Clinical
Oncological
Society of
Australia

More than bricks and mortar

Cancer service development in regional and rural Australia

Workshop Report

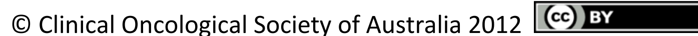
December 2012

About COSA

The Clinical Oncological Society of Australia (COSA) is the peak national body representing multidisciplinary health professionals whose work encompasses cancer control and care. COSA members are doctors, nurses, scientists and allied health professionals involved in the clinical care of cancer patients. COSA is affiliated with and provides medical and scientific advice to Cancer Council Australia.

COSA is the only organisation that provides a perspective on cancer control activity in Australia from those who deliver treatment and care services across all disciplines. The benefits of membership include discounted registration to COSA's Annual Scientific Meeting, access to a range of education programs and workshops, Cancer in the News daily email and subscriptions to Cancer Forum and the Asia Pacific Journal of Clinical Oncology. Please visit our website at www.cosa.org.au for more information.

The COSA Regional and Rural Interest Group is a multidisciplinary group focused on the unique issues facing cancer service delivery outside metropolitan areas. Our goals are to work at highlighting the deficiencies in service delivery, to enhance equity of access to current best practice care, cancer services and clinical trials.

© Clinical Oncological Society of Australia 2012 

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Contents

About COSA 1
Foreword 4
Executive Summary 5
Presentations 6
Impact of the new regional cancer centres on cancer care in Australia 6
Rosemary Knight, Department of Health and Ageing 6
Regional cancer services: a primary care and personal perspective 6
Paul Mara, Rural Doctors Association of Australia 6
Improving cancer services in a regional cancer centre 7
Craig Underhill, Border/East Hume Cancer Network 7
Coordinating cancer care in regional Australia: the role of cancer care coordinators 8
Violet Platt, WA Department of Health 8
Cancer Australia and regional cancer care 9
Helen Zorbas, Cancer Australia 9
Workforce 11
Recommendations for regional cancer services 11
Specialist workforce 11
Nursing and allied health workforce 11
Non-clinical workforce 12
Recommendations for all cancer services 12
Nursing and allied health workforce 12
Non-clinical workforce 12
Role delineation 13
Recommendations for regional cancer services 13
Diagnostics 13
Treatment 13
Recommendations for all cancer services 14
Diagnostics 14
Treatment 14
Networks 15

Recommendations for regional cancer services 15
Research 15
Education 15
Service Delivery 16
Recommendations for all cancer services 16
Research 16
Education 16
Service delivery 16
Plenary Discussion 17
Recommendations for regional cancer services 17
Recommendations for all cancer services 17
Implementation 18
Abbreviations 18
1. Networks 19
2. Education and Training 19
3. Workforce 20
4. Research 20
5. Service Delivery 21
Call to action 22
Acknowledgements 22
Appendix One: Workshop Program 23
Appendix Two: Workshop Participants 25
Appendix Three: Survey Results 27
Survey participants 27
Survey responses 27
Appendix Four: Workshop Evaluation 31

Foreword

Every Australian deserves access to quality cancer care. Those living in rural and regional Australia have been struggling for years with limited access to cancer facilities close to their place of residence and the burden of travel to metropolitan centres for most cancer care.

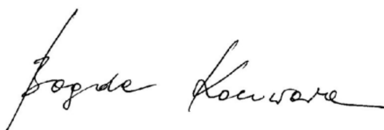
The recent allocation of $560 million in capital grants for regional cancer centres by the Federal government provides us with a significant opportunity to improve how Australians in regional and rural areas receive cancer care. However, infrastructure is not enough; Australia needs a cancer workforce and service delivery framework designed to support quality cancer care and integration of services across the continuum of care.

We are delighted to present the report from the 3 August 2012 COSA workshop convened to discuss ways to build on the government's investment in cancer service infrastructure in regional and rural Australia, to ensure growth and sustainability of rural and regional cancer care and its full integration with cancer care across the nation.

The theme of the workshop was "More than bricks and mortar". This report is a companion document to the workshop briefing paper that provides a comprehensive overview of the status of rural and regional cancer services.

Workshop participants generated many recommendations that will help deliver cancer services of the highest quality to regional and rural Australia. Among them the need for a national approach to rural cancer care, integration with primary care, flexible networks linking regional, rural and metropolitan services, minimum standards of workforce, focus on safety and quality and research capabilities. Participants also considered data access as essential for informing and guiding any type of service development.

The workshop provided a sound foundation for further work to build capabilities in cancer care across rural and regional Australia. In November at the COSA Annual Scientific Meeting, as a follow-up to the workshop, Cancer Australia hosted a forum highlighting the development of regional cancer centres. COSA will continue to lobby the Federal government for a national, systems approach to the development of regional and rural cancer services and will continue to collaborate with Cancer Australia and Health Workforce Australia to develop programs for consumers and health professionals that focus on rural and regional care. We hope that our partners across many organisations and the professional colleges involved in rural care will continue to support this important area of work.



Bogda Koczwara
COSA President

Dr Adam Boyce
Chair, COSA regional and Rural Interest Group

Executive Summary

Over 60 people attended the "More than bricks and mortar" workshop in Canberra on 3 August 2012 to discuss cancer service development in regional and rural Australia. Participants included doctors, nurses, allied health professionals and administrators working in cancer service delivery around Australia as well as consumer representatives and research professionals. Individuals from key organisations also attended, including representatives from the Department of Health and Ageing (DoHA), Cancer Australia (CA), Health Workforce Australia (HWA) and the Rural Doctors Association of Australia (RDAA). Short presentations set the scene for a number of workshop sessions that focussed on workforce, role delineation and networks.

This report summarises the activity during the workshop and includes:

- key points from each of the presentations
- key recommendations from each of the workshop groups
- priorities developed from a survey of workshop participants

It was clear from discussions at the workshop that the main enablers for service improvement are:

1. Formation of clinical networks between centres
2. Improved data collection
3. Research including health services research
4. Accreditation of regional cancer centres

Central to discussions throughout the day was the need to focus on the experience of patients living outside our major cities. Participants agreed that the outcomes by which the success of a regional cancer centres is measured must be determined by the local community and incorporate quality of life endpoints in addition to clinical end-points. Cancer treatment decisions must include consideration of the risks and burdens associated with travel to major cities and the patients desire to travel for treatment. Participants agreed it was important to communicate to the patient where they will receive the best standard of care for a particular intervention so that they can make an informed decision. Integral to this is the inclusion of primary care perspectives in cancer service development.

Participants discussed the need to take advantage of existing resources in a fiscally tight environment, in particular the importance of improving access to educational activities and up-skilling current staff. The identification of areas of expertise that health professionals could call upon through functional networks would improve the efficiency of cancer services. Underlying these suggestions was the need for communication, the sharing of information and co-operation between services based on clinical needs, not jurisdictional boundaries.

Many of the recommendations made during the workshop are relevant to cancer service provision in Australia, not just regional and rural areas. Participants noted that some regional and rural cancer services might have expertise in areas that metropolitan centres may not. Conversations regarding mentoring and professional support focussed on finding the best system Australia-wide. Participants agreed that the development of regional and rural cancer services presented them with an opportunity to lead the way in many initiatives that could improve cancer services throughout Australia.

Presentations

Five short presentations were included in the workshop program to provide context for workshop discussions. The presenters provided perspectives on regional and rural cancer service development from the Department of Health and Ageing, Cancer Australia, rural general practice, regional cancer service networks and cancer care coordination.

Impact of the new regional cancer centres on cancer care in Australia

Rosemary Knight, Department of Health and Ageing

Associate Professor Rosemary Knight, Principal Advisor to the Population Health Division of the DoHA focussed on how development of regional cancer centres is essential for the delivery of the right care in the right place at the right time.

Key points

- Best-practice cancer care and optimal, evidence based cancer treatments and supportive care must underpin regional cancer care.
- Regional cancer centres must develop agreed service capability frameworks and role delineation for cancer services with defined linkages to primary care, specialists and teaching hospitals.
- There is a need for nationally agreed evidence-based referral protocols and designated patient pathways.
- Action requires national coordination and is the responsibility of all levels of government.
- The focus for development must be on achievable high-impact actions as all Australian governments are currently experiencing fiscal constraints.
- Australia must build on existing jurisdictional plans and enhance current investment in cancer care.
- It is important to keep in mind the environmental context of regional cancer centre developments, primarily national health reform that is driving a holistic model of care and more transparent reporting within the healthcare system.
- Enablers for service development include the National Health and Hospitals Network, the National Broadband Network, the Personally Controlled Electronic Health Record and Health Workforce Australia.

Regional cancer services: a primary care and personal perspective

Paul Mara, Rural Doctors Association of Australia

Dr Paul Mara is president of the RDAA and a general practitioner in Gundagai, NSW. He focussed on the need for systemic changes to regional and rural healthcare, as opposed to funding isolated projects with limited scope for addressing underlying problems.

Key points

- Many of the issues of regional cancer centres are relevant to rural general practice.
- Key issue in rural general practice is workforce.
- Primary care is about integrated care, the needs of the patient and discussion of health issues.
- Nurses in general practices and in the community are an important part of primary care.

- The challenge for general practice is when to refer for speciality treatment.
- General practitioners in rural towns are often overseas-trained doctors with families living in metropolitan areas.
- Do Medicare Locals have the capacity and expertise to be successful? Do they understand smaller rural communities?
- Regional and rural areas have different healthcare needs.
- ASGC-RA classification system is not equitable or reflective of the needs of smaller rural communities.
- Continuity of care in regional areas does occur, however this is in danger of collapsing due to workforce pressures.
- The recent senate inquiry into the factors affecting the supply of health services and medical professionals in rural areas received 127 submissions, indicating the interest in this area.
- We must imbed regional cancer centres within the community they serve in order for them to be successful – infrastructure is not enough.
- Sufficiently trained and supported nurses in rural towns can deliver chemotherapy.
- Oncology education for rural nurses will improve career satisfaction.
- We must join infrastructure, economics and training to provide a sustainable service.
- It is better to address problems with the delivery of cancer services by finding system solutions as opposed to funding short-term projects.
- Medicare locals are responsible for after-hours care not workforce solutions; however workforce issues are the cause of challenges for after-hour care.
- How can we encourage true integration? We need structures and systems.
- It is not sustainable to rely on fly-in, fly-out health services, as they do not provide comprehensive care.
- How do we ensure accountability for health service reform and other incentive programs?

Improving cancer services in a regional cancer centre

Craig Underhill, Border/East Hume Cancer Network

Dr Craig Underhill is a Medical Oncologist and Clinical Director of the Hume Regional Integrated Cancer Service. He described the role of clinical networks in regional cancer services that span health service boundaries.

Key points

- A survey by COSA of staff requirements at 12 regional cancer centres indicated a broad spectrum of expertise is required to run a regional cancer centre.
- A questionnaire to all advanced oncology trainees in Australia found that 56% had considered regional practice and 62% were more likely to consider moving to regional areas after regional rotation.
- Barriers to moving outside major cities for oncology trainees include: distance from family, educational opportunities for family, access to clinical trials and ability to get locum cover.
- Regional cancer centres are an enabler for workforce recruitment and retention: numbers are already increasing.
- There is a need to establish true partnership and mentoring programs between regional and metropolitan centres: clinical support, standards and protocols, education.

- One model might be a regional campus of a metropolitan comprehensive cancer centre.
- Up-skilling of local staff will reduce gaps in the workforce.
- We need to focus on clinical networks and avoid the limitation of health service boundaries: can link private and public services
- All cancer centres should be able to reach across jurisdictions to support networks in the region.
- Healthcare services need incentives to remove “bureaucratic” barriers to providing care.
- Regional cancer centres have a pivotal role to play within regional areas by supporting smaller centres and linking local agencies.
- Is it time for a national system of accreditation for cancer centres?
- Do we need a national policy on standards for cancer care including minimum volumes? Who is responsible for this?
- Border/East Hume Cancer Network has defined the range of conditions and procedures that are performed locally.
- Regional and rural cancer service development is a great opportunity to use regional cancer centres as platforms for clinical, translational and health services research.

Coordinating cancer care in regional Australia: the role of cancer care coordinators

Violet Platt, WA Department of Health

Ms Violet Platt is Director of Nursing at the WA Department of Health. She spoke on the role of cancer care coordinators in providing coordinated care as close to home as possible, using the experience of the WA Cancer and Palliative Care Network as an example.

Key points

- A report in 2003 identified that there were many places for a person to get “lost” in the cancer care system (Optimising Cancer Care in Australia, 2003). This report also identified the lack of integrated care for people with cancer as a major failing of the health care system.
- The introduction of cancer care coordinators into health services in Australia occurred from 2004 onwards.
- Care coordination is the delivery of services by different providers in a coherent, logical and timely fashion, consistent with the patient’s medical needs and personal context.
- Care coordination is an integral part of continuity of care as it ensures the development and communication of a care plan as well as the arrangement of all necessary care.
- Cancer care coordination is a bottom-up approach to system solutions, which complements the top-down strategic approach.
- There is real opportunity for care coordination to bring together service improvement initiatives.
- WA followed the Macmillan model key elements: clinical experts, educator, researcher, and resource and change agent
- We need clear communication, clear understanding of pathways for referral and treatment, agreed evidence based treatment plans, appropriately resourced and educated workforce, and patients who are partners in the process.
- Coordinators think about patient influence, clinical influence and strategic influence.

- Coordinators track levels of interaction with patients (1 to 5 depending on time spent with patients): helps identify issues with service delivery.
- Planning is already underway in WA for the increase in care coordination workload expected in regional cancer centres.
- The success of cancer care coordinators in Western Australia is due to a state-wide approach, strong mentoring and supervision processes, teamwork and the ability to adapt to context.
- Care coordination is one piece of the puzzle that includes multidisciplinary teams, primary care, non-government organisations and government.
- WA is following the EdCaN framework for education including education for all rural health care professionals in oncology in preparation for opening of the cancer centres.
- Road shows of specialists visiting regions commences as a two-way interaction: metropolitan services see and experience rural services as well as providing opportunities for rural education.
- Need supported rural clinical champions for oncology, particularly important in WA where most regions will not have resident oncologists.
- We do not need a large number of coordinators if we are systematic about introducing the model of care coordination.

Cancer Australia and regional cancer care

Helen Zorbas, Cancer Australia

Professor Helen Zorbas is the Chief Executive Officer of Cancer Australia. She spoke on Cancer Australia's role in cancer control within Australia.

Key points

- In 2006, an act of parliament established Cancer Australia with the organisation's key remit being to provide national leadership in cancer control.
- Cancer stakeholder consultations identified that a key role for Cancer Australia is to foster collaboration around a shared national agenda.
- Mortality from cancer in Australia differs across regions and population groups and is higher for Aboriginal and Torres Strait Islander Populations, and people in non-metropolitan areas from lower socioeconomic status areas.
- Australia is undergoing significant health reform, which requires change at the systems, health professional and consumer levels.
- Cancer relevant reforms focus on prevention, partnerships with patients, primary care, holistic care and networks between primary and specialist services.
- This is time of opportunity to build on what is working well in cancer control in Australia.
- There is significant Government investment in cancer services especially in regional cancer centres and comprehensive cancer centres
- The CanNET pilot was a national collaborative approach to the development of cancer clinical networks. The key elements of a cancer services network include active consumer engagement; agreed referral pathways; multidisciplinary care; primary care involvement; clinical leadership; continuing professional development; and role design.
- Models of multidisciplinary care implemented in Australia include tumour-specific multidisciplinary teams, cross-jurisdictional multidisciplinary teams and state-wide multidisciplinary teams.

- The National Shared Care demonstration project suggests that with a range of protocols in place, follow-up cancer care by GPs for early breast cancer is safe and acceptable, especially for patients in rural areas.
- Cancer Australia's Cancer Learning website is a central source of educational material for health professionals.
- Those establishing cancer centres can use the National Framework for Consumer Involvement in Cancer Control to ensure the engagement of consumers in a meaningful way.
- The Core Cancer Clinical Data Set Specification aims to improve the collection of nationally consistent clinical data. This clinical cancer data set is not mandated but recommended as best practice if clinical cancer data are to be collected.
- Cancer Australia will work to reduce the negative impact of cancer in the Australian community, and to reduce disparities in cancer outcomes, improve national coordination of cancer control and advice to government, improve the cancer knowledge base and improve the delivery of cancer care and the patient experience

Workforce

Discussion of workforce issues and solutions in regional and rural areas was broken into three groups:

1. Specialist workforce e.g. surgeons, medical oncologists, radiation oncologists, palliative care physicians, pathologists, haematologists
2. Nursing and allied health workforce e.g. chemotherapy nurses, cancer care coordinators, physiotherapists, psychologists, nutritionists, occupational therapists, pharmacists
3. Non-clinical workforce e.g. administrative staff, clinical trial coordinators, volunteers, data managers, IT support, engineers

We asked each group to discuss the following questions:

- What are the key workforce requirements in each category?
- What do we know already?
- What needs more research? Who should do this?
- Who needs to be involved or influenced?
- What will success look like?

A common topic of discussion to all three groups was the need for increased training in oncology for the workforce based in regional and rural areas. More specifically, the groups identified the need for accreditation for oncology nurses, the development of practical training programs for allied health professionals and education in communication for the non-clinical workforce. The promotion of existing online education resources such as EdCaN to the regional and rural workforce is one immediate solution. Participants also highlighted the need for workforce data, staffing profiles and support for the indigenous health workforce.

The following recommendations from the workshop are listed in alphabetical order, not in order of priority.

Recommendations for regional cancer services

Specialist workforce

- Advocate for trainee oncology positions in rural areas for more experienced graduates.
- Develop a national oncology-training framework to give trainees from all disciplines optimal regional oncology experience.
- Encourage professional Colleges to take an active role in supporting trainee positions in oncology in regional and rural areas.
- Establish a co-ordinated recruitment process that matches trainee positions and funding to new oncology positions at regional cancer centres.
- Implement suggestions for minimum staff numbers for regional cancer centres in the 2009 COSA report “A way forward for regional cancer centres”.

Nursing and allied health workforce

- Collect regional and rural oncology workforce data.

- Develop a matrix to determine staffing profiles at different service levels in regional cancer centres based on population and equipment.
- Lobby for a national minimum of one Indigenous Liaison Officer at each of the regional cancer centres.

Non-clinical workforce

- Encourage regional cancer centres to engage volunteers to run information, support and transport services.
- Establish a role for regional cancer centres in health promotion within the community.

Recommendations for all cancer services

Nursing and allied health workforce

- Boost the cancer workforce by encouraging nurses to train in oncology.
- Develop oncology specific training programs for the allied health workforce, including minimum standards and profiles for each specialty.
- Factor the feminisation of the health workforce (including the need for maternity leave and preference for part-time positions for some women) into service planning.
- Implement a national accreditation scheme for oncology nurses.
- Implement distress-screening tools at diagnosis to improve access to supportive care services.
- Provide additional training to nurses and other allied health professionals for managing the psychosocial concerns of patients.
- Provide oncology training for Indigenous Liaison Officers.

Non-clinical workforce

- Increase educational opportunities and support for non-clinical staff, particularly in regards to communication and grief and loss.
- Transfer administrative tasks from clinicians to the non-clinical workforce to ensure optimum use of everyone's time and skills.

Role delineation

Two groups focussing on diagnostics and treatment discussed the role of regional cancer centres during the morning session. We asked each group to discuss the following questions:

- What should or should not be performed at a regional cancer centre?
- What criteria should determine this decision?
- What needs more research? Who should do this?
- Who needs to be involved or influenced?
- What will success look like?

Participants in these discussion groups readily admitted that it was very difficult to determine what should or should not be performed at a regional cancer centre, as this is dependent on the expertise available. Both groups highlighted the need for regional cancer centres to have the ability to access and link data as well as to perform self-assessment against a series of diagnostic and treatment indicators.

The following lists of recommendations from the workshop are in alphabetical order, not in order of priority.

Recommendations for regional cancer services

Diagnostics

- Develop a tiered diagnostic framework for regional cancer centres to self-assess against diagnostic requirements that fit with service capability frameworks for treatment.
- Develop agreed protocols for access to diagnostic images and data across regional cancer centres.
- Develop comprehensive websites accessible to patients and GPs for each of the regional cancer centres.
- Establish a triage hot line at regional cancer centres for GPs to obtain more information on diagnostic tests, pathology reports, staging, second opinions and specialist referrals.
- Establish assessment clinics for common cancers at regional cancer centres.
- Establish regional centres of excellence based on available expertise for specific diagnostic tests and treatments.
- Lobby the mining industry to provide transport for cancer patients or equipment in empty planes used for flying in miners.

Treatment

- Develop agreed indicators of success for the regional cancer centre through engagement of consumers and the community.
- Encourage regional cancer centres to assess their capability against agreed service criteria.
- Publish a literature review of international health services research in rural areas.

Recommendations for all cancer services

Diagnostics

- Establish mechanisms to ensure the appropriateness of diagnostic tests.
- Involve cancer care coordinators at diagnosis.

Treatment

- Develop nationally agreed framework for clinical referrals and treatment pathways.
- Implement nationally consistent data collection programs.
- Lobby the privacy commissioner and state governments for improved data linkage and access

Networks

The afternoon workshop session consisted of group discussions regarding research, education and service delivery networks. We asked the groups to discuss the following questions:

- How can networks support common/shared approaches?
- Which other health services / health professionals need to be involved in these networks?
- What might these networks look like (within region, regional-to-regional, regional to metropolitan)?
- What resources are needed by these networks?
- How can data be used to inform or support these networks?
- Who could help establish/support the networks?
- What will success look like?

All groups stressed the importance of functional networks for attracting and retaining workforce in regional and rural areas. Research networks could enable rural and remote sites to participate in research by sharing infrastructure, data and support services with regional centres. Similarly, a mentoring network based in regional and rural areas would draw on local expertise and experience outside of metropolitan centres. The participants saw the ability of networks to reach across service and jurisdictional boundaries as important, especially for the delivery of integrated cancer services in regional and rural areas. The use of agreed protocols such as the Cancer (clinical) Data Set Specification will support the establishment of these networks.

The following lists of recommendations from the workshop are in alphabetical order, not in order of priority.

Recommendations for regional cancer services

Research

- Develop agreed protocols for access to data across the regional cancer centres.
- Encourage funding bodies to provide support for research studies and clinical trials at regional centres by requiring projects to include a regional site.
- Establish a research network of regional cancer centres where each site is a lead for specific projects (depending on expertise and interest), with input from rural and remote satellite sites and supported by shared research infrastructure such as ethics committees, statisticians and epidemiologists.
- Establish links with epidemiologists and statisticians interested in rural health.
- Negotiate with Universities to provide research students at regional sites.

Education

- Establish a mentoring network based in regional and rural areas.
- Establish tele-health grand rounds at regional cancer centres.
- Increase educational opportunities involving exchanges between regional and metropolitan cancer centres.

Service Delivery

- Develop flexible referral pathways specific to the needs and skills of each region.
- Identify lead clinicians for service delivery at each site.

Recommendations for all cancer services

Research

- Establish processes for data linkage between cancer registry, Medicare and hospital registry data sets to facilitate health services and outcomes research.
- Focus on large, less complex trials and health services research.

Education

- Develop a framework that will outline educational requirements and expectations.
- Establish a systematic approach to e-learning.
- Identify credentialing needs and CPD requirements for each profession.
- Lobby for administrative support for educational meetings and the cost of communication technology.

Service delivery

- Integrate services provide in the public, private and not-for-profit sector.
- Set standards for follow-up care and involve the community in survivorship issues.
- Share resources to optimise service provision, especially after hours, across funding and jurisdictional boundaries.

Plenary Discussion

The participants came together at the end of the day to revisit the aims of the workshop and to discuss priorities for action. A number of participants made practical suggestions for action following the workshop while others contributed their thoughts on areas of priority. Participants expressed the desire to continue the conversation about cancer service development in regional and rural Australia and to share their experience of the workshop with their colleagues.

The following lists of recommendations from the workshop are in alphabetical order, not in order of priority.

Recommendations for regional cancer services

- Develop service models for patients in remote areas.
- Establish a formal network for Directors of the regional cancer centres.
- Establish a mechanism for ongoing discussion regarding cancer service development in regional and rural Australia.
- Establish a register of cancer expertise in regional and rural Australia.
- Fund staff education projects located at regional cancer centres.
- Set the standard for follow-up care following treatment by building on the existing community focus of rural areas.

Recommendations for all cancer services

- Improve cancer outcomes for Aboriginal and Torres Strait Islander people by community engagement.
- Provide education to ensure the safe administration and handling of chemotherapy.
- Support community-based programs to increase health literacy and improve cancer prevention.

Implementation

The next step is implementation of the workshop recommendations in order to contribute to regional and rural cancer service development in parallel with the expansion of the regional cancer centres.

We highlight here the recommendations that are regional in scope and assigned a high priority by the majority of respondents to the post-workshop survey (see Appendix 3 for survey results). We suggest broad implementation activities related to these workshop recommendations in the short to medium term. The lead and collaborating organisations for each activity are suggestions and not prescriptive or agreed.

Like many not-for-profit organisations COSA is limited by the availability of financial resources, therefore a number of the recommendations listed in the following section are restricted to communication of the issues to the relevant authorities, government departments, colleges or community organisations.

The COSA Regional and Rural Interest Group will take two recommendations for action to the first COSA Council meeting in 2013. We will request COSA Council support for a Regional and Rural Cancer Service Development Workshop in 2014 (Activity B) as well as support for the establishment of a voluntary Register of oncology health professionals working in regional and rural Australia for networking and mentoring purposes (Activity C).

We have numbered the recommendations to facilitate discussion; they are not in any order of priority.

Abbreviations

COSA: Clinical Oncological Society of Australia

CA: Cancer Australia

CCA: Cancer Council Australia

RCC: Regional Cancer Centres

DoHA: Department of Health and Aging

CEO: Chief Executive Officer

CCTGs: Cancer Cooperative Trials Groups

HWA: Health Workforce Australia

1. Networks

	Recommendation	Activity	Suggested Lead	Possible Collaborators
1a	Establish a formal network for Directors of the regional cancer centres.	Host a meeting of regional cancer centre directors at the COSA ASM 2012 to discuss formation of a Regional Cancer Centre Directors Network	CA	COSA, RCC Directors and CEOs, DoHA
1b	Establish a mechanism for ongoing discussion regarding cancer service development in regional and rural Australia.	Host a workshop to discuss regional and rural cancer service development every two years	COSA	CCA, CA, DoHA, RCC
1c	Establish a mentoring network based in regional and rural areas.	Establish a voluntary register of oncology health professionals working in regional and rural Australia for the purposes of building networks and mentoring programs	COSA	Directors and CEOs of RCC

2. Education and Training

	Recommendation	Activity	Suggested Lead	Possible Collaborators
2a	Encourage professional Colleges to take an active role in supporting trainee positions in oncology in regional and rural areas.	Write to the learned colleges of Australia requesting an increased commitment to the training of oncology professionals in regional and rural Australia, including support for the use of online resources such as EdCaN	COSA	MOGA, learned colleges, State health departments, HWA
2b	Advocate for trainee oncology positions in rural areas for more experienced graduates.			
2c	Increase educational opportunities involving exchanges between regional and metropolitan cancer centres.			

3. Workforce

	Recommendation	Activity	Suggested Lead	Possible Collaborators
3a	Implement suggestions for minimum staff numbers for regional cancer centres in the 2009 COSA report "A way forward for regional cancer centres".	Write to Health Workforce Australia to request that they consider these workforce recommendations for inclusion in their Cancer Workforce Strategy	COSA	CCA, State health departments, HWA
3b	Collect regional and rural oncology workforce data.			
3c	Develop a matrix to determine staffing profiles at different service levels in regional cancer centres based on population and equipment.			
3d	Encourage regional cancer centres to engage volunteers to run information, support and transport services.	Write to the Directors of Regional Cancer Centres suggesting they engage volunteers to run information, support and transport services	COSA	CCA, Cancer Councils

4. Research

	Recommendation	Activity	Suggested Lead	Possible Collaborators
4a	Encourage funding bodies to provide support for research studies and clinical trials at regional centres by requiring projects to include a regional site.	Write to funding bodies requesting they provide support for research studies and clinical trials at regional centres by requiring projects to include a regional site.	COSA	CCA, CCTGs
4b	Establish a research network of regional cancer centres where each site is a lead for specific projects (depending on expertise and interest), with input from rural and remote satellite sites and supported by shared research infrastructure such as ethics committees, statisticians and epidemiologists.	Lobby for funding to establish a research network for regional cancer centres	COSA	CCA, CCTGs

5. Service Delivery

	Recommendation	Activity	Suggested Lead	Possible Collaborators
5a	Develop comprehensive websites accessible to patients and GPs for each of the regional cancer centres.	Write to the Directors of Regional Cancer Centres suggesting they develop a comprehensive website, based on a shared template, accessible to patients and GPs.	COSA	CCA, CanSpeak, Directors and CEOs of RCC
5b	Develop a tiered diagnostic framework for regional cancer centres to self-assess against diagnostic requirements that fit with service capability frameworks for treatment.	Develop an accreditation framework and agreed role delineation for regional and metropolitan cancer centres against which centres can assess their capability	DoHA	CA, CCA, COSA, State health departments, Australian Commission on Safety and Quality in Healthcare
5c	Establish a triage hot line at regional cancer centres for GPs to obtain more information on diagnostic tests, pathology reports, staging, second opinions and specialist referrals.			
5d	Establish assessment clinics for common cancers at regional cancer centres.			
5e	Establish regional centres of excellence based on available expertise for specific diagnostic tests and treatments.			
5f	Develop service models for patients in remote areas.	Promote the use of clinical practice guidelines and multidisciplinary care in regional cancer centres	CA	COSA
5g	Encourage regional cancer centres to assess their capability against agreed service criteria.			
5h	Develop flexible referral pathways specific to the needs and skills of each region.			
5i	Identify lead clinicians for service delivery at each site.			
5j	Develop agreed protocols for access to diagnostic images and data across regional cancer centres.	Write to the DoHA and State and Territory Health Departments highlighting the importance of and opportunity for data linkage across regional cancer centres and encouraging the use of Cancer (clinical) Data Set Specifications to facilitate this	COSA	CA, CCA, Royal Australian and New Zealand College of Radiologists
5k	Develop agreed protocols for access to data across the regional cancer centres.			

Call to action

We encourage everyone involved in the workshop and those interested in the development of regional and rural cancer services to use this report as an advocacy tool. The community owns the recommendations contained in this report and while COSA will continue to work on a number of projects, active collaboration and continued discussion is essential to ensuring cancer service development in regional and rural Australia is more than bricks and mortar.

Acknowledgements

We would like to thank the COSA Regional and Rural Interest Group Executive for their guidance during this project:

Adam Boyce (Chair), St Vincents Private Hospital, Lismore, NSW

Bogda Koczwara, Flinders Medical Centre, Adelaide, SA

Craig Underhill, Border/East Hume Cancer Network, Albury-Wodonga, VIC

David Goldstein, Prince of Wales Hospital, Sydney, NSW

Bruce Mann, The Royal Women's Hospital, Melbourne, VIC

The executive would also like to thank Alison Evans from ZEST Health Strategies for facilitation of the workshop and Sandra Slatter from Cancer Voices Victoria for her contribution to this project.

COSA would like to thank the participants of the workshop for their time, enthusiasm and ideas. We look forward to working with you to develop cancer services of excellence in regional and rural Australia.

Appendix One: Workshop Program

More than bricks and mortar:

Cancer service development in regional and rural Australia

Date: Friday 3 August 2012

Time: 9.30am–3.00pm (registration from 9.00am)

Venue: Rydges Capital Hill, Canberra

Corner Canberra Ave & National Circuit, Forrest ACT 2063

Time	Agenda item	Presenter
9.00–9.30am	**Arrivals and registration**	
9.30–9.35am	**Welcome**	Bogda Koczwara COSA
9.35–9.40am	**Workshop overview and key themes** • workforce • role delineation • networks and linkages	Alison Evans
Background		
9.40–9.55am	**Impact of the new regional cancer centres on cancer care in Australia**	Rosemary Knight Department of Health and Ageing
9.55–10.10am	**Cancer service provision in regional and rural Australia: the primary care perspective**	Paul Mara Rural Doctors Association of Australia
Workforce and role delineation		
10.10–10.25am	**Improving cancer services in a regional cancer centre**	Craig Underhill Border/East Hume Cancer Network
10.25–10.40am	**Coordinating cancer care in regional Australia: the role of cancer care coordinators**	Violet Platt WA Department of Health
10.40–10.45am	**Instructions for small group activity 1**	Alison Evans
10.45–11.00am	**Morning tea**	

<table>
<tr><th>Time</th><th colspan="2">Agenda item</th></tr>
<tr><td>11.00–12.00pm</td><td colspan="2">Small group activity 1:
How to ensure a regional cancer centre becomes a regional cancer service: workforce and role delineation
• Group 1: Workforce (specialist workforce needs)
• Group 2: Workforce (nursing and allied health workforce needs)
• Group 3: Workforce (non-clinical workforce needs)
• Group 4: Role delineation (diagnostics)
• Group 5: Role delineation (treatment)</td></tr>
<tr><td>12.00–12.15pm</td><td colspan="2">Small group activity 1 report back: workforce</td></tr>
<tr><td>12.15–12.25pm</td><td colspan="2">Small group activity 1 report back: role delineation</td></tr>
<tr><td>12.25–1.00pm</td><td colspan="2">Lunch</td></tr>
<tr><td colspan="3">Networking and linkages</td></tr>
<tr><td>1.00–1.15pm</td><td>Cancer Australia and regional cancer care</td><td>Helen Zorbas
Cancer Australia</td></tr>
<tr><td>1.15–1.20pm</td><td>Instructions for small group activity 2</td><td>Alison Evans</td></tr>
<tr><td>1.20–2.00pm

2.00–2.10</td><td>Small group activity 2:
Reducing isolation through functional networks
• Groups 1 & 2: Networks (research)
• Groups 3 & 4: Networks (education)
• Groups 5 & 6: Networks (service delivery)

Comparison of discussion points by groups discussing the same topics</td><td></td></tr>
<tr><td>2.10–2.25pm</td><td>Small group activity 2 report back</td><td></td></tr>
<tr><td>2.25–2.55pm</td><td>Plenary discussion: Review and priority setting</td><td>Alison Evans</td></tr>
<tr><td>2.55–3.00pm</td><td>Summary and next steps</td><td>Bogda Koczwara
Marie Malica
COSA</td></tr>
<tr><td>3.00pm</td><td colspan="2">CLOSE</td></tr>
</table>

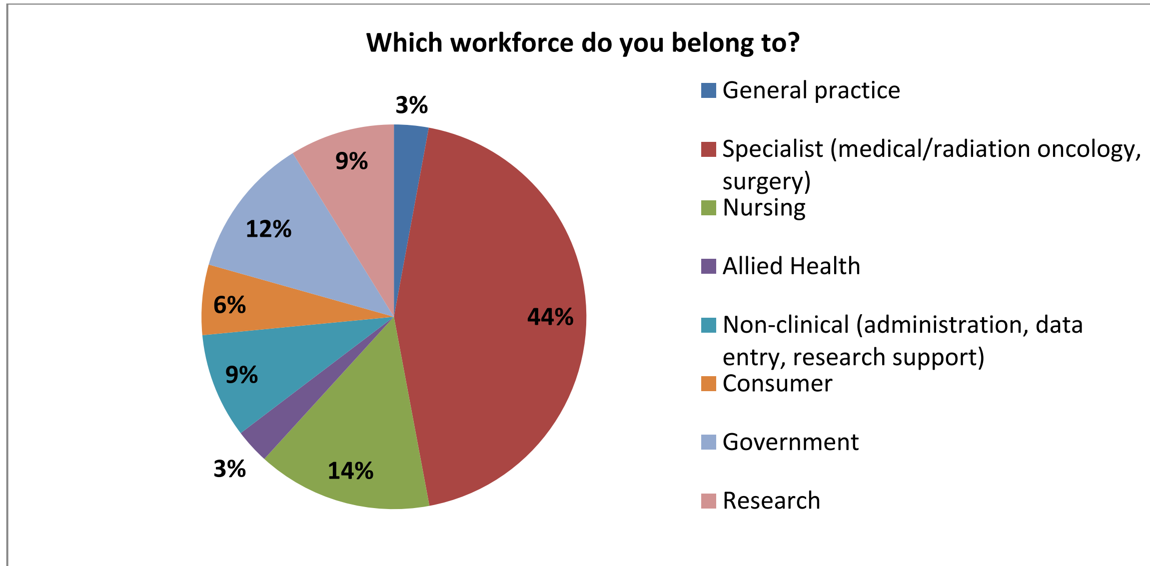
Appendix Two: Workshop Participants

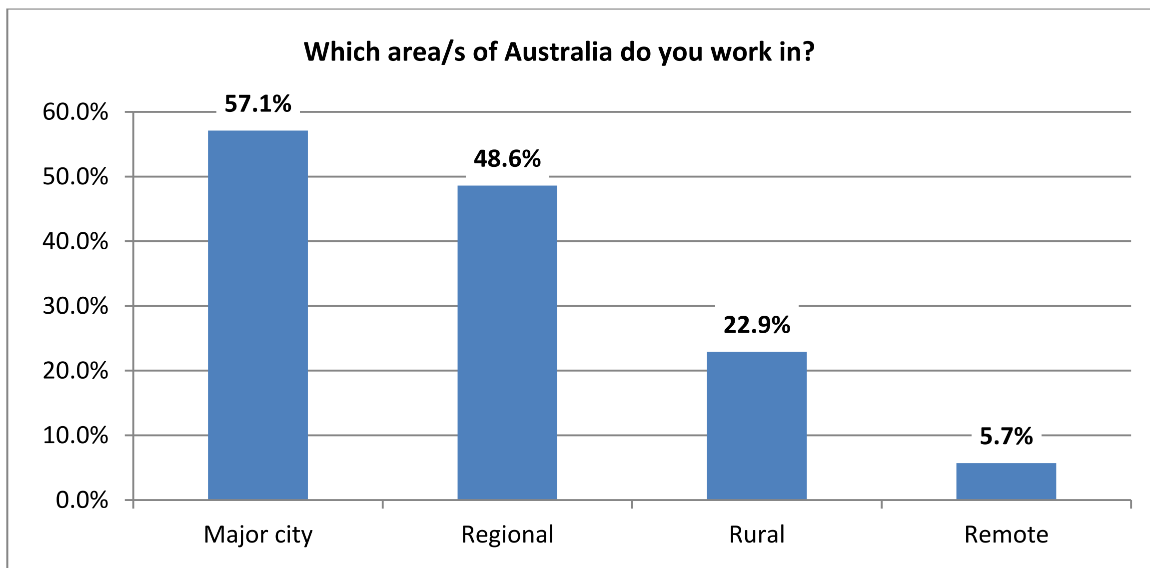
Title	First Name	Surname	Organisation	City	State
Dr	Jacqui	Adams	Country Health South Australia LHN	Adelaide	SA
Professor	David	Ashley	Barwon Health Andrew Love Cancer Centre	Geelong	VIC
Ms	Angela	Booth	Southern NSW and Murrumbidgee LHD	Murrumbidgee	NSW
Dr	Adam	Boyce	Oncology North Coast	Lismore	NSW
Ms	Maree	Bransdon	Central Integrated Regional Cancer Service	Rockhampton	QLD
Dr	Karen	Briscoe	North Coast Cancer Institute	Coffs Harbour	NSW
Mr	Graeme	Campbell	General Surgeons of Australia	Bendigo	VIC
Ms	Natalie	Carrangis	Cancer Australia	Sydney	NSW
Mr	Wayne	Champion	Country Health South Australia LHN	Whyalla	SA
Professor	David	Currow	Cancer Institute NSW	Sydney	NSW
Ms	Elise	Davies	Department of Health, Victoria	Melbourne	VIC
A/Professor	Sidney	Davis	William Buckland Radiotherapy Centre	Melbourne	VIC
Dr	Haryana	Dhillon	University of Sydney	Sydney	NSW
Dr	Peter	Downie	ANZCHOG	Melbourne	Vic
Mr	David	Edwards	SolarisCare Foundation	Perth	WA
Ms	Jacinta	Elks	Sunshine Coast	Nambour	QLD
W/Professor	Jon	Emery	UWA and PC4	Perth	WA
Ms	Alison	Evans	Zest Health Strategies	Sydney	NSW
Ms	Andrea	Franke	Moruya Community Health Centre	Moruya	NSW
Associate Professor	Gail	Garvey	Lowitja Institute	Brisbane	NSW
Dr	Mathew	George	Tamworth Hospital Oncology Unit	Tamworth	NSW
Professor	David	Goldstein	Prince Of Wales Hospital	Sydney	NSW
Dr	Peter	Grimison	Royal Prince Alfred Hospital	Sydney	NSW
Mr	Paul	Grogan	Cancer Council Australia	Sydney	NSW
Dr	Jessica	Harris	Clinical Oncological Society of Australia	Sydney	NSW
Dr	Jane	Hill	Riverina Cancer Care Centre	Wagga Wagga	NSW
Ms	Jenny	Johnson	Rural Doctors Association of Australia	Canberra	ACT
Ms	Victoria	Jones	Oncology Social Work Australia	Queanbeyan	NSW
Mr	Giam	Kar	Alan Walker Cancer Care Centre	Darwin	NT
Professor	Dorothy	Keefe	SA Cancer Service	Adelaide	SA
Ms	Ellen	Kerrins	Health Workforce Australia	Adelaide	SA
Dr	Rosemary	Knight	Department of Health and Aging	Canberra	ACT
Professor	Bogda	Koczwara	Flinders Centre for Innovation in Cancer	Adelaide	SA
Dr	Jeremy	Long	Sunshine Coast HHS	Nambour	QLD
Professor	Ray	Lowenthal	University of Tasmania	Hobart	TAS

Title	First Name	Surname	Organisation	City	State
Ms	Marie	Malica	Clinical Oncological Society of Australia	Sydney	NSW
Mr	Stephen	Manley	North Coast Cancer Institute	Lismore	NSW
Professor	Bruce	Mann	Royal Womens Hospital	Melbourne	VIC
Dr	Paul	Mara	Rural Doctors of Association of Australia	Canberra	ACT
Mr	Abel	McDonald	Cancer Australia	Sydney	NSW
Ms	Kathy	Meleady	NSW Ministry of Health	Sydney	NSW
Professor	Ian	Olver	Cancer Council Australia	Sydney	NSW
Ms	Christine	Packer	Hume RICS (Regional Integrated Cancer Service)	Shepparton	VIC
Professor	Jane	Phillips	The Cunningham Centre for Palliative Care	Coffs Harbour	NSW
Ms	Violet	Platt	WA Department of Health	Perth	WA
Dr	Ian	Roos	COSA Council	Sydney	NSW
Dr	Sheryl	Sim	Peter MacCallum Cancer Centre	Burnie	TAS
Ms	Sandra	Slatter	Cancer Voices Victoria	Heathcote	VIC
Ms	Julie	Tate	Department of Health & Human Services Tasmania	Hobart	TAS
Dr	Craig	Underhill	Border/East Hume Cancer Network	Albury-Wodonga	VIC
Ms	Megan	Varlow	Cancer Institute NSW	Sydney	NSW
Dr	Sue	Velovski	Lismore Base Hospital/ St Vincents Private Hospital	Lismore	NSW
A/Professor	Euan	Walpole	Cancer Services at Queensland Health	Brisbane	QLD
Ms	Rachel	Whiffen	VCOG, Cancer Council Victoria	Melbourne	VIC
Ms	Melinda	Williams	Barwon South Western Regional Integrated Cancer Service	Geelong	VIC
Ms	Jane	Williamson	PICS- Paediatric Integrated Cancer Services	Melbourne	VIC
A/Professor	Desmond	Yip	The Canberra Hospital	Canberra	ACT
Dr	Sue	Young	Murray Valley Radiation Oncology Centre	Albury-Wodonga	VIC
Dr	Helen	Zorbas	Cancer Australia	Sydney	NSW

Appendix Three: Survey Results

Survey participants





Survey responses

Recommendation	High	Medium	Low	Priority	Scope
Specialist Workforce					
Advocate for trainee oncology positions in rural areas for more experienced graduates.	17	14	5	High	Regional
Develop a national oncology training framework to give trainees from all disciplines optimal regional oncology experience.	14	18	4	Medium	Regional
Encourage professional Colleges to take an active role in supporting trainee positions in oncology in regional and rural areas.	22	12	2	High	Regional
Establish a co-ordinated recruitment process that matches trainee positions and funding to new oncology positions at regional cancer centres.	15	18	3	Medium	Regional

Recommendation	High	Medium	Low	Priority	Scope
Implement suggestions for minimum staff numbers for regional cancer centres in the 2009 COSA report “A way forward for regional cancer centres”.	22	13	1	High	Regional
Nursing and allied health workforce					
Boost the cancer workforce by encouraging nurses to train in oncology.	15	16	4	Medium	National
Develop oncology specific training programs for the allied health workforce, including minimum standards and profiles for each specialty.	12	19	4	Medium	National
Factor the feminisation of the health workforce (including the need for maternity leave and preference for part-time positions for some women) into service planning.	11	13	11	Medium	National
Implement a national accreditation scheme for oncology nurses.	16	17	2	Medium	National
Implement distress screening tools at diagnosis to improve access to supportive care services.	12	22	1	Medium	National
Provide additional training to nurses and other allied health professionals for managing the psychosocial concerns of patients.	18	15	2	High	National
Provide oncology training for Indigenous Liaison Officers.	13	19	3	Medium	National
Collect regional and rural oncology workforce data including overtime.	16	13	6	High	Regional
Develop a matrix to determine staffing profiles at different service levels in regional cancer centres based on population and equipment.	17	14	4	High	Regional
Lobby for a national minimum of one Indigenous Liaison Officer at each of the regional cancer centres.	9	13	13	Medium /Low	Regional
Non-clinical Workforce					
Increase educational opportunities and support for non-clinical staff, particularly in regards to communication and grief and loss.	16	18	2	Medium	National
Transfer administrative tasks from clinicians to the non-clinical workforce to ensure optimum use of everyone’s time and skills.	25	7	3	High	National
Encourage regional cancer centres to engage volunteers to run information, support and transport services.	18	14	4	High	Regional
Establish a role for regional cancer centres in health promotion within the community.	4	23	9	Medium	Regional
Role delineation - diagnostics					
Establish mechanisms to ensure the appropriateness of diagnostic tests.	13	15	5	Medium	National
Involve cancer care coordinators at diagnosis.	20	10	5	High	National
Develop a tiered diagnostic framework for regional cancer centres to self-assess against diagnostic requirements that fit with service capability frameworks for treatment.	18	11	3	High	Regional
Develop agreed protocols for access to diagnostic images and data across regional cancer centres.	23	11	0	High	Regional
Develop comprehensive websites accessible to patients and GPs for each of the regional cancer centres.	16	15	4	High	Regional
Establish a triage hot line at regional cancer centres for GPs to obtain more information on diagnostic tests, pathology reports, staging, second opinions and specialist referrals.	20	12	3	High	Regional

Recommendation	High	Medium	Low	Priority	Scope
Establish assessment clinics for common cancers at regional cancer centres.	16	13	6	High	Regional
Establish regional centres of excellence based on available expertise for specific diagnostic tests and treatments.	18	13	3	High	Regional
Lobby the mining industry to provide transport for cancer patients or equipment in empty planes used for flying in miners.	7	9	18	Low	Regional
Role delineation - treatment					
Develop nationally agreed framework for clinical referrals and treatment pathways.	19	15	1	High	National
Implement nationally consistent data collection programs.	22	12	1	High	National
Lobby the privacy commissioner and state governments for improved data linkage and access.	23	11	1	High	National
Develop agreed indicators of success for the regional cancer centre through engagement of consumers and the community.	13	17	5	Medium	Regional
Encourage regional cancer centres to assess their capability against agreed service criteria.	24	11	0	High	Regional
Publish a literature review of international health services research in rural areas.	2	18	15	Medium	Regional
Research Networks					
Establish processes for data linkage between cancer registry, Medicare and hospital registry data sets to facilitate health services and outcomes research.	26	7	2	High	National
Focus on large, less complex trials and health services research.	11	20	4	Medium	National
Develop agreed protocols for access to data across the regional cancer centres.	19	15	1	High	Regional
Encourage funding bodies to provide support for research studies and clinical trials at regional centres by requiring projects to include a regional site.	26	8	1	High	Regional
Establish a research network of regional cancer centres where each site is a lead for specific projects (depending on expertise and interest), with input from rural and remote satellite sites and supported by shared research infrastructure such as ethics committees, statisticians and epidemiologists.	21	14	0	High	Regional
Establish links with epidemiologists and statisticians interested in rural health.	11	21	3	Medium	Regional
Negotiate with Universities to provide research students at regional sites.	10	23	2	Medium	Regional
Education Networks					
Develop a framework that will outline educational requirements and expectations.	12	18	4	Medium	National
Establish a systematic approach to e-learning.	7	17	10	Medium	National
Identify credentialing needs and CPD requirements for each profession.	17	13	4	High	National
Lobby for administrative support for educational meetings and the cost of communication technology.	11	17	6	Medium	National
Establish a mentoring network based in regional and rural areas.	17	16	1	High	Regional
Establish tele-health grand rounds at regional cancer centres.	15	17	2	Medium	Regional
Increase educational opportunities involving exchanges between regional and metropolitan cancer centres.	18	16	0	High	Regional

Recommendation	High	Medium	Low	Priority	Scope
Service Delivery Networks					
Integrate services provide in the public, private and not-for-profit sector.	21	12	1	High	National
Set standards for follow-up care and involve the community in survivorship issues.	24	9	1	High	National
Share resources to optimise service provision, especially after hours, across funding and jurisdictional boundaries.	22	12	0	High	National
Develop flexible referral pathways specific to the needs and skills of each region.	20	14	0	High	Regional
Identify lead clinicians for service delivery at each site.	19	13	2	High	Regional
Plenary Discussion					
Improve cancer outcomes for Aboriginal and Torres Strait Islander people by community engagement.	20	15	0	High	National
Provide education to ensure the safe administration and handling of chemotherapy.	23	11	1	High	National
Support community-based programs to increase health literacy and improve cancer prevention.	14	15	6	Medium	National
Develop service models for patients in remote areas.	23	12	0	High	Regional
Establish a formal network for Directors of the regional cancer centres.	18	16	1	High	Regional
Establish a mechanism for ongoing discussion regarding cancer service development in regional and rural Australia.	19	15	1	High	Regional
Establish a register of cancer expertise in regional and rural Australia.	14	16	5	Medium	Regional
Fund staff education projects located at regional cancer centres.	14	15	6	Medium	Regional
Set the standard for follow-up care following treatment by building on the existing community focus of rural areas.	15	17	3	Medium	Regional

Appendix Four: Workshop Evaluation