

MONASH MEDICINE, NURSING & HEALTH SCIENCES

Australian Radiation Therapy Advanced Practice: A Focus Group Study

Kristie Matthews (PhD Candidate) Prof Marilyn Baird (Primary Supervisor) Prof Gillian Duchesne (Associate Supervisor)





- Advanced practice for Australian radiographers and radiation therapists limited and inconsistent¹⁻⁴
- Workforce redesign in health care necessary⁵⁻⁹
- Challenges predicted in providing effective cancer care¹⁰⁻¹²
- Professional body: multiple discussion papers and framework¹³⁻¹⁶
- Universities: curriculum framework to support training¹⁷
- International exemplars^{18,19}

Why is it not happening?



- Aim:
 - The influencing factors shaping the implementation and practise of radiation therapy advanced practice (RTAP) in Australia
- Methods:
 - Qualitative research, constructivist grounded theory methodology²⁰⁻²⁴
 - Stage 1: National focus groups with Radiation Therapists (RT), Radiation Oncologists (RO) and Medical Physicists (MP)
 - Stage 2: Case study investigation from selected radiation oncology centres in Australia



Research Methods

- Stage One: Online Focus Groups
 - Nationally representative participants: RT; RO; ROMP²⁵
 - Focus Groups: meaning generated through group discussion, explore knowledge in a given cultural context²⁶⁻²⁸
 - Online Focus Group: facilitates dispersed access^{29,30}
 - Intent: baseline understanding, minimise researcher bias
- Ethics approved: July 2015
- Recruitment: July-Aug 2015
- Focus Groups: Aug-Sept 2015
- Fourteen participants, six groups: Represented all professions; private and public; metro and regional; most states



Results: Tentative Categories

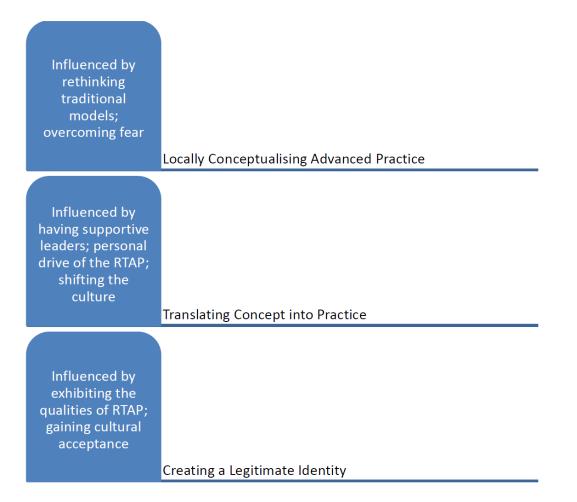
- Locally Conceptualising Advanced Practice
 - Concept understood in broad terms, challenge to conceptualise locally
 - Influenced by lack of formal structure; examples; award/job description
 → requires flexibility and creativity
 - Requires leaders and RTAP to be on the same page
- Translating Concept into Practice
 - Once concept understood, requires creating a structure, defining the function, creating a label, and gaining broad support (breaking down cultural barriers)
 - If unable to translate into practice: result is RT unofficially doing the job of the RTAP, performing elements of extended scope without formal recognition → feeling demotivated



- Creating a Legitimate Identity
 - Process of RTAP creating identity as role is translated into practice, and sustained over time; new identity from the usual RT
 - Legitimate identity has a label; accepted as self-identity by RTAP; accepted by leaders, peers and broader team
 - Without a legitimate identity, RTAP is 'just the resource person'
- Exhibiting the Qualities of an Advanced Practitioner
 - Influences translating into practice and creating a legitimate identity
 - Qualities of an RT 'shining above the rest'; expert practice; leadership; research; higher level than the general RT; flexible



Results: Tentative Process





Conclusion

- Focus group data indicates conceptual, practical and cultural challenges surround implementation of RTAP
 - Is it just too difficult? How do we move forward?
 - Few centres have implemented RTAP: how have they overcome these challenges?
- Next stage: Case study data from selected sites
 - Five centres, theoretical sampling
 - Interviews; inter-professional observation; document analysis
 - Combined data analysis with focus group data
- Outcome: Better understanding, sharing theory and recommendations
 → inform broader implementation of RTAP in Australia



References

- 1. Job M, Owen R, Holt, T. To assess the ability of a radiation therapist to delineate simple palliative radiation therapy fields. Journal of Medical Imaging and Radiation Oncology. 2014; 58(S1): 121
- 2. Rivett M. RT-Led Post-Radiotherapy Treatment Reviews in Rural and Remote Settings. Paper presented at: ASMMIRT Sydney; 2012.
- 3. Toikka C. Breast advance practice role implementation: our experience. Paper presented at: ASMMIRT Hobart; 2013.
- 4. Matthews K. Evaluation of Specialist Practitioner Radiation Therapist Roles at the Peter MacCallum Cancer Centre. Peter MacCallum Cancer Centre: Produced for the Department of Health, Victoria; 2012. (unpublished report)
- 5. Bloom A. Health Reform in Australia and New Zealand. Australia: Oxford University Press; 2000.
- 6. Health Workforce Australia. National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. 2011.
- 7. National Health and Hospitals Reform Commission. A Healthier Future for All Australians: Final Report. Australian Government; 2009.
- 8. Duckett S, Breardon P. Unlocking skills in hospitals: better jobs, more care. Grattan Institute; 2014.
- 9. Productivity Commission. Efficiency in Health: Productivity Commission Research Paper. Australian Government; 2015.
- 10. Radiation Oncology Tripartite Committee. Planning for the Best: Tripartite National Strategic Plan for Radiation Oncology 2012-2022. Royal Australian and New Zealand College of Radiologists; 2012.
- 11. Radiation Oncology Reform Implementation Committee. Workforce Reform Framework. Australian Government: Department of Health and Ageing; 2011.
- 12. National Health and Hospitals Network. Delivering Better Cancer Care. Australian Government: Department of Health and Ageing; 2010.
- 13. Professional Advancement Working Party. Professional Advancement Working Party Report. Australian Institute of Radiography; 2006.
- 14. Advanced Practice Working Group. Discussion paper: A Model of Advanced Practice in Diagnostic Imaging and Radiation Therapy in Australia. Australian Institute of Radiography; 2009.
- 15. Frecklton I. Advanced Practice in Radiography and Radiation Therapy: Report from the Inter-Professional Advisory Team. Australian Institute of Radiography; 2012.
- 16. Australian Institute of Radiography. Pathway to Advanced Practice. 2014.
- 17. Matthews, K, Cunningham, J. Evidence-based curriculum design to support the training of advanced practitioners in radiation therapy. *Journal of Medical Imaging and Radiation Oncology*. 2014; 58(S1): 121
- 18. DH Personal Learning and Development Division. Radiography Skills Mix. Department of Health; 2003.
- 19. Bolderston A, Smoke M, Lewis D, Harnett N. Ten Years of Advanced Practice in Ontario: Reflections and Recollections. *Journal of Medical Imaging & Radiation Sciences*. 2013;44(3):163-165.

9



References

- 20. Charmaz K. Constructing grounded theory: a practical guide through qualitative analysis. London: Sage Publications; 2006.
- 21. Charmaz K. Constructing Grounded Theory. London: Sage Publications; 2014.
- 22. Birks M, Mills J. Grounded theory : a practical guide London: Sage Publications; 2011.
- 23. Harper D. Choosing a Qualitative Resarch Method. In: Harper D, Thompson A, ed. Qualitative Research Methods in Mental Health and Psychotherapy: John Wiley & Sons, Ltd; 2011.
- 24. Creswell JW. Qualitative Inquiry and Research Design: Choosing Among Five Approaches. Los Angeles: Sage Publications; 2013.
- 25. Clavering EK, McLaughlin J. Crossing Multidisciplinary Divides: Exploring Professional Hierarchies and Boundaries in Focus Groups. Qualitative Health Research. 2007;17(3):400-410.
- 26. Morgan DL, Krueger, RA. When to use focus groups and why. In: Morgan, DL, ed. Successful focus groups: Advancing the state of the art. Newbury Park: Sage Publications; 1993.
- 27. Wilkinson S. Focus group methodology: a review. International Journal of Social Research Methodology. 1998;1(3):181-203.
- 28. Kitzinger J. Focus Groups. In: Pope C, Mays N. ed. Qualitative Research in Health Care. Massachusetts: Blackwell Publishing; 2006.
- 29. Stewart D, Shamdasani P. Focus groups : theory and practice. Thousand Oaks: SAGE Publications; 2015.
- 30. Stewart K, Williams M. Researching online populations: the use of online focus groups for social research. Qualitative Research. 2005;5(4):395-416.

