

Workload and Educational Needs Among Primary Care Professionals and Local Authorities in the Population-based ZORALCS Lung Cancer Screening Pilot

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BACKGROUND / RATIONALE



Successful lung cancer screening depends not only on participant uptake, but also on **support from primary care stakeholders**.



General practitioners, pharmacists and local authorities help answer questions, support access, and assist people with limited digital literacy or complex needs.



ZORALCS evaluated workload and educational needs during the early recruitment phase of a population-based lung cancer screening pilot in Flanders, Belgium.

STUDY DESIGN / SETTING



Embedded within the ZORALCS population-based lung cancer screening pilot in Flanders, Belgium.



3 months after recruitment started, all GPs, pharmacists, and local authorities in the region received an email invitation to complete a brief online questionnaire.



The survey assessed: perceived workload related to participant or citizen questions and perceived adequacy of educational materials and study information.

EXPERIENCES FROM GPs, PHARMACISTS AND LOCAL AUTHORITIES

General practitioners



34

respondents

- Very limited additional workload
- Most estimated 30-60 minutes per week
- Questions were usually handled during routine visits
- Few dedicated consultations were needed
- Some valued the opportunity to discuss smoking cessation

Pharmacists



6

respondents

- No significant additional burden reported
- Strong support for the principle of lung cancer screening
- Pharmacies already experience a generally high preventive workload
- Suggested a software pop-up to flag eligible participants and support reminders

Local authorities



8

respondents

- Questions were mainly practical and logistics-related
- Examples: navigating the online platform or understanding the invitation letter
- Overall workload was low and manageable
- However, some teams reported understaffing

Overall, the programme was perceived as low burden during early implementation

EDUCATION / SUPPORT

Educational materials and study information were generally perceived as adequate and accessible.

Primary care stakeholders benefited from clear communication materials.

Digital assistance remains important for people with limited digital literacy.

Operational support tools could further facilitate implementation, especially in pharmacy software and local support pathways.

KEY MESSAGES / FUTURE DIRECTIONS

FEASIBILITY

Early implementation did not impose substantial extra workload on GPs, pharmacists or local authorities.

SUPPORT

Most questions were manageable and often integrated in routine contacts.

NEEDS

Continued educational and digital support remains important as screening scales up.

NEXT STEPS

Ongoing monitoring is needed as screening volumes increase