# PAM Strategy

speech and language therapy

occupational therapy

physiotherapy

orthoptics

podiatry

dietetics

# CANCER SERVICES

## A Position Paper for the Professions Allied to Medicine

# Cancer Services

# A Position Paper for the Professions Allied to Medicine

**Produced by**

**The Regional PAMs Forum on Cancer Services**

**June 1998**

**This paper is related to the implementation of the PAM Strategy**

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# Foreword

At the launch of the Cancer Services Conference "Investing for the Future" on 15 May 1997 Dr Henrietta Campbell stated that we must all ensure that the framework for the development of more efficient cancer services is in place as soon as is practical. This framework is dependent upon better prevention, earlier diagnosis and high quality service provision by skilled professionals working at all levels in a patient centred collaborative manner.

One of the key areas identified in the PAM Strategy document that requires further development is Cancer Services.

This position paper has been produced by the Regional PAMS Forum on Cancer Services and is related to the implementation of the PAM Strategy. Its aim is to help inform service commissioners and providers of the current position and issues that need to be addressed to ensure that PAMs skills are appropriately deployed and developed to ensure the best outcome for patients, carers, commissioners and providers.

This position paper is complementary to the report produced by the Central Nursing Advisory Committee and the Advisory Committee of the Therapeutic Professions Allied to Medicine, "A Framework for the Multi-Professional Contribution to Cancer Care in Northern Ireland".

**Nuala McArdle**
Officer for the Professions Allied to Medicine
Department of Health and Social Services

## Introduction

Patients with cancer are living longer due to early diagnosis and better treatment. In recent years there has been increasing attention to issues related to the quality of life of patients with cancer and a recognition of the potential for habilitation and rehabilitation. As a result, PAMs as members of the multi-disciplinary team are now more actively involved with patients diagnosed with cancer during all phases of their disease.

Each person's life possesses a unique blend of psychological, social, economic and physical factors and comprehensive care requires the needs of the whole person to be addressed. This requires patients and carers having timely access to the most appropriate range of professional skills that will allow individual patients and their carers to retain control of their lives and associated circumstances for as long as possible. It also requires professions, in all locations, to work in a collaborative patient centred manner that affords the best outcome for patients. The need has been highlighted for a multi-professional approach to the delivery of cancer services in "Investing for the Future" and "A Framework for the Multi-professional Contribution to Cancer Care in Northern Ireland". This need has also been highlighted in the PAM Strategy document.

The Cancer Collaboration Document which summarises the workforce and training implications arising from "A Policy Framework for Commissioning Cancer Services" endorses that PAMs are essential to cancer care. Therapy services form an integral part of the Health and Personal Social Services (HPSS) and provide important and valuable services to patients with cancer. However to date, other than Therapeutic Radiography, there has been limited formal involvement of these professions in the work undertaken to develop the future delivery of cancer services throughout Northern Ireland. Therapeutic Radiographers provide a regional Radiotherapy Service in Northern Ireland and are responsible for carrying out prescribed radiation treatment to both the common and rare forms of cancer.

## The General Principles of Cancer Care

The Professions Allied to Medicine are committed to the principles identified by the Expert Advisory Group on Cancer which should govern the provision of cancer car, ie

1. All patients should have access to a uniformly high quality of care in hospital or community, wherever they may live, to ensure the maximum possible cure rates and best quality of live. Care should be provided as close to the patient's home as is compatible with high quality, safe and effective treatment.

2. Public and professional education to help early recognition of symptoms of cancer and the availability of national screening programmes are vital parts of any comprehensive network of cancer care.

3. Patients, families and carers should be given clear information and assistance in a form they can understand about treatment options and outcomes available to them at all stages of treatment from diagnosis onward.

4. The development of cancer services should be patient centred and should take account of patients', families' and carers' views and preferences, as well as those of professionals involved in cancer care. Individuals' perceptions of their needs may differ from those of the professional. Good communication between professionals and patients is especially important.

5. The primary care team is a central and continuing element in cancer services for both the patient and his or her family from primary prevention, pre-symptomatic screening, initial diagnosis, through to care and follow up or, in some cases, death and bereavement. Effective between sectors is imperative in achieving the best possible care.

6. In recognition of the impact that screening, diagnosis and treatment of cancer have on patients, families and their carers, psychological aspects of cancer care should be considered at all stages.

7. Cancer registration and careful monitoring of treatment and outcomes are essential.

## Current Position

There is significant evidence nationally to suggest that the skills of PAMs across health and personal social care provision are not fully understood or utilised to the maximum benefit of patient care (King's Fund). Similar evidence exists in NI, including the Social Services Inspectorate (SSI) Multidisciplinary Inspection Reports on Care Management and Discharge Arrangements of Older People from Hospital 1995 and 1998.

Workforce projections have not yet fully addressed the need for PAMs services in the treatments of patients with cancer, within the Cancer Centre, Cancer Units and at local levels.

Most PAMs, other than Therapeutic Radiography, are currently not dedicated to working solely with patients with cancer. Historically, the only therapists solely dedicated are in the Northern Ireland Centre for Clinical Oncology (NICCO), Beaconfield and the Northern Ireland Hospice. Recently appointments have also been made to the Cancer Unit at Belfast City Hospital.

Within acute, primary and community care settings PAMs staff are endeavouring to respond to the increase in referrals directly related to cancer without having been resourced to meet this need.

In addition the increase in referrals has generated a need for goods and services, which to date have not been adequately resourced. Examples of goods and services needs for patients with cancer which require timely provision by PAMs are – nebulisers, tens machines, communication aids, liquidisers, orthotics, equipment/adaptations, wheelchairs, pressure relieving cushions.

## Existing Service Provision

Existing PAMs services are mainly provided from Belvoir Park Hospital where there is a well established and developed Therapeutic Radiography service. Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy are less developed. Current staffing levels in the latter professions do not allow patient needs and service development to be properly addressed. This is further complicated by the general lack of awareness of the role of PAMs in cancer service provision.

In 1997 temporary funding was secured for 1 full time Physiotherapy and 0.5 Occupational Therapy posts. This allowed additional outpatient treatments to be provided and some patient and professional education to be addressed. As funding has not been continued, it will not be possible to maintain these developments.

## Referral to Services

Referral to PAMs services for assessment/treatment may be for a number of reasons, eg

- Symptoms of site specific tumour
- Side effects of treatment such as surgery, radiotherapy, chemotherapy
- Side effects post treatment
- General debility/mobility etc
- Pain relief
- Management of symptoms eg lymphoedema, anxiety
- Management of respiratory distress
- Equipment and adaptations for discharge/maintenance at home

Timely referrals are frequently not made as the need to refer is not always evidence to some team members. By the time referrals are received, patients' conditions have frequently deteriorated significantly.

## Role of PAMS in the Treatment of Patients with Cancer

The PAMs are registered by the Council for the Professions Supplementary to Medicine (CPSM) or their individual Professional Association. Professionally they have graduated with a BSc Hons degree and several have studied for and achieved higher degrees. State Registration is essential for employment within HPSS.

The Professions Allied to Medicine are involved in the diagnostic, curative, rehabilitation, palliative and terminal care of patients with cancer.

In the past, the management of disability was often overlooked. There is not however a growing realisation of the value of active rehabilitation in the maintenance and improvement in quality of life for both the patient and his/her family.

## Dietetics

Dietitians in Oncology specialise in nutritional assessment which is used together with clinical information to prescribe dietary treatment.

Cachexia is a common manifestation of cancer which indicates a state of peripheral muscle wasting that results in a weak emaciated condition seen in many cases of malignant tumours. Malnutrition is the single most common secondary diagnosis in patients with cancer (Harvey et al 1979). The presence of malnutrition has been associated with decreased performance status, increased complication rates of cancer treatment and decreased survival. Approximately 90% of patients receiving radiotherapy to head, neck mediastinum or abdomen lose weight (De Wys 1980).

The physical effects of the tumour on nutritional status include

- localised effects eg the site of the tumour may interfere with the ability to ingest,

- systemic effects eg anorexia, dysgeusia, loss of skeletal muscle

The **specialist skills** on the oncology dietitian are essential

- **prior to treatment** when the aim is to restore optimum nutritional status in preparation for treatment. The understanding and critical appraisal of alternative nutrition therapy in cancer care is vital as many patients are prepared to consider all treatment options at this stage

- **during treatment** where appropriate nutrition improves the effectiveness of therapy and minimises side effects

- **after treatment** where rehabilitation involves restoring optimum nutritional status for recovery

- as part of **palliative care** where the focus is to maintain the quality of life and minimise discomfort through appropriate nutritional support

**Areas of involvement**

The need for nutritional support spans across all cancers. However those most commonly resulting in specific nutritional problems are tumours of the head and neck, lung, bowel and breast.

## Occupational Therapy

The aim of Occupational Therapy with patients diagnosed with cancer is to assist the patient and carers to maintain their maximum level of function and independence.

Occupational Therapists are involved in the treatment and care of patients which have problems with functional ability, stress of physical discomfort as a result of a range of conditions including cancer.

An holistic approach to assessment and treatment offers the potential for the physical, functional and psychological effects of the patient's illness to be addressed at the optimum time.

The need for Occupational Therapy assessment and intervention may arise not only from the primary disease but also from surgical intervention, radiotherapy and chemotherapy and the complications arising from any of these.

It may be necessary for the Occupational Therapist to be involved at any stage of the illness, ie upon diagnosis, during curative and palliative treatment or in the terminal stage of illness.

Occupational Therapy intervention is not necessarily cancer site specific but often related to the difficulties experienced by either the patient or their carers.

The Occupational Therapist works as a member of the multidisciplinary team and also liaises directly with Community Occupational Therapy Services in order to ensure coordinated discharge planning.

Occupational Therapists have an integral role in the management and treatment of patients whose disease, oncology, treatment or pre existing condition has an impact in the following areas:

- Motor function
- Activities of Daily Living
- Domestic Activity
- Perception/cognition

It is important that the Occupational Therapist's intervention in the following areas is timely, in order to ensure the best outcome for the patient/carer:

- Pressure relief in both hospital and home environments
- Seating in both hospital and home environments
- Mobility including wheelchair mobility
- Management of stress – advice, teaching and practice of stress relieving techniques for patients and carers
- Provision and/or arranging provision of aids/equipment and adaptations
- Liaison with Community Occupational Therapy services and other members of the multidisciplinary team

The main cancer groups treated by Occupational Therapists are:

- Spinal cord compression
- Breast
- Skin
- Lung
- Rectum and anus
- Prostatic
- Bladder

## Physiotherapy

The aim of the Physiotherapist treating people with cancer is to assist them to minimise some of the effects which the disease or its treatment has on them. It is often possible to improve their quality of life regardless of their prognosis by helping them to achieve their maximum potential of functional ability and independence or gain relief from distressing symptoms.

The physiotherapist has an extensive role, beginning early with rehabilitation and continuing as a team member into hospice and community based care. The role is educative, preventative and supportive, providing a variety of therapies for physical disability and pain, and is significant in both acute and community care.

**Interventions will include the use of:**

- positioning, movement, mechanical therapies, acupuncture and electrophysical agents to relieve and control pain
- respiratory care – management of dyspnoea, removal of secretions, nebulised drugs and oxygen management
- neurological rehabilitation techniques to counter the motor and sensory changes following spinal cord compression, brain tumours etc
- complex massage and bandaging to control/relieve lymphoedema
- education of patient in care of the limb post surgery
- education of patients in energy conservation strategies
- education of carers in appropriate handling skills:
    a. to minimise pain
    b. to promote optimal functional independence
    c. to protect themselves from the risk of injury due to inappropriate lifting
    d. to facilitate a successful discharge home
- exercise therapy to improve flexibility, strength and function
- education of patients in adaptive strategies following loss of a limb, or muscle deterioration
- relaxation techniques to reduce levels of anxiety

**Areas requiring physiotherapy input**

- The elderly – treatments of conditions unrelated to the cancer diagnosis
- Those suffering from side effects of the cancer treatments ie
  - Surgery
  - Chemotherapy
  - Radiotherapy
- Oncology Emergencies ie
  - pathological fractures
  - spinal cord compression
  - superior vena cava obstruction
  - tracheostomy/stoma care
- Common oncology conditions requiring physiotherapy
  - brain tumour
  - lung
  - breast
- Palliative care
  - to relieve the symptoms of advanced disease
- Miscellaneous
  - provision of aids and appliances
  - conditions unrelated to cancer
  - care of high dose chemotherapy patients
  - relaxation classes

## Podiatry

Podiatrists may be involved in administering general footcare and advice to patients who suffer from terminal illnesses. In this situation podiatrists are capable of appropriately communicating to patients in a sensitive manner about the underlying illness.

Podiatrists are in a position to identify malignant changes to the foot and lower limb and therefore able to refer at the earliest opportunity.

Podiatrists appreciate the debilitating affect of lymphoedema to the foot and have a reasonable knowledge about common malignant pathologies which patients may be presenting with.

Many patients with cancer may be immuno-compromised with presenting chronic infections and ulcerations of the feet. Podiatrists treating these conditions must have specific education and training in this area.

**Areas of Involvement/Conditions Treated**

Chronic infections and ulceration of feet due to impaired immunity.

Early recognition of neoplastic changes to foot with prompt referral, eg

Melanoma

Kaposi sarcoma

Basal cell carcinoma

Squamous cell carcinoma

General footcare and advice where appropriate.

## Diagnostic Radiography

The number and skillmix of diagnostic radiographers required to meet the developing service needs will depend on a range of issues including casemix and caseload. Diagnostic radiographers should have a wide range of skills including technical expertise to deliver the day to day service, counselling to provide specialised supportive care to patients with cancer and managerial skills to ensure a safe and efficient service.

Radiographers undertaking specialised procedures (eg Computerised Tomography, Magnetic Resonance Imaging) should have appropriate skills and knowledge relative to the patient's physical and psychological wellbeing. Those undertaking Ultrasound and Radionuclide Imaging examinations should hold relevant postgraduate qualifications.

Symptomatic mammography should be carried out by designated radiographers who hold the College of Radiographers Certificate of Competence in Mammography. Designated radiographers should have audit standards which fulfil the Quality Assurance Guidelines for radiographers in NHS BSP No 30.

## Therapeutic Radiography

Therapeutic Radiographers, unlike other PAMs, are currently the only group whose core training and experience is in treating cancer patients. Undergraduate training is a 4 year BSc Hons Degree in Therapeutic Radiography. Postgraduate education includes taught Post-graduate Diploma, Masters and Doctorate programmes undertaken in the Faculty of Science, University of Ulster and at South Bank University, London. Therapeutic Radiographers provide a regional Radiotherapy Service in Northern Ireland and are responsible for carrying out prescribed radiation treatment to both the common and rare forms of cancer.

They have a major role to play in ensuring that accurate and appropriate planning and treatment techniques are used, and in developing and improving practice. Therapeutic radiographers run daily planning and on-treatment review clinics with clinical oncologists to assess radiotherapy strategies, monitor side-effects and provide appropriate information, advice and support to patients. In addition they play a pivotal role in the specification and selection of radiotherapy equipment, which constitutes one of the highest capital expenditures in medicine.

The Calman recommendations state "Therapy Radiographers within a Cancer Centre need a wide range of skills: technical expertise to deliver the day to day radiation treatment, counselling and supportive care of patients during the course of their treatment, and managerial skills to ensure a safe and efficient service." In keeping with these recommendations Therapy Radiographers have been pro-active in achieving the additional required skills, in Counselling (MSc), On-treatment Review Clinical Modules (MSc), in Management (DMS & MBA), together with the College of Radiographers specialist Radiation Safety Courses and Clinical Tutors Courses. The Radiotherapy Department provides clinical training for undergraduate and postgraduate students from Northern Ireland, Eire, England and Europe.

## Areas of Involvement/Intervention

Patients requiring Radiotherapy may be treated radically if their tumour is radiocurable, or palliatively where symptom control is the objective. Adjuvant treatment may also be carried out where radiotherapy is combined with surgery (either preoperatively or postoperatively), and/or chemotherapy. Certain conditions are classified as radiation emergencies and receive immediate treatment.

**Radical course of Radiotherapy may be delivered to patients with**:

Squamous and Basal Cell Carcinomas of skin

Early Hodgkin's Disease, Seminoma, selected patients with localised non-Hodgkin's lymphomas and rare tumours such as pineal germinomas

Other radiocurable tumours include anal canal carcinoma. Excellent local control is also achieved in pituitary adenoma and crainiopharyngioma.

Combined modality therapy employing radiotherapy and chemotherapy is used in anal cancer and head and neck cancers.

## Paediatric Radiotherapy

Specialist skills and expertise are required in treating childhood tumours. The special needs of adolescents are also recognised and appropriate support offered during treatment.

## Palliative Radiotherapy

For patients who have otherwise incurable malignant disease, low doses of radiation relieve symptoms with minimum side-effects.

Pain from bone metastases is relieved by short treatment schedules.

Lung carcinoma – external beam radiotherapy is effective in relieving haemoptysis, dyspnoea, cough and pain. Brachytherapy with radiation sources inserted into partially occluded bronchus (intraluminal therapy) may avoid protracted treatment.

Brain metastases – whole brain irradiation can control symptoms in over two thirds of patients with brain metastases from common solid tumours.

## Radiation Emergencies

Superior vena caval obstruction caused by lung and other cancers may be improved by a short course of palliative radiotherapy and is treated as an emergency.

Spinal cord compression, a devastating complication of metastatic malignancy is treated with a short course of spinal irradiation as an emergency to prevent or reverse paraplegia.

## Adjuvant Radiotherapy

Adjuvant radiotherapy is used in breast carcinoma; rectal carcinoma; soft tissue sarcomas; testicular seminomas and neurological tumours.

Prophylactic cranial irradiation has an established role in the treatment of acute lymphatic leukaemia and may be used in subtypes of non-Hodgkin's lymphoma with high risk of meningeal disease.

## Radiotherapy Planned Procedures

Total Body Irradiation is commonly used as part of the conditioning of patients prior to bone marrow transplantation, the doses used cause complete marrow ablation.

Total skin electron Therapy is effective against extensive skin lymphoma (mycosis fungoides).

Hemibody irradiation is used in the palliation of multiple painful bone metastases.

## Speech and Language Therapy

Speech and Language Therapists specialise in the diagnosis and treatment of patients who have speech, language and/or swallowing problems as a result of cancer. This can also involve them in the teaching of alternative or augmentative methods of communication.

They have an integral role in the management of patients whose disease or oncological treatments have a functional impact on the following areas:

- Respiration
- Swallowing
- Speech
- Voice
- Hearing
- Psycho social status
- Language Ability
- Cognition

The need for Speech and Language Therapy assessment/intervention will arise not only from primary diseases, but also from surgical interventions, radiotherapy, chemotherapy and the complications arising from any of these.

**The Principal Client** Groups currently receiving Speech and Language Therapy are those patients with:

- Laryngectomy
- Voice Disorders
- Swallowing Disorders
- Acquired Neurological disorders giving rise to Speech and Language disorder and/or Dementia

The Principal Anatomical Sites where carcinoma gives rise to these disorders are head and neck and/or brain.

Speech and Language Therapists will also be involved in the management of patients with metastatic disease associated with breast, lung, colorectal or other carcinomas where the disease impacts on functional areas that affect speech, language or swallowing.

## Future Service Provision

It is inevitable that the implementation and realisation of the principles to govern the future delivery of cancer services in Northern Ireland will impact on a range of issues including service delivery, quality, future commissioning of PAMs services and workforce training and development.

It is essential at the Cancer Centre, Cancer Units, acute, primary and community care levels that staff can respond in a timely manner, and respond to the total needs of patients with cancer. This should not adversely affect PAM service providers' ability to respond to other service needs, or impact on waiting lists at local levels. Assessment of need and service commissioning should ensure that the provision of cancer services is not placed at a disadvantage by competing with other services.

One of the fundamental issues in ensuring a patient centred approach is that of collaboration within and between professions. Patient centred working is necessary to all aspects of cancer care where the patient is the important element. Care should be provided by professionals with relevant education and clinical experience in all aspects of cancer care. It is important to ensure that patients are receiving appropriate interventions and that their confidence is not being undermined by receiving inappropriate or conflicting advice.

To achieve patient centred working there needs to be investment in raising awareness of patients' needs, professional roles and in team building thus ensuring that referral is made to all appropriate professionals in a timely way. This will require to be addressed both uni and multi-professionally including pre and post registration training.

## Service Delivery

It is anticipated that in implementing the principles of cancer care there will be an increase in:

- demand for PAM services
- referral of patients in the Cancer Centre, Cancer Units and acute, primary and community care settings
- awareness of the role of the PAMs and identification of unmet need
- patient and professional education leading to higher service expectations
- emphasis on improved patient outcomes
- complexity of need at all stages and locations requiring timely responses and development of detailed protocols and care pathways at all levels
- demand for audit/research/outcome measurement/clinical effectiveness
- demand for appropriate unit and multi-professional education at pre and post registration levels
- demand for general awareness education for PAMs working with patients diagnosed with cancer in acute, primary and community care settings

## Quality

The Professions Allied to Medicine have produced quality standards. Some have also developed national/local standards for oncology. The future delivery of quality services to patients with cancer will require professions to build on their uni-professional standards and to develop multi-professional standards, protocols and care pathways to service delivery.

Future quality of patient services will be dependent on adopting an evidence based approach. This will require strong links to be developed with the Universities and the Research and Development office and for resources to be made available to facilitate and support research.

Quality assurance assisted by audit should be carried out province wide, both uni and multi-professionally.

It will also be necessary for PAMs to evaluate, on an ongoing basis, the outcome for patients in conjunction with other professional colleagues.

Representatives from the PAMs should be involved in cancer service planning and implementation groups at Regional, Board and local levels in order to ensure development of high standards of service.

Uni and multi-professional PAMs service protocols will require to be developed to address patient focused working and continuity of care, taking account of the goods and services needs of the service.

## Communications

A number of Oncology Special Interest Groups have been established by individual PAMs nationally and regionally. The possibility of developing a Regional PAMs Oncology Special Interest Group is currently being explored.

In order to assist delivery of high standards of patient care it will be important that effective communication networks are developed between the regional Cancer Centre, Cancer Units and acute, primary and community care locations.

Investment in team building and in-service training will help ensure that professional expertise is better understood and utilised.

## Commissioning

PAMs are committed to having appropriate professional influence at all levels in policy formulation, service commissioning, provision, management and evaluation.

They are committed to working collaboratively on both an inter-professional and inter-agency basis in order that the maximum benefit may be gained for patients with cancer, their carers, service providers and the range of commissioners of cancer services.

As indicated earlier it is essential that the unique skills of each of the PAMs are understood and appropriately deployed in order to ensure that patients' and carers' needs are met and that services are commissioned and provided in the most effective, efficient and timely manner.

It is recognised that commissioning and the reorganisation of cancer services are developing processes. The PAMs seek that formal arrangements are put in place to assist further their involvement in needs assessment and commissioning of appropriate services to meet the needs of patients with cancer. They also urge that all HSS Boards/Trusts develop formal arrangements to ensure effective PAMs input into the planning and delivery of cancer services at local levels.

## Workforce

Research carried out by the Cancer Collaboration Group highlighted workforce and education implications for the Professions Allied to Medicine. The following workforce issues will require to be addressed

- workforce projections for the Cancer Centre, Units and acute, primary and community care settings

- projection of staff required to ensure timely and appropriate service provision

- skill mix of staff required inter and intra professionally

- grading of staff required according to service needs

- development of standardised workload measurement systems

- staff recruitment and retention/career opportunity and continual professional development

## Education and Development

All PAMs groups except Radiographers are clinically autonomous practitioners who work with people who have cancer. The involvement of PAMs in cancer care is principally in dealing with the conditions caused by cancers and conditions arising as a result of cancer treatments (chemotherapy/radiotherapy/surgery). PAMs acquire a wide range of clinical skills during undergraduate education which are transferable and can be applied to all client groups with whom they work, including those with cancer. Within each profession there are individual practitioners who have a degree of expertise in the management of cancer related conditions. This is particularly so in the hospitals which provide Regional Oncology Services.

Elsewhere clinical expertise within Northern Ireland has been acquired in an ad hoc and instructed manner in the absence of specifically funded posts. There is a clear need for the development of a formal, structured programme for training of those PAMs who work at all levels with patients with cancer.

In order to address the training and development needs of PAMs, a sub group of the Regional PAMs Forum on Cancer Services has been established, comprised of representatives from service providers, commissioners and training schools. Part of the remit of the group is to

- identify training, education and development needs of the PAMs for the provision of high quality services for patients with cancer

- to draw up a plan to meet these needs and to recommend a programme for implementation

- to begin to identify resources required to implement the plan

The sub group noted that undergraduate PAMs courses, with the exception of Therapeutic Radiography, do not have specific modules devoted to cancer care. However the management of patients with cancer is dealt with across many modules and students may also have an involvement during clinical placement.

## Postgraduate Specialist Education

There are various educational needs including:

1. generic multidisciplinary courses
2. profession specific programmes

Education is required for all grades of PAMs and in particular for Specialist Grade Practitioners working with patients with cancer.

Proposed methods for delivery of education to meet the immediate, short and long term needs of the PAMs are being developed.

In order to develop expertise in oncology within the Professions Allied to Medicine it will be important to adopt staff development programmes between the Cancer Centre, Units and acute, primary and community care locations. It will also be important that programmes are developed to address the continuing professional development needs of staff.

A range of training models for acquiring clinical knowledge and skills in the management of patients with cancer needs to be resourced and developed. These could include:

1. taught generic multidisciplinary course modules and clinical profession specific programmes
2. attendance and presenting at national/international conferences
3. clinical experience visits to Centres of Clinical Excellence (regional, national, international)
4. the development of clinical exchange programmes with Centres in GB, Europe, USA
5. inter Trust staff development programmes
6. the development and uptake of relevant distance learning programmes

Across this range of training models it is vital that:

- prior learning is formally recognised and accredited
- postgraduate programmes are credit rated to enable practitioners to accumulate credits towards postgraduate qualifications

## PAMs Practitioners as Educators

It is important to recognise the role of PAMs as educators. The subgroup propose that PAMs specialists working in the Cancer Centre and Units are involved in clinical education at undergraduate and postgraduate level within their individual profession and for other disciplines.

## Summary of Recommendations

1. Comprehensive care for patients with cancer requires the total needs of the patient to be addressed.

2. Service provision should address the habilitation and rehabilitation needs of patients.

3. Cancer services provision at all levels should be provided through collaborative multidisciplinary, multi-professional teams adopting a patient centred approach.

4. Therapy services should form an integral part of multi-disciplinary approach to cancer service provision.

5. It is essential that at acute, primary and community care levels PAM resources allow them to respond in a timely manner to the needs of patients with cancer without adversely affecting other areas of service provision and patient waiting lists.

6. Adequate stocks of equipment to enable quick discharge and/or maintain patients suffering from cancer in the community should be resourced and maintained, ensuring that patients with cancer are not competing against other service needs.

7. Future delivery of quality services to patients with cancer will require professions to build on their uni-professional standards and to develop multi-professional guidelines and care pathways to service delivery.

8. The PAMs seek that formal arrangements are put in place to assist further their involvement in needs assessment and commissioning of appropriate services to meet the needs of patients with cancer.

9. Representatives from the PAMs should be involved in planning and implementation groups at regional, board and local levels.

10. Ongoing uni and multidisciplinary evaluation of outcomes for patients will be necessary using evidence based approaches including research and audit.

11. Strong links require to be developed within the HPSS, PAMs Professional Bodies, Universities and the Research and Development Office.

12. Resources need to be made available to facilitate the underpinning of research for the PAMs.

13. Workforce planning and development at all levels will require to be addressed including skill mix, staff grades, staff recruitment, retention, career development and Continuing Professional Development.

14. Workforce projections in acute, primary and community care settings must take account of the total demands placed on therapy services including increased referral for patients with cancer.

15. Networks, inter and intra professionally, need to be established at all locations to assist provision of high standards of patient care.

16. Uni and multi-professional service protocols will require to be developed to address patient focused working and continuity of care taking into account of the goods and services needs of the service.

17. Staff development programmes at regional and national levels will require to be established to develop PAMs expertise in oncology. Prior learning should be formally recognised and accredited, within the framework of CPD.

18. Postgraduate education programmes should be credited to enable practitioners to accumulate credits towards postgraduate qualifications.

19. The role of PAMs as educators should be recognised.

# APPENDIX 1

**Membership of the Northern Ireland Regional PAMs Forum on Cancer Services**

| Name | Professional Title | Location |
| --- | --- | --- |
| | | |
| Miss A Burns | Superintendent Radiographer | Belvoir Park Hospital |
| Ms A Forbes | Physiotherapy Manager | Belfast City Hospital |
| Mr C Fullerton | Senior Chiropodist | Queen's University, Belfast |
| Mrs A Glasgow | Physiotherapy Manager | Greenpark Healthcare Trust |
| Mrs J Graham | Speech & Language Therapy | Belfast City Hospital |
| Mrs N McArdle | Officer for the PAMs | DHSS |
| Ms A McCall | Occupational Therapy Manager | Belfast City Hospital |
| Mrs P McCoy | Head of Physiotherapy | University of Ulster Jordanstown |
| Mrs J McCusker | PAMs Commissioning Officer | EHSSB |
| Mrs I McIntyre | Senior Course Lecturer Radiography | University of Ulster Jordanstown |
| Mrs R Nesbitt | Speech & Language Therapy | Craigavon Area Hospital |
| Ms P Orr | Nutrition & Dietetic Services | Belfast City Hospital |
| Mrs J Skeffington | Speech & Language Therapy | Altnagelvin Hospital |
| Mr C Timney | Speech & Language Therapy | Greenpark Healthcare Trust |
| Mrs R Wood-Martin | Dietetics | Greenpark Healthcare Trust |
| Mrs S Wright | Occupational Therapy | Greenpark Healthcare Trust |

Further copies can be obtained from:
Nuala McArdle
Officer for the Professions Allied to Medicine
Room C.3.19, Castle Buildings, Stormont, Belfast BT4 3PP

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