting development of the profession at Master's and Doctoral levels; educational conferences; live webinars for the membership*'.

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Q28. If 'Yes' please indicate your Society's priority areas for radiographer role development (e.g. radiographer reporting, performing interventional procedures, etc).

Responses from 26 of the EFRS Member Societies were received for this question and the ways in which they promote role development are tabled below.

Priority Areas	n
Performing ultrasound examinations	7
Education in advanced radiology techniques	7
QA management	3
Specialisation in CT / MRI	1
Leadership	1
Postgraduate courses in medical imaging, radiotherapy and nuclear medicine	5
Radiographer reporting	6
Patient safety, including radiation protection officer	2
Lobbying to adapt current professional practice laws	1
Justification / optimisation	1
PACS / IT	2
Patient centred care	2
Advanced practice, including IR procedures	6
Seminars and research	1

Q29. If 'No' can you give reasons why you do not support role development for radiographers?

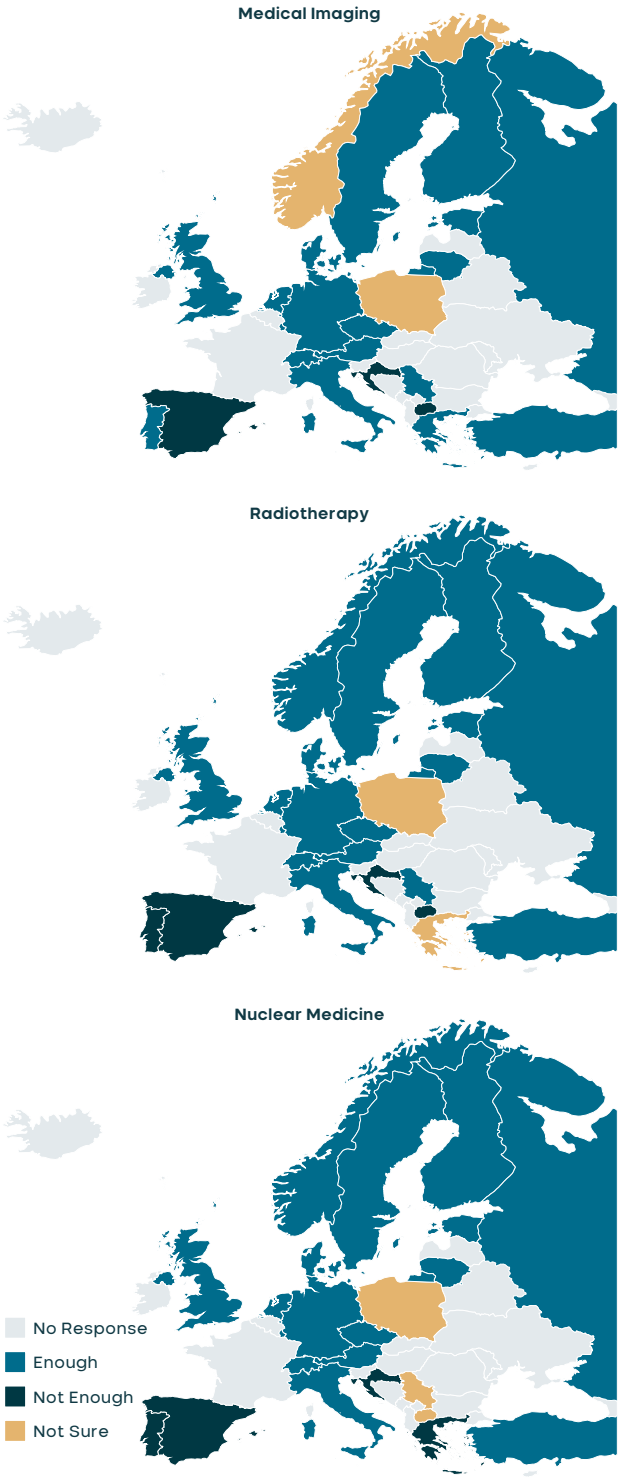
There were two (6.7%) 'No' responses to this question (2017 = 100% 'Yes'). Reasons cited for not supporting role developing including the '*priorities of solving other problems in the profession*'.

2.12 National Labour Market

Q30. In 2019, when radiographers qualified in your country there were:

Responses from 30 (100%) of the EFRS Member Societies were received for this question and their views are tabled below. In 2015, although not stratified by subspeciality 11 (39.3%) National Societies reported that there were 'enough' vacancies within their country.

Modality	Medical Imaging		Radiotherapy		Nuclear Medicine	
	2017	**2020**	**2017**	**2020**	**2017**	**2020**
Enough vacancies for all of them to find jobs	21 (87.5%)	19 (63.3%)	16 (66.7%)	18 (60.0%)	17 (70.8%)	17 (56.7%)
Not enough vacancies for all of them to find jobs	13 (92.9%)	6 (20.0%)	13 (92.9%)	6 (20.0%)	10 (71.4%)	7 (23.3%)
Not sure	2 (28.6%)	3 (10.0%)	5 (71.4%)	3 (10.0%)	6 (85.7%)	4 (13.3%)



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2.13 Public or patient involvement in your society

Q31. Do members of the public or patients contribute to your Society or your Policies in any way?

28 responses were given for this question. Ten (35.7%) replied 'Yes' and 18 (64.3%) replied 'No'. Of the 'Yes' responses the following were seen as examples of such activities.

Patient & Public Involvement Activities
A wide range contribute to our Society / Policies (patients to politicians)
Patient voices are used
Working groups, events
Surveys
Requirement in the development of multidisciplinary guidelines
Seeking suggestions
In CPD activities
Feedback from public/patients but needs more weight
Ideas and suggestions recorded via direct contact / social media
Patient Advisory Groups
Developing a 3 Year Strategy
Represented at all levels of professional activity

Responses in 2017 included five (14.3%) 'Yes' and 30 (85.7%) 'No'.

2.14 EFRS Services

Q32. Please indicate the opinion of your Society about the EFRS performance, by ticking the relevant boxes

Responses from 31 (100%) of the EFRS Member Societies were received for this question and their views are tabled below. Responses indicate that there is a good level of satisfaction in the performance and services of the EFRS, with the majority of respondents describing them as either 'excellent' or 'very good'. *(Refer to table on page 11)*

Q33. Since its establishment in 2008 the EFRS has developed or contributed to the development of a number of documents. Please indicate the value for your Society of these documents for your work at the national level.

28 responses were given to this question and their views are tabled below. Responses indicate that there is a good level of satisfaction in the value of documents produced by the EFRS. *(Refer to table on page 11)*

Q34. Do you have suggestions for activities or documents for the EFRS to focus on which would be useful for your society?

27 responses were given for this question. Thirteen (48.1%) respondents offered no other suggestions for other activities or documents for the EFRS to focus on, 14 (51.9%) respondents offered some suggestions:

Suggestions
Statement on artificial intelligence
Review of the title 'radiographer' versus 'radiologic technologist '
Valuing the 'profession' and National Societies
Webinars
Human resources implications (i.e. demand for radiographers in CT and MRI)
Benchmark statements on safe radiographer working levels
European requirements / benchmark statement for practice in the different modalities
Work around EU BSS and implications on practice / education
Evaluation of EFRS member events
Event calendar for all members
Work on patient expectations and outcomes of patient- radiographer relationships / interactions
Standards on patient centered care
Statement of the role of the radiographer in patient safety
Increased networking opportunities between EFRS members
Increased capacity for EFRS Research Hub
Collaboration with ESTRO
Patient engagement work within the EFRS

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Table on Q32:

Opinion	EXCELLENT		VERY GOOD		GOOD		SATISF.		COULD IMPROVE		NOT USEFUL		TOTAL & WEIGHTED AVERAGE	
	2017	2020	2017	2020	2017	2020	2017	2020	2017	2020	2017	2020	2017	2020
AGM agenda & documents	14 (39%)	13 (46%)	14 (39%)	9 (32%)	6 (17%)	4 (14%)	2 (6%)	2 (7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	36 (5.1)	24 (4.8)
AGM organisation	12 (33%)	13 (46%)	16 (44%)	8 (29%)	6 (17%)	5 (18%)	2 (6%)	2 (7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	36 (5.1)	24 (4.8)
Providing information about European matters	11 (31%)	10 (38%)	12 (33%)	10 (36%)	10 (28%)	5 (18%)	1 (3%)	3 (11%)	2 (6%)	0 (0%)	0 (0%)	0 (0%)	36 (4.81)	23 (4.6)
Providing information about EFRS activities on our website	11 (31%)	8 (29%)	8 (22%)	10 (36%)	11 (31%)	9 (32%)	6 (17%)	1 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	36 (4.7)	23 (4.6)
Providing information by direct mail	10 (28%)	12 (43%)	13 (36%)	9 (32%)	10 (28%)	7 (25%)	1 (3%)	0 (0%)	2 (6%)	0 (0%)	0 (0%)	0 (0%)	36 (4.8)	24 (4.8)
Adequate answers to your questions	11 (31%)	12 (43%)	10 (28%)	7 (25%)	11 (31%)	8 (29%)	3 (8%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	1 (4%)	36 (4.7)	23 (4.7)

Table on Q33:

Opinion	VERY IMPORTANT	IMPORTANT	USEFUL	UNIMPORTANT	TOTAL & WEIGHTED AVERAGE
ERFS definition of a Radiographer (2011)	15 (54%)	9 (32%)	4 (14%)	0 (0%)	23.8 (3.4)
ERFS Code of Ethics (2010)	14 (50%)	10 (38%)	4 (14%)	0 (0%)	23.5 (3.4)
EFRS Statement on Radiographer Education in Europe (2019)	13 (46%)	13 (46%)	2 (8%)	0 (0%)	23.8 (3.4)
ERFS Statement on Radiographer Role Development (2012)	16 (57%)	9 (32%)	3 (11%)	0 (0%)	24.3 (3.5)
ERFS Statement on Continuous Professional Development (2013)	10 (36%)	13 (46%)	5 (18%)	0 (0%)	22.3 (3.2)
ERFS Statement on Evidence Based Practice (2015)	12 (43%)	10 (36%)	6 (21%)	0 (0%)	22.5 (3.2)
ERFS Statement of Radiographer Research (2016)	12 (43%)	11 (39%)	5 (18%)	0 (0%)	22.8 (3.3)
EFRS EQF Level 6 (Bachelors) Benchmark doc. for Radiographers (2018)	18 (64%)	9 (32%)	0 (0%)	1 (4%)	25.0 (3.6)
EFRS EQF Level 7 (Masters) Benchmark doc. for Radiographers (2016)	16 (57%)	11 (39%)	0 (0%)	1 (4%)	24.5 (3.5)
ERFS Surveys (2015)	12 (43%)	11 (39%)	5 (20%)	0 (0%)	22.8 (3.3)

2.15 EFRS Social Media

Q35. Are you aware of the EFRS Facebook Page?

28 responses were given for this question. 25 (89.3%) replied 'Yes' and three (10.7%) replied 'No'. Responses in 2017 were 77.7% and 22.3%, respectively.

Q36. Are you aware of the EFRS on Twitter?

28 responses were given for this question. 19 (67.9%) replied 'Yes' and nine (32.1%) replied 'No'. Responses in 2017 were 61.1% and 38.9%, respectively.

Q37. Are you aware of the EFRS on LinkedIn?

28 responses were given for this question. 14 (50.0%) replied 'Yes' and 14 (50.0%) replied 'No'.

Q38. Are you aware of the EFRS on Instagram?

28 responses were given for this question. Ten (35.7%) replied 'Yes' and 18 (64.3%) replied 'No'.

Q39. Does your Society promote the EFRS Social Media pages to your membership?

28 responses were given for this question. 22 (78.6%) replied 'Yes' and six (21.4%) replied 'No'. In 2017, responses were 61.1% and 38.9%, respectively.

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3. Limitations

Despite an increase in the number of Member Societies the response rate for the 2020 Survey was lower than that in 2017. Reasons for this may include the timing of the survey (over the Christmas holiday period), work-related pressures and an increase in the number of surveys administered by the EFRS (survey fatigue).

The accuracy of survey responses should also be a consideration. As with previous surveys, language barriers may have affected some of the responses. In several instances, responses were not provided, this could have been due to the wording / understanding of the question or a lack of access to the necessary information within the responding institution.

It should also be noted that several countries were not represented in this survey. The aim of the survey was to provide a representative picture of radiography education across Europe. This is likely to have been achieved but with the understanding that some information is missing from members who chose not to respond.

4. Conclusions

There is clear evolution of the radiography profession across Europe. National Societies becoming Members of the EFRS is growing and there is a clear desire for European leadership and direction within regards to the radiography profession. Diversity in radiography practice does exist across Europe and there is evidence that this remains unchanged. European countries will have their own requirements for medical imaging, radiotherapy and nuclear medicine practitioners, and this will, in general, be governed and directed by local policies and practices.

There is a growing desire to develop the profession; postgraduate opportunities and external engagement are all well documented within this Survey. New initiatives are evident, for example two-year pre-registration Master's programmes. What is not evident from this Survey is the full effect of the COVID-19 pandemic on radiography practice across Europe. The COVID-19 pandemic only materialised several months after this Survey was conducted. Attendance to congresses, planned developments for the profession nationally would have undoubtedly changed as result. Career development, including postgraduate courses, is likely to be on hold for many radiographers. Many lessons from COVID-19 have already been learnt and programmes and practices have adapted. It will be important to consider future publications and the next EFRS Members Survey as to how COVID-19 has impacted on our practices and what will be the lasting picture.

5. Acknowledgements

The EFRS Executive Board and the Educational Wing Management Team would like to thank all Member Societies for their continuing support and for taking the time to complete this Survey.

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