A local evaluation of the non-surgical oncology advanced practice curriculum framework

CLARKSON, Melanie <http://orcid.org/0000-0003-3052-5230>, MCDONALD, Fiona and KHINE, Ricardo

A local evaluation of the development and implementation of the non-surgical oncology advanced practice (NSOAP) curriculum framework

Abstract

Background. Within the nonsurgical oncology specialism there are number of health care professionals with unique knowledge, skills and attributes that have the potential to have a positive impact on patient care and outcomes. With a significant projected shortfall in clinical and medical oncologist numbers in the UK, utilisation of the wider health care workforce to support the wider clinical service has been identified as a part solution. This requires a career trajectory and training pathways for non-medical professionals.

Aims. To assess the relevance of the curriculum framework for advanced practitioners in non-surgical oncology and to examine the implementation issues within Northern England.

Methods. Using of a phenomenological approach, a qualitative study examined the perspectives of professionals currently working with, training, or working as advanced practitioners (APs) around the NSOAP Curriculum framework via semi structured interviews. In total 14 participants were interviewed. The data was analysed via thematic analysis.

Findings. Four overarching themes emerged: 1) AP role description 2) the Curriculum framework 3) barriers to AP and 4) enablers to AP.

Conclusion. Overall, the NSOAP Curriculum Framework was welcomed by the participants as a structured programme of education and training. The data highlighted some areas for further development around systemic anti-cancer therapies (SACT) and onco-geriatrics within the framework. The wider implementation considerations also informed future dissemination plans for the NSOAP curriculum framework.

Keywords- Advancing Practice, Advanced Clincial Practice, Non-Surgical Oncology, Radiotherapy, Systemic Anti-Cancer therapies. Acute Oncology.

Background

In the UK, a cancer diagnosis is made every two minutes, with around 375,000 new cancer cases in the UK every year. Predominantly a disease of the elderly with 36% of patients aged 75 years and over when diagnosed, and the peak rate of cancer diagnosis between 85-89 years (Cancer Research UK, 2023). With an increase in public health promotion and screening, there is a rise in earlier, potentially curable cases, which may require combined modalities of treatment to provide a cure. Increased survivorship requires care for those with the longer-term complications from cancer treatment (RCR, 2021). The advances in personalised treatment, systemic anti-cancer therapies (SACT) and technologies in radiotherapy are having a positive impact on patient outcomes, yet resourcing and delivering these advances is challenging for the NHS. Moreover, pressures in the service restrict progress and the ability of the service to rise to the challenges; reforming the workforce is vital to ensure cancer services thrive.

Across the non-surgical oncology service there are several professions whose specialist skill set provide a positive impact on patient experience and outcomes. However, workforce numbers are depleting across all the professions inclusive of consultant oncologists, vacancy rate 15% WTE (RCR, 2022), nursing, vacancy rate 9.4% across the NHS (HEE, 2018), therapeutic radiographers, vacancy rate 8.4% WTE (CoR, 2022), medical physics ,vacancy rate within radiotherapy 8% (IPEM 2021) and other professions working across the speciality. Health Education England acknowledged in their strategic framework for cancer workforce (2018) that for significant growth, an expansion of workforce posts of at least 45% over the 10 years from 2018 would be required.

Whilst there is a desire and need to increase clinical and medical oncologist staff numbers, the plans for a workforce reform provided opportunities for progression to support service provisions by expanding the roles and numbers of advanced practitioners across the speciality. In addition to career expansion, there is growing evidence that such roles often offer significant improvements in team working, quality and safety of care (Khine and Lord-Stewart, 2021).

Role progression towards advanced practice is not a new concept and has been part of the National Health Service (NHS) since the first nurse advanced practitioner in 1990 (Leary and MacLaine, 2019). Since its inception, advanced practice roles have developed at pace, usually locally or regionally as

service has required, but often resulted in lack of standardisation across the country, variations in roles, responsibilities, and training, with inconsistency around banding and pay. The multi-professional framework for advanced clinical practice in England (MPF) (HEE, 2017), established 38 capabilities across the four pillars of practice to provide a benchmark of practice across the professions, however education and training specific to non-surgical oncology was absent.

In 2019, a local service review in Northern England, highlighted the significant risk to service due to the difficulties in recruiting consultant clinical and medical oncologists into post, on the background of a national deficit of consultant oncologists (RCR, 2022). A previous service review in critical care and emergency medicine in the region acknowledged similar concerns, and in response an advanced practice pathway to support these services had been successfully implemented. Therefore, with the support of local NHS education and alliance groups, a project to develop a training programme for advanced practitioners (AP) in non-surgical oncology commenced in January 2020.

This non-surgical oncology advanced practice (NSOAP) curriculum framework aims to produce APs focussed on delivering patient centred care (pre-, during and post-treatment), who possess the specialist expertise, knowledge, skills, and behaviours required to support and manage the needs of complex cancer care within their scope of practice, as well as the clinical skills to manage the acute unscheduled care of cancer patients. It supports the development of APs who are flexible in shaping the service through evidence-based practice, adapting to changing needs, assimilating, and incorporating new evidence rapidly and promoting an advanced skill mix. Trained APs would provide leadership, training, and supervision of other medical, nursing, pharmacy, and allied health professionals, as well as managing service demand. In addition, this framework supports NSO AP training for trainees undertaking generic advanced practice master's programmes.

The primary objective of this curriculum is to produce APs who at completion of training will be equipped with the transferable skills that allow them to manage patients or treatments, practicing with minimal supervision within a defined scope of practice, adapting and responding to the needs of the local population to contribute to service development now and in the future.

Aims.

To assess the relevance of the curriculum framework for advanced practitioners in non-surgical oncology and to examine the implementation issues within Northern England.

- *To critically evaluate the suitability of the NSO Curriculum framework in relation to the variety roles at advanced level within non-surgical oncology.*
- *To identify the barriers and enablers to the implementation of the non-surgical oncology advanced clinical practice educational framework.*
- *To establish if implementation of the framework is achievable within clinical practice.*

Method.

With the use of a phenomenological approach, focusing on the lived experience of the use of the framework, this qualitative study was designed to examine the perspectives of professionals currently working with, training, or working as APs surrounding the NSOAP Curriculum framework. Ethical approval was gained from a local university ER45712144.

Those who are in a trainee advanced clinical practice post, supervising advanced clinical practitioners, qualified advanced clinical practitioners and other team members were asked to review the NSOAP curriculum framework and then attend a 30-minute semi structured interview to evaluate the framework and its implementation. The questions used for this evaluation were built upon from a phase one study investigating advanced practice in therapeutic radiography (Lord Stewart et al, 2020).

A purposive sampling approach was adopted by requesting the participation of those working in the locality, using this sampling approach allowed a richer collection of data from a defined population group. A total of 14 participants (n=14) were interviewed to gain their thoughts and views on AP education and the NSO ACP curriculum framework. The sampling strategy aimed to include a variety of participants such as trainees APs, qualified APs, medical and non-medical consultants, and clinical supervisors. A participant information sheet and consent form were provided with all potential participants directly via email as they were approached for interview. All confidential data was securely held by a local Higher Education Institute (HEI) under a data management plan. The interviews were completed virtually (using MS Teams platform), recorded, and then transcribed, field notes were also collated. The recording platform was password protected and used the waiting room function to ensure

the conditions were controlled. Interview transcripts were reviewed by the research team. Thematic analysis was used to critique the data using Braun and Clarke's approach 2006, as stated in Maguire et al 2017. Individual transcripts were coded independently, collective themes were reviewed, discussed, and later agreed. An independent peer reviewer also completed a sense check of the transcripts for agreement of final themes.

Findings

Four overarching themes emerged from analysis of the data:

- Advanced practice role description.
- The NSOAP Curriculum framework.
- Barriers to advanced practice.
- Enablers to advanced practice.

Advanced practice role description

The data collected all clearly identified that the role description of those working at an advanced level of practice was important and should clearly define working at an academic level seven (masters) across the four pillars of practice. This provided reassurance that the national MPF (HEE, 2017) guidance on advanced practice was being recognised within the clinical practice setting.

Those extending their practice to advanced level, should also gain additional skills across a range of roles working aiming to work with indirect supervision once qualified. There was a lot of discussion around which tasks would be classed as advanced level, although it should be noted that task sharing can be at different levels of practice. Tasks identified by the participants as advanced practitioner roles are shown in figure 1.

Three of the pillars of practice are clearly identified within this task list: clinical, leadership and research. However, the educational pillar is not identified within this list. The level of autonomy and responsibility was also not recognised.

Other considerations in this theme were differences between advanced and consultant level practice. This was defined by the participants as independent prescribing, responsibility for the whole patient pathway and the autonomous management of the patient from referral by participants. However, this does not align with national guidance on consultant level practice (NHSE, 2023).

The NSOAP Curriculum framework.

Overall, the curriculum framework was welcomed by all participants of the project. The framework was considered as comprehensive and provided a structure to the education and training of trainees. Participants acknowledged that it helped standardise role development, provided clear guidance on requirements. The specific nature of the framework was also considered succinct and efficient with specific education and training relevant to their role, Finally, it was considered as providing the detail of the underpinning knowledge and skills required to work in non-surgical oncology at this level of practice.

Barriers to advanced practice.

It was important as part of this research that the barriers to the implementation of roles and the curriculum framework were considered. Three sub themes were identified as seen in figure 2 and discussed later.

Enablers to advanced practice.

The data uncovered several positive enablers to the use of the NSOAP framework which can be seen in figure 3.

Discussion

Advanced practice role description

It must be acknowledged that the AP roles are often developed due to the shortfall in oncologists and therefore the APs will be undertaking tasks previously completed by oncologists (Khine and Lord-Stewart, 2021). However, APs bring an added contribution of innovative and diverse ways of delivering the oncology service. APs may have more appropriate professional training, knowledge, and skillset to deliver aspects of the service, providing the opportunity for career progression and personal development. Participants frequently defined the roles by the tasks to be completed, however, the emphasis on defining a level of practice is now moving away from tasks orientated roles and more to the level at which the tasks are completed, to aid in the definition of enhanced, advanced or consultant practice.

It was also noted that advanced practice was still seen by some participants (mainly trainee APs) as taking on Doctor's roles, reducing their workload in a synergistic relationship.

"…my role is going to come into help to reduce that workload from the consultants' day to day…" P4.

"…non-medical practitioners who are training to a level to support consultants in delivery of practice…" P9.

While it is recognised these posts are often developed at least in part to meet demands caused by shortage of medical staff, recently we have seen a larger shift in recognising advanced practice as a progression opportunity for staff and the ability to enhance patient care with the inclusion of a different skill set from a different professional viewpoint.

"I would hate for these to be service delivery roles, so I think it's great that you're thinking about how they could actually improve the service" P13.

The importance of career progression and the building of profession specific skills should be more widely embedded in practice which is supported by the NHS Long term workforce plan (2023) to train, retrain, and reform to support and grow the clinical workforce.

It is evident from the data that confusion around titles is still prominent with a wider variety of terms being used. Equally other concerns include the lack of job plans giving opportunities to develop across the four pillars of practice. The lack of a current scope of practice was also identified, by participants, this is concerning given that this document provides the boundary of care provision by the AP and the requirement for referral or support. This is one of the most important clinical governance documents and responsibility for the currency of the document should be considered by both the trainee AP/AP and management of the wider service.

"It has been such a slow start in no one sort of knows exactly where it's going to take shape. And in that first (few months) I did think, maybe I have made a really big mistake." P4

Adequate educational supervision is highlighted as a concern with time allocated for supervision not added to the supervisor's job plan.

"Some are really thorough, for nursing ACPs they are getting really good support, but for us in radiotherapy its ad hoc and not structured. That is not a criticism of the clinicians... it's how they fit it in to their job plans because they're already stretched." P5

"I'm not criticising no one, and I bet she's so busy and everything, but…" P8.

Recent work by the centre for advancing practice around supervision has provided checklists, self-assessments, and wider resources to support the implementation of supervision for advanced practice. Wider consideration of the impact of this work is awaited.

The NSOAP Curriculum framework.

It was helpful to the researchers to uncover the areas that required further development and education on the impact of the use of the framework. Wider consideration of the SACT capabilities, specifically around prescribing chemotherapy for example. This would help to support the development of practitioners into the advanced practice space as they prescribe and assess toxicities of SACT treatment. Further additions to the capability in practice are therefore required to address this, however, is important to remember the definition of a capability in practice as a high-level learning outcome and some of the underpinning detail will be highlighted within the descriptors, supported by the academic and clincial training.

"…Common oncology CiPs was whether there was enough background knowledge for everyone in terms of SACT" P11.

"I think they are a bit light and probably a bit generic…they need the broad brush then tumour specific" P7.

"I think probably immunotherapy and standard SACT need to be there in a bit more detail;" P7.

The issues with clinical skills taught with in the academic education were also discussed, often the generic clinical skills taught with master's level education across advanced practice are lacking for practitioners in some roles within non-surgical oncology, an example of this might be that a module on clinical skills may not offer taught resources on breast examination, which is vitally important to the work of some working with patients with breast cancer.

"I know that ACPs have struggled with the clinical skills teaching that they've had, and you know, they feel anxious about applying it in clinical and perhaps haven't got to practice it" P12.

"It's not relevant to some bits (of their work), or they don't know it (it hasn't been taught)" P7.

A recommended review of clinical skills modules with advanced practice and a clear outline of what is covered would be beneficial from education institutes when services are choosing modules for their trainee practitioners.

Knowledge and skill for the topic of onco-geriatrics was highlighted as something to encompass within the curriculum. As cancer is a disease more common with increasing age and the highest incidence in over seventy-fives, knowledge on frailty will help to inform treatment plans. A greater awareness and potential treatment for co-morbidities related to frailty allows treatment pathway to achieve its potential for the patient and therefore important to consider within the curriculum.

"I think if you did (include frailty) you'd be ahead of the game because there's almost a speciality evolving of onco-geriatrics, because so many patients are now getting treatment because of all these different drugs, we've got people with a better toxicity profile" P12.

Barriers to advanced practice.

It was important as part of this research that the barriers to the implementation of roles and the curriculum framework were considered. Three sub themes were identified: Workplace culture, service constraints and the training.

Workplace culture

Participants identified the resistance to change within the workplace, either by their peers or the professional hierarchy across the service. There is a reluctance to change and a lack of engagement in progressing the service. This was particularly evident with allied health profession roles, where participants felt their unique skills did not have the respect and recognition across the trainees, practitioners, and supervisors.

"Often, I am always compared…obviously they've got a nursing background and I've got radiotherapy. But it is still very different…they've obviously got incredible skills and good clinical knowledge, but I don't think people's awareness of what radiotherapy actually involves or our skills." P4.

Service constraints

Participants highlighted some significant concerns around the more senior staff within a service being redeployed as ACPs in clinics away from the base team, and the impact this had on the service and the practitioner. In an already stretched workforce, to allow your most experience practitioners to progress into new areas can be difficult to achieve, especially when the time for training and the time for supervision is so precious. The trainees following the curriculum framework were afforded 100% training time in the first year, to allow a speedier return on practitioner development. This challenged

practitioners as they observed their peers struggle with the day-to-day service, while they had other commitments for training. Many sacrificed their training time showing altruism of practitioners to still support their patients and peers. However, if this then became the norm, with practitioners missed out on training opportunities effecting their training progression within their AP role.

"But it's quite hard to say 'no; whereas I know that a lot of the other people in our university group are completely supernumerary, so it seems to be a lot easier for them" P8.

"I was definitely naïve coming into this role" P6.

The lack of adequate job planning for the four pillars of practice, demonstrated a lost opportunity to maximise the wider positive impact advanced practitioners can have on the service. and this should be planned effectively to gain the greatest benefit. There was also a lack of administrative time, and this highlighted the need for job planning to acknowledge the administrative burden of patient care.

Training

Lack of communication between the educational institutions and clinical practice caused some significant issues with the trainees. Many of those utilising the apprenticeship pathway for their academic development felt better communication pathways would enhance their training.

"I do think there is a little bit of a disconnect university to department…people in the department who you are working with who haven't really got an understanding of what the role is, who perhaps don't get it as much." P2.

Further guidance on responsibility for assessment of competency of trainees was highlighted, with who deems a trainee competent or incompetent needing clarification. Since this data was collected additional guidance on workplace supervision has been published and will be embedded within the definitive version of the curriculum framework.

A clear and realistic scope of practice should be provided from the outset of training and reviewed every year with all competency training, to reaffirm currency or action plan and update for governance purposes. Some trainees had roles that were covering numerous tumour sites which is difficult to develop to advanced level practice.

"Very overwhelmed and a little bit intimidated" P9

The scope of practice provides direction to the individual in a time of change. Having been an experienced practitioner to now training in a new role where the individual becomes a new learner can be daunting. Providing support via governance and supervision supports the trainee throughout this transition.

The enablers to advanced practice

The user-friendly nature of the curriculum framework supported the development of trainees in a clearly defined way, building the resilience of the trainees throughout their training pathway. The additional support of funding and training time made a significant impact on the successful implementation of the framework.

"(important)…within these ACP roles, especially in radiography, is the pastoral supervision and the actual psychological supervision" P2.

A variety of work-based assessments are highlighted within the framework covering all four pillars of practice. Although these assessments are frequently used in medical training, they are less familiar to other health care professionals.

"I think the trainees need educating on how to use them (Workplace based assessments) and not be scared of them, they can do them all the time and link to a portfolio to show development" P12.

Frequent work-based assessments allow for consistent review of knowledge, skills, and behaviours to show development of the trainee. It is also important that these assessments are embedded with reflection in action to develop reflective practitioners at this level of practice. The consideration and discussion of next steps in learning enables efficient development and progress.

As previously considered within the barriers the training time can be difficult to implement by the trainee, supervisor, and the service. However, the impact and progression of the trainees can be expedited when it is embedded fully.

"I could learn the task within the framework of the module, but by doing them at the very beginning, I was able to then spend the remaining training period perfecting and moving from being task oriented to just being proficient and being confident and an expert in those areas" P1.

In addition, the inclusion of additional support from peers within the WhatsApp group and the wider educational training delivered within region would have also enabled the progression of trainees within their role.

Limitations

A robust methodological approach was undertaken to increase reliability of the outcomes. Limitations to the project were kept to a minimum by ensuring that members of the working party undertook the project and the data collection, but not the lead, to reduce a power imbalance. To ensure consistency of data collection the same researcher led the interviews. It is recognised this may have introduced unconscious bias, which is a potential limitation of the study, to redress this and improve reliability and validity the analysis was completed individually by both researchers and then by a researcher not involved in the study to ensure parity of the themes.

Conclusion.

The local evaluation provided an opportunity for formal consultancy from those using and impacted by the curriculum framework when it was implemented in Northern England. It was evidence that this curriculum was new, the trainee positions were still being embedded within service and some lack of understanding was present. Keys considerations that will inform the next version of the framework and its implementation include further education on advanced practice to the wider service, consistent governance to protect the patient, practitioner and service, further clarity on the SACT capabilities in practice, inclusion of frailty, review of clinical skills, job planning for supervision and wellbeing support. On completion of the next draft a national consultation project will be developed before endorsement as a credential with the Centre for Advancing Practice in England.

Key points

- Advanced practice roles can have a positive impact on the NHS workforce.
- Development of AP roles need to have a robust job description and job plan that is aligned with the four pillars of advance practice.
- A curriculum framework can ensure standardisation, structured training, and guidance.

Reflective questions

Why is the development of a curriculum for non-surgical oncology needed?

What changes were recommended for the framework?

What factors impact on the implementation of the framework?

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