Supportive Cancer Care Victoria

Framework for Professional Competency in the Provision of Supportive Care

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Contents

Purpose

This *Framework for professional competency in the provision of supportive care* (the Framework) has been created to provide a strategic approach to capacity building for health services in meeting the supportive care needs of people affected by cancer across Victoria. The Framework articulates the competencies required of the workforce to provide optimal supportive care. Supportive care is an umbrella term used to refer to services that may be required by people with cancer, their family and carers. Supportive care in cancer refers to the five domains of physical, social, information, spiritual and psychological needs.[1]

It is hoped that the Framework can assist Integrated Cancer Services (ICS), health services and service providers to engage in changes required to improve the provision of evidence-based supportive care for people affected by cancer and promote consistency across the state. Supportive care issues are a concern for many people whose health is suboptimal, not only for those who have been affected by cancer. This framework is directed specifically towards supportive care in cancer; however, the principles, model and competencies are equally applicable to other disease groups.

The Framework is an outcome of the Supportive Cancer Care Victoria project (SCCV). This project was conducted under the auspices of the University of Melbourne, and received funding from the Victorian Government through the Victorian Cancer Agency. The project team would like to thank all members of the Steering Committee for their contributions to the Framework and their oversight of the project more broadly.

Glossary of Terms

Cancer control refers to all actions that aim to reduce the burden of cancer on individuals and the community, including research, prevention, early detection and screening, treatment, education and support for people with cancer and their families and monitoring cancer outcomes.[2] Cancer control is built on a broad population health model which focuses on the needs of people affected by cancer and the continuum of care. It encompasses the impact of diagnosis, active treatment, follow-up, survivorship, and supportive and palliative care.

Continuum of care includes the entire trajectory of the experience of people affected by cancer. While this trajectory will vary for each individual, Australia's *National service improvement framework for cancer*[3] has identified five main phases that correspond to the critical elements of health services needed by people affected with cancer to respond to their disease-related and personal experiences. These phases are:

1. prevention — reducing the risk of developing cancer
2. detection — finding cancer as early as possible, if early treatment is effective
3. treatment — having the best treatment and support during active treatment
4. survivorship — having the best treatment and support after and between periods of active treatment
5. palliative care — having the best care at the end of life if the cancer is not cured.

Integrated Cancer Services (ICS) were established by the Victorian Government to support improvements in the integration and coordination of cancer services across the state. The ICS are one of the key mechanisms for implementing the Victorian cancer reform agenda at a local level via their established network of collaborating health services.

Multidisciplinary care is an integrated team approach to cancer care. This occurs when medical, nursing and allied health professionals involved in a person's treatment together consider all treatment options and personal preferences of the person affected by cancer and collaboratively develop an individual care plan that best meets the needs of that person.[4]

Multidisciplinary team (MDT) refers to a team of healthcare providers from a number of different disciplines including medical, nursing, occupational therapy, social work and other allied health services.[5] Team members have independent roles and share information utilising varied media resources such as telephone, videoconferencing, written communication and face-to-face meetings.

Newly diagnosed refers to people who have recently (within three months) received a new diagnosis of cancer.

Palliative care is care provided for people of all ages who have a life-limiting illness, with little or no prospect of cure, and for whom the primary treatment goal is quality of life.[6]

People affected by cancer refers to people affected by all types of cancer, including those at risk of developing cancer, people living with cancer, cancer survivors, carers, family members and significant others.[7]

Supportive care is an umbrella term used to refer to services that may be required by those with cancer, their family and carers. Supportive care in cancer refers to the five domains of physical, social, information, spiritual and psychological needs.[1]

Supportive care assessment involves a more in depth identification of the person's perceptions of need, which if addressed, would help maximise their quality of life.[8] The assessment may be undertaken by any member of the multidisciplinary team within their scope of practice and level of competence. The assessment may occur following an initial screening for supportive care needs. "Specialist assessments are undertaken where the presenting issue clearly requires a specialist service response inquiry, and incorporates an advanced dimension of history taking, examination, observation, and a provider who has specialist skills, knowledge and expertise."[9]

Supportive care screening involves the routine and systematic identification of potential supportive care needs or risk factors before the issue becomes a symptom. "The practitioner undertaking initial needs identification looks beyond the presenting issue to what underlying issues may exist." [9] Supportive care screening includes:

- the prioritising of needs (relating to the five domains of care as above)
- providing an immediate response to high-level risk
- implementing appropriate follow-up referral(s) and support.

Part A – The professional development model

Background

With one in three men and one in four women in Australia being diagnosed with cancer by age 75 years,[10] the impact of cancer on the community is a major public health issue. It is likely that all health professionals working in a variety of settings will be required to provide care for someone affected by cancer at some stage in their professional life. Initiatives to improve the delivery of cancer services are therefore likely to impact on the practice of many health professionals.

As part of a significant cancer reform agenda, in May 2009 the Victorian Department of Health released the document *Providing optimal cancer care: supportive care policy for Victoria*.[1] This policy underpins the work of the Integrated Cancer Services (ICS) to achieve high-quality supportive care services for people affected by cancer. The ICS have a vital role in providing leadership and support to enable healthcare services to initiate and/or improve provision of evidence-based supportive care services and to promote consistency across the state.

The Victorian supportive care policy outlines the following strategic directions for supportive care provision:

- identifying the supportive care needs of people affected by cancer
- capacity building for optimal supportive care
- implementing supportive care screening into routine practice
- addressing supportive care needs — referral and linkages.

The Victorian Government also released *Victoria's Cancer Action Plan 2008–2011* (VCAP) in December 2008, "to ensure that the cancer prevention and care Victorians receive is the best that it can be."[11] VCAP outlines four action areas with related targets, many of which will be achieved through the ICS structure. In particular, Action Area 4 — Supporting and empowering patients and their carers throughout their cancer journey — sets the following targets and milestones for supportive care relevant to this framework:

- "By 2012 we will provide evidence of training of the cancer workforce in supportive care screening processes and survivorship awareness"
- "We will aim to document supportive care screening for 50 per cent of newly diagnosed cancer patients by 2012"

The Victorian supportive care policy and cancer action plan clearly define the direction and targets to be achieved by health services for people affected by cancer and they also underpin this framework. This document also builds and draws on other international and national frameworks, most notably the supportive care model developed by Fitch[12] work in the United Kingdom focusing on a common assessment of supportive care needs[13] and Australian work focusing on the professional development of the workforce in cancer.[7]

This document provides the ICS and health services with a guide to build workforce capacity for the provision of optimal supportive care. In developing a framework for professional development in supportive care, it is anticipated that evidence-based strategies for identifying and addressing supportive care needs are implemented in a safe practice environment and that clinicians are able to meet core competencies or standards. The public health approach emphasises the need to move away from a 'specialist only service' to the provision of supportive care as a community responsibility.

Principles underpinning the Framework

The following principles underpin the Framework[7]:

1. The priorities, needs and experiences of people affected by cancer are central to the provision of supportive care services. Consultation with people affected by cancer regarding the design, provision and evaluation of supportive care services is essential.
2. Many people are able to have their supportive care needs met by their own support system and require minimal intervention from health clinicians; however, all people should be asked about their supportive care needs.
3. Learning from others about ways of coping more effectively when living with cancer is an example of building resilience, which is to be fostered. The mutual support of other cancer patients is recognised as a valuable network of support.
4. Guided by health professionals with relevant skills, supportive care screening should, where possible, involve a self-assessment process.
5. People affected by cancer vary in their information and decision-making preferences and interest in self-management. Supportive care interventions need to be tailored according to individual needs, preferences and willingness to self-manage.
6. Sustainable efforts to improve supportive care services in our community require a population-based approach to health service planning and delivery. The particular geographical, social and cultural needs of people affected by cancer, including the needs of specific population groups such as Indigenous Australians, socioeconomically disadvantaged people, those from non–English speaking backgrounds and people in rural and remote areas, must be considered to ensure a responsive and inclusive approach.
7. People affected by cancer have many and often complex needs throughout their cancer journey. Multidisciplinary practice is an established standard of care for meeting these needs. Access to services provided by a multidisciplinary team should be consistent throughout the state.
8. The health professional's involvement in cancer control is governed by the values, guidelines and principles set out by their own regulatory and professional bodies, taking account of current evidence, population health needs and government priorities in cancer control.
9. Clinicians need to be responsive to the supportive care needs of people affected by cancer along the various stages of the cancer journey. This involves clinicians defining their scope of practice, having the skills to provide, at a minimum, an immediate primary response, having knowledge of resources, understanding the referral pathways and acknowledging that multidisciplinary care is good clinical practice.
10. People affected by cancer require services from a variety of clinicians, including public and private healthcare providers. Continuity of care across health services regardless of practice setting depends on communication between health services (primary, secondary and tertiary) and this includes timely and effective sharing of supportive care needs information.
11. Supportive care remains only one aspect of concern for people affected by cancer. Continuity of health care also involves interaction with other cancer-related and non–cancer related service providers and health initiatives at the state and federal levels. Recognising and identifying possible overlap or synergies with other healthcare providers and other health initiatives would enhance outcomes.

12. As a chronic disease, the principles and capabilities for supporting prevention and chronic condition self-management apply equally to cancer as to other chronic diseases. The primary healthcare setting provides opportunities to develop competency in supporting people to self-manage their chronic condition(s) as it applies to the cancer context.[14]
13. Clinicians providing supportive care services for people affected by cancer need to continue to develop evidence to inform improvements in outcomes, particularly where they relate to interventions designed to prevent or alleviate key health and support needs across the disease continuum. Development of the evidence base requires a partnership between health professionals working in practice, education and research to utilise and evaluate international and Australian research.

A supportive care professional development framework

The Framework emphasises that people affected by cancer have varied needs over the course of their journey and thus require services from multiple health professionals at various times. A range of expertise is required to provide comprehensive cancer care; supportive care is not exclusively provided by one discipline or agency.[12] The Framework identifies the need for a broad strategic approach when considering how to develop workforce capacity to efficiently facilitate prompt and effective responses by health professionals and services tailored to individual needs.

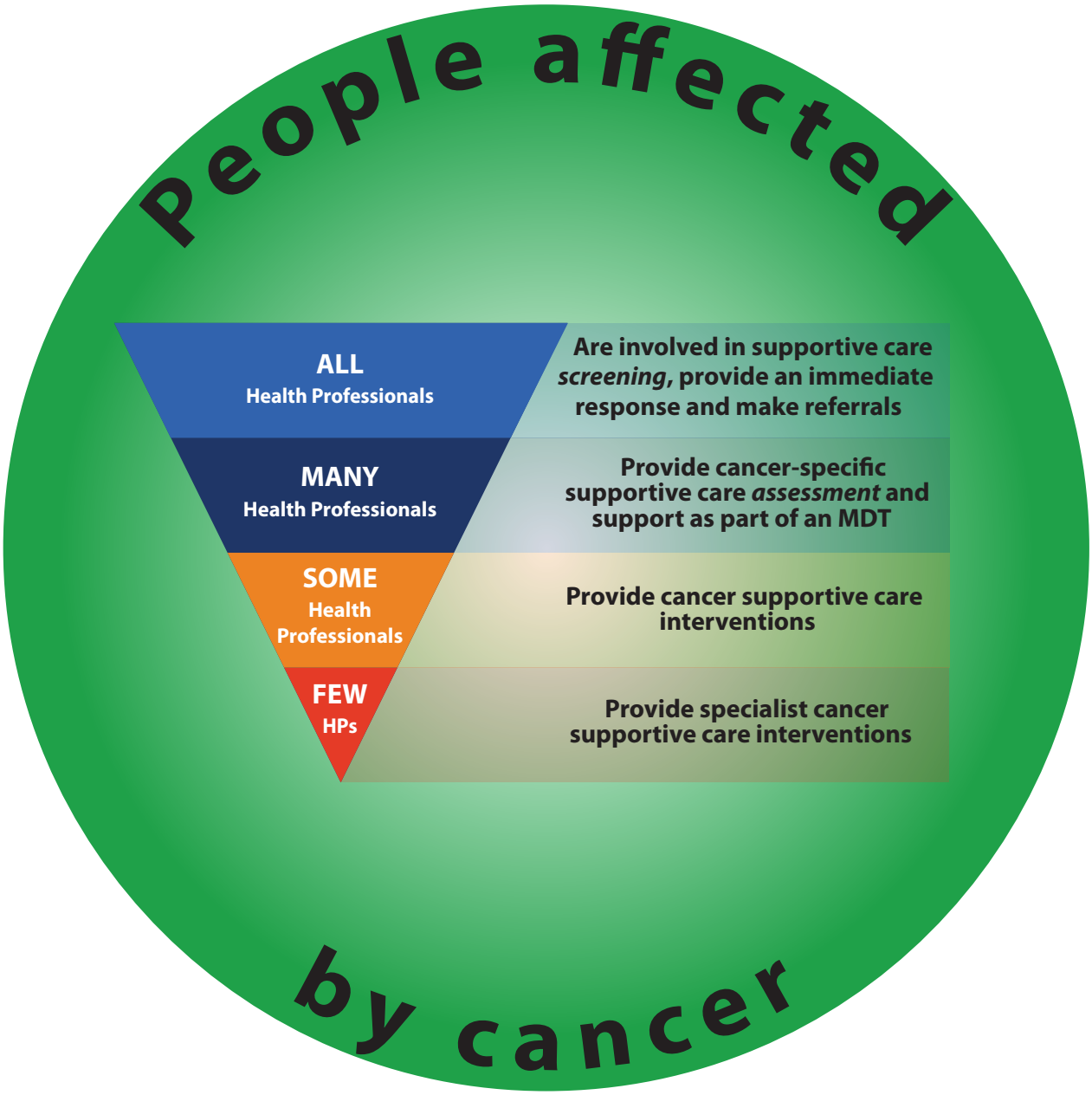
The model presented in Figure 1 describes the varying practice interventions of clinicians in providing supportive care. In applying this model, all health clinicians, regardless of practice setting, are likely to have contact with people affected by cancer and will therefore require some level of capability in cancer control and supportive care screening. Some clinicians will, however, require specialised and advanced competencies in cancer control, as their practice requires them to respond to the particular health and support needs of people affected by cancer. The model has been adapted from the National Cancer Nursing Education Project[7] to provide a broader multidisciplinary fit within the supportive care area.

While the dynamic and complex nature of contemporary practice environments means it is not possible to provide absolute definitions of the scope of practice or discrete levels of practice, four broad groupings of clinicians involved in cancer care are defined in this framework. These groupings do not constitute a hierarchy of practice, but rather are intended to represent the scope of practice and associated areas of competence required of clinicians working in different contexts at different times on the cancer care continuum.[7]

The Framework advocates collaborative and universal services for all people affected by cancer, many of which may be provided by clinicians working in non-specialist practice settings. People affected by cancer are likely to require specialist cancer services at particular points of their cancer journey, such as when the person is receiving specialist cancer therapies. Such services may also be required for the person who is at high risk of experiencing adverse outcomes or whose needs are more complex or cannot safely be met by non-specialist services.

The purpose of this framework is to guide scope-of-practice decisions and define competency expectations for clinicians when providing supportive care in the context of cancer control. Workforce training at a local level would need to be adapted to local service needs and would be focused on the health professional's requirements to achieve the supportive care competencies.

Figure 1: Professional development model for health clinicians providing supportive care



Adapted from the EdCaN Professional development model for nursing in cancer control[7]

All health professionals, regardless of practice setting, are required to work collaboratively with the person affected by cancer to address their health needs. People affected by cancer may also have comorbidities and may live with the consequences of cancer beyond an active diagnostic and treatment phase, in survivorship or at end of life. When in contact with people affected by cancer, all health professionals need the capability to screen for supportive care needs, provide an initial response and facilitate the use of appropriate multidisciplinary resources, including services provided by the local community as well as referral to specialist cancer services as needed. All health professionals include primary care practitioners such as general practice nurses, general medical practitioners, and health professionals working in local health services and elsewhere who demonstrate the supportive care competencies described for All Health Professionals in Part B of this framework.

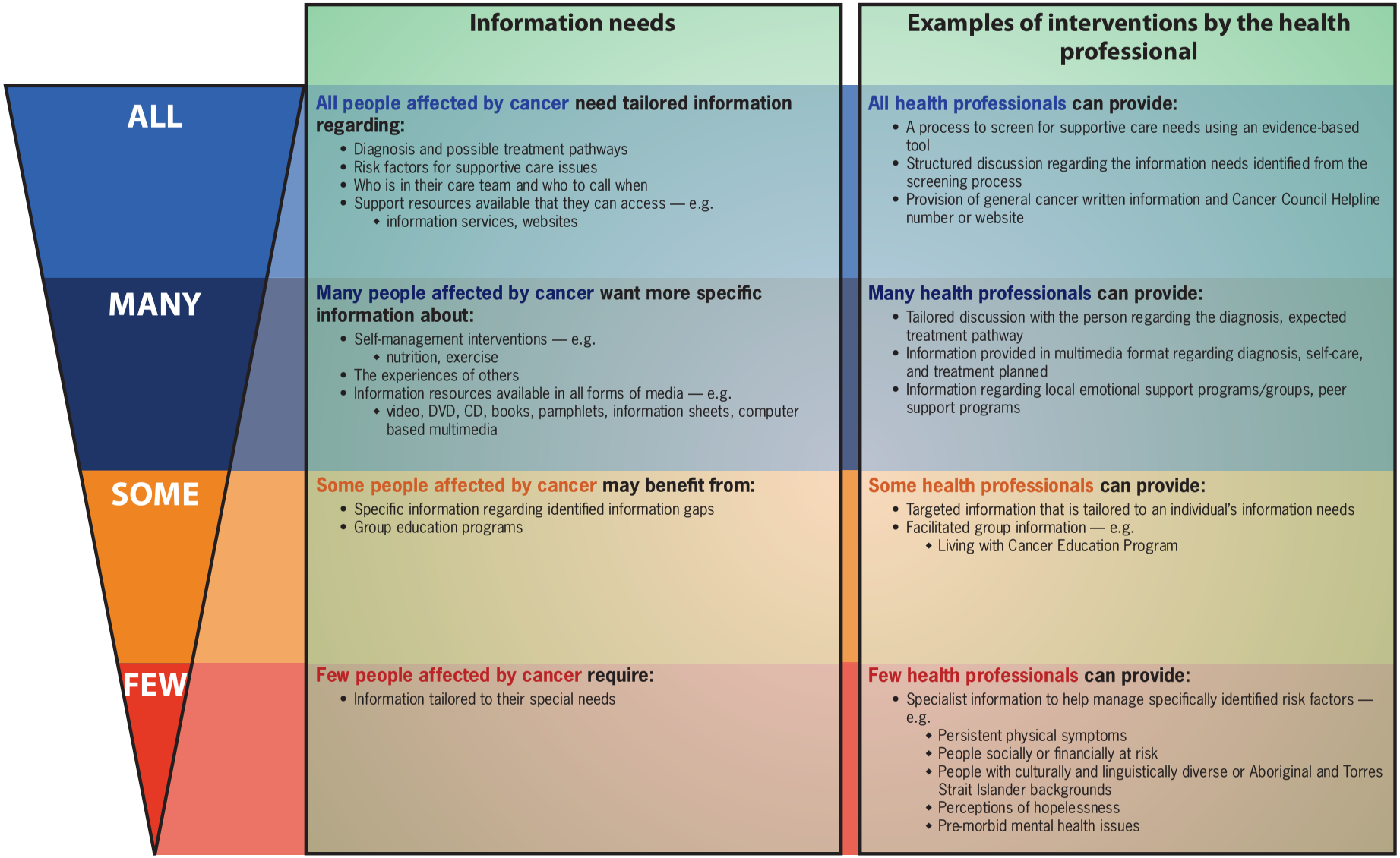
Many health professionals will participate more frequently or for short intensive periods in the care of people affected by cancer due to their expertise in addressing specific health needs or because of their work context. Although not identified as cancer specialists, some of these health professionals will be specialists in areas such as head and neck surgery, infection control, enterostomal therapy, general paediatrics, or palliative care. Such health professionals may also work in community health or rural and remote settings where they frequently come into contact with people affected by cancer. These health professionals need the capability to assess for specific supportive care needs and provide a more tailored response as part of the multidisciplinary approach to care. They may require access to further education in areas of cancer control with a direct application to their role. Health professionals in this group would be able to demonstrate the supportive care competencies described in Part B of this framework for Many Health Professionals.

Some health professionals will choose to become specialists in cancer control. Most of these specialists will work in dedicated cancer services and may be primarily responsible for care of people at a specific phase of their journey (for example, radiotherapy), or across all phases of the cancer journey (for example, paediatric oncology). Others may work in a broader context but provide a specialist resource in cancer control to a range of generalist providers (for example, a cancer nurse coordinator). The competencies for these health professionals are discipline-specific and are therefore not included in this framework.

Few health professionals will become competent and authorised to practise in an advanced and/or extended role in cancer control, for example a lymphoedema practitioner. These health professionals will build on the competencies of the specialist cancer professional through additional experience and education as recommended by their own discipline.

Below is the professional development model applied to meeting the information needs of people affected by cancer (Figure 2). The figure provides suggestions for how this framework may be seen to work in practice in a clinical setting. In applying the professional development model the need for all people affected by cancer to have at least been screened for supportive care needs and provided with information about their diagnosis and treatment is identified as being a role for all health professionals.

Figure 2: Professional development model applied to information needs



Adapted from Fitch, 2000[15]

Implementation of the Framework

The Framework, including the model and competencies, sets the ideal approach and standards to be adopted to meet the supportive care needs of people affected by cancer. Implementation of the Framework requires the support of the person affected by cancer, the clinician, health educators, health service providers and policy makers to start with the same ideal and work towards its achievement; gathering this support can be facilitated by the ICS.

The focus and scope of the supportive care learning experiences required for each individual health professional will be determined by the level of competence required in their clinical setting. It is anticipated that clinicians would need to participate in continuing professional development programs relevant to supportive care in cancer to help support achievement of the competencies. This framework can be used to support the ICS with development of a training strategy to build workforce capacity for the provision of optimal supportive care.

Sustainability of Supportive Care Service Provision

Supportive care is increasingly being seen as a core component to quality cancer care[1] and there is evidence that people affected by cancer continue to experience supportive care needs and these needs remain unmet during treatment and up to five years post-treatment.[15] The VCAP targets focus on screening for supportive care needs following initial cancer diagnosis; however, there is recognition of the need for repeat supportive care screening along the cancer journey. Following achievement of the VCAP targets related to initial supportive care screening, the area of repeat screening may require similar intensive attention.

Noticeable improvements in supportive care provision take time to implement and evaluate. It is anticipated that the Framework, including the competencies and resources, will assist the ICS to implement some of the changes required to enable achievement of the VCAP targets.

Sustainability requires:

- embedding of education and training into existing systems and structures
- providing evidence-based tools and the support system for ease of recording information
- gaining organisational and community support
- documentation of impact/outcomes of training and implementation of continuing professional updates.

Improvements in service provision that target health professionals working at the individual, organisational and community level, development of a strategic plan with short-, medium- and long-term goals, and having a model to work towards will help achieve change in practice over the longer term.

Part B – Competencies

Competencies

The details of the expected outcomes of the four strategic directions outlined in the Victorian Government's supportive care policy, *Providing optimal cancer care: supportive care policy for Victoria*, provide a basis for outlining the expectations of health professionals in providing cancer care. Consistent with the model outlined in Figure 1, health professionals will require access to ongoing professional development opportunities that enable them to develop a level of supportive care competence required to meet the changing needs of the populations they serve.

This part of the Framework defines the level of competence in supportive care for health professionals working at the 'All' and 'Many' levels of practice. The 'Some' and 'Few' health professional levels are not included as discipline-specific competencies apply to these levels. Also available in a separate document are the listed competencies together with suggested resources including on-line resources that would assist with the achievement of the competencies.

There are two key competencies described in the next section of this framework:

1. Identifying supportive care needs
2. Addressing supportive care needs

The competencies are divided into three areas to describe what is expected of the health professional:

1. when identifying and addressing the needs of the individual
2. when engaging with the health service/organisation in the process of identifying and addressing supportive care needs
3. when taking a local community approach to identifying and addressing supportive care needs.

Clarifying what is required of the health professional at these levels focuses the education and training required and supports identifying possible gaps in professional development activities.

Competency Standards for ALL Health Professionals

1. Identifying supportive care needs

Identifying supportive care needs - Working with INDIVIDUALS
Competency 1.1
Demonstrates understanding of the impact of a cancer diagnosis and its treatment on the interrelated physical, social, information, spiritual and psychological aspects of the person affected by cancer and understands the value of early identification of these needs
Competency 1. 2
Can state risk factors and protective factors that may impact on supportive care outcomes related to a cancer diagnosis including: ▪ the National Breast and Ovarian Cancer Centre's psychosocial risk factors ▪ presence or lack of social support ▪ persistent physical symptoms ▪ difficulty in obtaining and/or understanding information ▪ expressions of hopelessness or spiritual concerns
Competency 1. 3
Able to demonstrate a structured approach to supportive care screening: ▪ Routinely screens for supportive care needs using an evidence-based tool to identify risk factors and identify current needs ▪ Documents and shares results with the treating cancer team ▪ Aware of the environment and undertakes initial supportive care screening discussion in an area that promotes privacy with minimal interruption.
Competency 1. 4
Understands the referral criteria, costs and waiting time for access to supportive care services and can prioritise needs so that the person is not affected by any delays
Competency 1. 5
Identifies and reinforces the person and their family's central role in managing their health

Identifying supportive care needs - Working with ORGANISATIONS
Competency 1.6
Complies with health service reporting requirements related to supportive care screening and referrals

Identifying supportive care needs - Working with COMMUNITY
Competency 1. 7
Champions the use of supportive care resources available in the local community

Competency Standards for ALL Health Professionals

2. Addressing supportive care needs

Addressing supportive care needs - Working with INDIVIDUALS
Competency 2.1
Has the capacity to provide 'first line' support by demonstrating therapeutic communication skills *Structured discussions with people generally include:* ▪ rapport building ▪ agenda setting ▪ information management ▪ active listening ▪ responding to emotions ▪ closure and reaching common ground
Competency 2. 2
Demonstrates communication skills to encourage the acceptance of a referral by: ▪ introducing the concept of the multidisciplinary approach to care as an accepted standard ▪ normalising need for referral to other disciplines ▪ providing individually tailored information about the benefits of referral ▪ coordinating appointment if able
Competency 2. 3
Aware of the availability of general cancer information resources suitable for people affected by cancer including telephone-based support such as the Cancer Information and Support Society
Competency 2. 4
Provides a coordinating role and acts as a key contact
Competency 2. 5
Promotes self-management by recommending activities tailored to the individual's needs *Identifies carer burden and separates out carer need and availability of carer support*
Competency 2. 6
Fosters engagement with the local community, support networks and effectively supports self-management strategies including assessment, goal setting, problem solving and follow-up

Addressing supportive care needs - Working with ORGANISATIONS
Competency 2. 7
Champions the value of addressing supportive care needs in the organisation

Competency Standards for ALL Health Professionals

2. Addressing supportive care needs

Addressing supportive care needs - Working with COMMUNITY
Competency 2. 8
Able to define gaps and consider options relating to supportive care service provision within own practice area
Competency 2. 9
Aware of cultural needs and the needs of special groups such as Aboriginal and Torres Strait Islander people and culturally and linguistically diverse groups

Competency Standards for **MANY Health Professionals**

3. Identifying supportive care needs

Identifying supportive care needs - Working with INDIVIDUALS
Competency 3.1
Demonstrates an understanding and ability to apply knowledge of likely treatment pathway in order to anticipate and provide information regarding potential supportive care issues on an individual basis
Competency 3. 2
Able to undertake routine discipline-specific assessment (as a follow-up to screening) using a systematic, evidence-based approach and includes supportive care domains in the assessment

Identifying supportive care needs - Working with ORGANISATIONS
Competency 3. 3
Engages change in their clinical setting to ensure supportive care needs of people affected by cancer are identified and documented

Identifying supportive care needs - Working with COMMUNITY
Competency 3. 4
Demonstrates an awareness of the profile of the community being served and is able to report most frequently used supportive care resources to supportive care networks

Competency Standards for **MANY Health Professionals**

4. Addressing supportive care needs

Addressing supportive care needs - Working with INDIVIDUALS
Competency 4.1
Demonstrates advanced communication skills by targeting support according to discipline-specific assessment and is able to elicit and respond to emotional cues with confidence
Competency 4. 2
Communicates effectively with other members of the healthcare team and refers appropriately to facilitate efficient cancer-specific intervention for current and potential needs of the person affected by cancer
Competency 4. 3
Plans and implements cancer care as part of a multidisciplinary team to meet the physical, psychological, social, cultural and spiritual aspects and information needs of the person affected by cancer
Competency 4. 4
Networks with the other services and multidisciplinary team members involved in the care of the person to ensure the care provided is part of a continuum of care
Competency 4. 5
Provides information regarding specific cancer treatment, treatment effects and multidisciplinary team contacts *Provides tailored multimedia information and utilises current resources*
Competency 4. 6
Based on the Chronic Disease Framework, utilises techniques that promote self-management

Addressing supportive care needs - Working with ORGANISATIONS
Competency 4. 7
Promotes networking between available resources and considers all options available to provide supportive care
Competency 4. 8
Recognises and promotes the value of addressing supportive care needs and has an awareness of related targets in Victoria's Cancer Action Plan
Competency 4. 9
Provides input into the development of the strategic plan for supportive care services in the area.

Addressing supportive care needs - Working with COMMUNITY
Competency 4. 10
Promotes effective use of resources such as Aboriginal Health Workers, interpreters and visual aids to facilitate communication and promote continuum of care

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