

Editorial

Welcome to this important special issue of *Radiography* (Volume 23, Special Issue 1) on 'The Patient Voice and Patient Engagement', covering essential topics for the radiography profession to ensure medical imaging, nuclear medicine, and radiotherapy services meet service user's needs. It is universally agreed that patient-centred care remains at the heart of good practice in the clinical environment. Listening to the patient voice and gathering feedback about patient experience provides valuable insights into how radiography service delivery and educational provision should be structured.

Within radiography, this is reflected in the strategic priorities of representative organisations around the world.⁽¹⁻⁴⁾ Specifically in the United Kingdom, the College of Radiographers (CoR) currently sets "amplifying the patient voice" as one of its key strategic objectives. This includes fostering the patient voice to influence clinical care directly, alongside collaboration within research, governance and educational activities relating to the profession.⁽²⁾

Along similar lines the European Federation of Radiographer Societies (EFRS) has provided guidance on patient engagement and inclusion in radiotherapy and imaging practice.^(5, 6) This includes wide coverage of facilitating meaningful patient and carer input into clinical service delivery and departmental processes, individualised care, the delivery and planning of radiographic education, and radiographer-led research.

Although seemingly intuitive, the strategic importance of the patient voice in setting, planning and delivering on the priorities of patient care has not always been present, and owes itself to the foundation work of campaigners for patient and carer involvement over many decades. As an example, the 2013 Francis report called for greater patient and public involvement to meet its core theme of "putting the patient first".⁽⁷⁾ When this is put in the context of the NHS Long Term Plan⁽⁸⁾ which advocates for personalised care, particularly in oncology, the importance of an evidence base and outlets for patient voice are clear. The #hellomynameis campaign is a positive example adopted within the radiography community demonstrating the reach and impact that collaboration can make on patient experience.⁽⁹⁾ Within radiography the foundation of patient-centred care continues to be supported with a growing evidence base from within the radiography profession.⁽¹⁰⁻¹³⁾

Healthcare infrastructure involving patient and public representation at all stages is now becoming increasingly routine, with expected representation in hospital structures, funding bodies, and research teams. *Gordon et al.*⁽¹⁴⁾ report on the value of patient and public involvement (PPI) in their radiography research, reflecting on the essential expectations now from many funders including the CoR and UK National Institute for Health Research for PPI representation in both the design phases, monitoring, and dissemination of research. Partnerships such as the *James Lind Alliance* use collaboration between clinicians, patients, and carers to ensure research questions and priorities address the most important topics.⁽¹⁵⁾ The CoR Patient Advisory Group ensure the patient voice is heard in CoR publications and strategy.⁽¹⁶⁾ In the UK, the Health and Care Professions Council and CoR insist on patient and public representation in approved educational programmes, and the benefits of this have been evidenced.⁽¹⁷⁾

As demonstrated, the patient voice is moving towards the forefront of strategy in research and policy. This special issue provides a fantastic snapshot of the importance and breadth of dissemination around the patient voice that exists within radiography. Building on previous research in radiography, we feel this special issue aligns well with the three proposed steps to engage and

involve patients and the public from the Health Education England *Person Centred Approaches Framework*⁽¹⁸⁾.

Firstly, engaging and listening to people on their care experience. This often includes patient experience within unique radiographic settings, such as the confined spaces and noisy environment of MRI⁽¹⁹⁾ or the unique treatment protocols of radiotherapy practice.^(20, 21) But also exploration of what patient expectations are for their own care, such as the values they prioritise⁽²²⁾ or solidifying conceptual understanding of key concepts such as compassion.⁽¹³⁾

Secondly, actionable projects to enable and support people in their healthcare journey, across both diagnostic and therapeutic experiences of radiographic practice, at various stages of care. Often this requires intervention relating to specific radiographic techniques,⁽²³⁾ or supporting initiatives to improve patient experience relating to deeply personal events.⁽²⁴⁾

Finally, collaborative projects specifically to support those with complex needs and/or at significant risk. This could be bound by demographics such as paediatric populations^(25, 26), under represented patient groups^(27, 28) or those with lifelong conditions or disabilities^(29, 30) that often are under supported in current practice.

As always, radiography remains a rapidly expanding field, with technology designed to improve diagnostic and therapeutic accuracy and efficiency, alongside patient experience. In their narrative review, Munn and Jordan⁽³¹⁾ reflect on the unique radiographic technology patients are exposed to during imaging and therapy, and the subsequent diversity in perceived experience. Yet common themes do emerge on patient expectations: the need for good communication, empathy and quality interactions with healthcare professionals.

This special issue expands on this breadth of patient experiences, but also demonstrates a range of traditional and novel methodologies for enquiring and presenting the patient voice. Appropriate study designs are always important of course, but are especially pertinent in complex and subjective scenarios of care provision. In particular, we feel this special issue is an exemplar of the value of several complementary paradigms and data collection methods within qualitative research.

What resonates through the articles in this special issue is the clear desire for patients and carers to be involved in the future direction of their care, and the expectation for their voice to be heard. In technologically driven professions it is a reminder of the importance of a patient focussed ethos. In the current juxtaposition of advancing technology and strained service provision, this is a timely and important special issue. Mostly we feel this special issue represents the value and potential of hearing the patient voice and collaborating with patient and carers for the greater benefit of all. We hope you find it as inspirational and motivational as we did.

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