

A clinical placement program for primary care professionals at a comprehensive cancer centre

Evans J. (Australian Cancer Survivorship Centre, a Richard Pratt legacy, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia), Nolte L. (Australian Cancer Survivorship Centre, a Richard Pratt legacy, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia), Piper A. (Australian Cancer Survivorship Centre, a Richard Pratt legacy, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia), Simkiss L. (Department of Health and Human Services, Melbourne, Victoria, Australia), Whitfield K. (Department of Health and Human Services, Melbourne, Victoria, Australia), Jefford M. (Australian Cancer Survivorship Centre, a Richard Pratt legacy, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia).

BACKGROUND: Around 4% of the population, or around 1 million Australians, have a personal history of cancer. In the US, it is expected there will be 18 million survivors by 2020. Survivors may encounter a range of potential effects as a result of cancer and cancer treatments, including physical, psychosocial and existential impacts. There is projected to be a shortage of oncologists, putting significant strain on current models of care, which are dominated by specialist-led review. There are increasing calls for formalised models of shared care, integrating care between oncology and primary care teams. Shared care appears to result in improved management of comorbid illness, enhanced preventive care as well as appropriate cancer-specific management. The majority of primary care professionals indicate a willingness to be involved in the post-treatment care of cancer survivors, and also a need for further training in the area. With the growing numbers of cancer survivors and the limited health workforce, sustainable models of care need to be developed.

HYPOTHESIS: That a placement program for primary care professionals (general practitioners (GPs) and general practice nurses (GPNs)) is feasible and of clinical and professional value, and provides opportunity for knowledge and skills transfer.

METHODS: The program was undertaken at a specialist cancer centre in Melbourne, Australia. The program aimed to recruit at least 4 GPs and 8 GPNs. The GPs and GPNs worked with oncology multidisciplinary teams from two of five participating cancer clinical services (Breast, Uro-oncology, Skin and Melanoma, Lower Gastrointestinal, Late Effects). GPs and GPNs attended multidisciplinary meetings and outpatient clinics for a total of 10 hours to observe and discuss the decision making process around treatment planning for patients with early stage (potentially curable) disease as well as for patients with advanced (metastatic, incurable) cancers, though with an emphasis on the post-treatment phase. All participants participated in pre and post-placement semi-structured interviews.

RESULTS:

16 GPs, 12 GPNs and 9 oncologists participated. Generalists (GPs and GPNs) rated the placement highly: program learning outcomes entirely (63%) or partially (37%) met; personal learning needs entirely (70%) or partially met (30%); relevance to practice entirely (89%), partially (11%). Generalists would recommend the program to colleagues and could identify knowledge and skills transfer, however learning was largely observational rather than participatory. Learning opportunities were skewed toward generalists, rather than oncologists. All participants showed enthusiasm to address the challenges of providing shared care for survivors. Generalists felt the placement reinforced their role in post treatment care and that any knowledge and skills gaps could be easily met through education and support from specialists. There was a perception of knowledge and skills transfer and raised awareness of chronic disease management protocols that might support post treatment survivorship care. The program was perceived to be clinically and professionally valuable, with all respondents indicating they would recommend the placement to colleagues.

Word count: 468