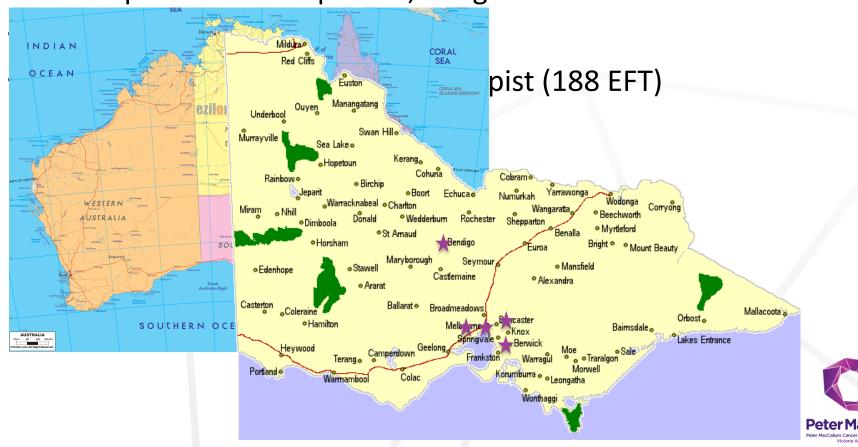


Advanced Practice at Peter MacCallum Cancer Centre: An Evolving Concept

Kristie Matthews Education Coordinator, Radiation Therapy

Peter MacCallum Cancer Centre (PMCC)

- 16 linear accelerators
- 5 Campuses: 4 metropolitan, 1 regional



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; preplanning/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 curriculum³
 - Short course training programs no longer offered
- Professional body framework⁴
 - 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

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