Advanced Practice at Peter MacCallum Cancer Centre: An Evolving Concept

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- 16 linear accelerators
- 5 Campuses: 4 metropolitan, 1 regional
- ~6700 patients per year
- Approximately 230 radiation therapist (188 EFT)
Advanced Practice at PMCC

- Pilot program ‘Breast Localisation’ in 2006
- Pilot program ‘Advanced Imaging’ in 2009
- Clinical mentorship with RO, underpinned by distance education academic material
- Intent:
  - Improve quality of service provision; cost effectiveness; efficiency of patient pathway; patient care; expert resource
  - Opportunity to develop expertise in clinical innovation; protocol development; service leadership; research
Implementation Strategy

• Needs Assessment
  - Process mapping
  - Staff surveys and focus groups
  - Scope new opportunities with technology

• Training Provision
  - Clinical expert involvement
  - Academic content developed¹

• Define Outcomes
  - Scope of practice; maintenance of competency; quality measures

• Stakeholder Engagement
  - Locally and externally
Training Outcomes

• Breast: 17 graduates (2016: 6 practising)
  - Independently delineate breast tissue, SCF, e’ boost on CT; Linac problem solving; Technique/Trial development, implementation, support, analysis; Clinical expertise

• Imaging: 24 graduates (2016: 14 practising)
  - IGRT/Adaptive technique development, implementation, support, analysis; pre-planning/post treatment organ delineation; Clinical expertise (Pelvis; Thorax; H&N)

• Challenge: Is advanced practice being realised?
Evaluation (2011)

• Aims
  - What is the impact (utilisation, outcomes, satisfaction) of the specialist roles at each site?
  - How can the future capacity of the specialist roles across the organisation be made most effective?

• Methods
  - Activity records including task, duration and impact
  - Semi-structured interviews with primary stakeholders to explore evaluation aims, action research approach

• Outcomes
  - Utilised for discrete activities; satisfied with knowledge
  - Challenged with advancing scope and recognition; time and access; variations in expectations
  - Report² and recommendations tabled: impacted by service review
Recent Influences

• University advanced practice curriculum\(^3\)
  - Short course training programs no longer offered
• Professional body framework\(^4\)
  - Formal pathway for recognition
• Radiation Therapy Services restructure
  - Management level restructure
  - Coordinator portfolios, including clinical innovation
  - Five imaging APs hold clinical leadership roles: scope blurred; impacts on non-AP clinical leads unclear
An Evolution

• Where did we start?
  - Implemented AP roles responding to service need: need has been met
  - Roles introduced as adjunct to usual clinical role
  - Positive outcomes in discrete activities; enhancing patient pathway; protocol development

• Where are we now?
  - Challenged by ability to achieve advanced practice outcomes: title change to ‘clinical specialists’
  - High attrition over time: ability to provide training inhibited
  - Still adding value in the activities being performed
An Evolution

• Where do we go from here?
  - Recent clinical specialist workshop initiated several research activities
  - Current review of competencies across service may highlight additional opportunities to engage in staff training
  - Alternate training mechanisms to be developed: activity based outcomes
  - Broad acceptance of the clinical specialist concept, adding value to the service
References


3. 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