

# Cancer education and training in primary health care

## A national audit of training providers

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### BACKGROUND

Primary care professionals play a critical role in cancer care but relatively little is known about their education and training. This article presents the results of a national audit of education and training providers in relation to primary care and cancer.

### METHOD

A semistructured telephone questionnaire.

### RESULTS

The response rate was very high (96%) with 210 organisations participating. Forty-two percent provided cancer education and training. Evidence of good adult education practice was demonstrated, and 95% of organisations ran accredited programs. Although pharmaceutical industry support was not favoured, the majority (78%) described this as their main source of funding.

### DISCUSSION

There is optimism and strong commitment among primary care cancer education and training providers. Their content seems appropriate and their approach is consistent with good adult learning principles and multidisciplinary care, but this could be enhanced with increased funding and improved collaboration and communication between organisations.

**The role of primary care professionals (PCPs), especially general practitioners and community health nurses, is important at all stages of cancer care from prevention to palliation. Primary care professionals provide continuity of care and a link to appropriate specialist care.<sup>1</sup>**

As part of the National Cancer Control Initiative's (NCCI) mission to develop a primary care perspective on cancer,<sup>2</sup> a scoping exercise was conducted to identify priorities, existing resources, and needs and gaps in support for PCPs on cancer issues. This was undertaken in 2004, funded by the Australian Government Department of Health and Ageing.

Results from the training and education section of the scoping exercise indicated that 87 of the 128 respondents provided training or educational activities to PCPs on cancer issues. To obtain a more detailed view of the education and training activities in relation to cancer a formal education and training audit was conducted. The aims of the audit were to:

- gain a greater understanding of current practices in primary care cancer education and training across Australia, and
- identify challenges and gaps in this education and training.

### Method

The 72 item questionnaire developed for the scoping exercise was modified to create a smaller 20 item questionnaire, specifically focusing on training and education in primary health care. This 20 item questionnaire covered a range of areas and was reviewed by a number of individuals with expertise in the area of cancer education and training and the primary care sector. The semistructured questionnaire was administered via a telephone interview.

A comprehensive list of education and training providers in relation to primary care and cancer was developed. This was created from extensive databases developed by the NCCI over the previous 3 years. Based on the organisations canvassed in the scoping exercise

**Table 1. State and territory breakdown of organisations providing cancer specific primary health education and training**

State/territory	n	%
Victoria	36	40
South Australia	16	18
Queensland	14	16
Western Australia	12	14
Australian Capital Territory	4	5
Tasmania	4	5
Northern Territory	2	2
National	1	1
Total	89	100

\* NSW was excluded as an independent audit of primary care education and training had recently been undertaken

**Table 2. Breakdown of type of organisation offering primary care cancer education and training**

Service type	n	%
Divisions of general practice	56	63
Treatment provider	16	18
Cancer screening agency	7	8
Cancer Council	5	6
Education provider/research agency	4	4
College/society	1	1
Total	89	100

this list was expanded to include all relevant education and training organisations throughout Australia that might offer education and training to PCPs in relation to cancer. A total of 218 services and agencies were identified. New South Wales was excluded as an independent audit of primary health care education and training had recently been undertaken in that state.<sup>3</sup> The audit was undertaken between March and December 2005.

The analysis used the Statistical Package for the Social Sciences (SPSS) software, version 12.<sup>4</sup> Given that the aim of the audit was to source comment and opinion, inferential statistical analyses were not performed.

## Results

From the 218 organisations contacted, 210 responded to the questionnaire, giving a response rate of 96%. Of these, 89 (42%) reported providing cancer related training to

PCPs. Details of respondents' location and service type are shown in *Table 1* and *2*. The cancer education and training covered a diverse range of topics (*Table 3*).

Most organisations reported deciding on cancer education and training topics by conducting a needs assessment or needs analysis (72%). In others, the organisation's manager or committee made the decisions (17%), or topics were chosen based on the availability of a guest speaker (15%).

All 89 organisations provided their education and training activities to GPs, and many also offered these to other health professionals such as nurses (35%), practice nurses (31%), practice staff (20%), pharmacists (17%), allied health professionals (17%) and other health professionals (17%).

The availability of this education and training was communicated to the potential audience by a range of methods. Sixty-five percent of

organisations reported using a mailout or flyer, 54% used newsletters, 40% fax and 37% advertised on their own website.

A diverse range of formats was used to deliver the organisation's cancer education and training. The most common formats were lectures (67%), workshops (51%) or case study presentations and discussion (23%). Other methods included group or panel discussions (12%), question and answer sessions (6%) and in-service training (6%).

Ninety-seven percent of agencies collaborated with other groups or individuals when delivering education and training on cancer to GPs. Most commonly collaboration occurred with a state or territory Cancer Council (44%). Additionally, organisations collaborated with specialists (39%), hospitals (38%), divisions of general practice (22%), universities (14%), and colleges or societies (14%).

Funding for education and training events came from a range of sources (*Table 4*), the commonest being pharmaceutical companies (75%).

Eighty-one (95%) of the respondents linked their training and education activities to quality assurance (QA) and continuing professional development (CPD) programs, with the majority linking their activities to The Royal Australian College of General Practitioners QA&CPD Program.

When asked what barriers impeded the ability to provide cancer related primary care education and training, a lack of adequate funding (41%), lack of GPs' time and availability (33%) and the limited availability of guest speakers (27%) were common responses. Other responses included the competing education needs and interests of GPs (23%), organisational factors including staff time and qualifications (17%), poor attendance at professional development events (14%) and a low level of interest or perceived need by GPs in cancer education (13%).

Organisations that viewed cancer education and training in relation to primary health care to be inadequate were asked what could be done to improve the situation. Of the 37 (44%) who reported this view, the suggestions offered for improvement included increased funding (27%), improved

**Table 3. Cancer education and training topics offered to primary care professionals**

Topic	n	%*
Breast cancer	44	52
Bowel/colorectal cancer	38	45
Prostate cancer	25	30
Skin cancer	21	25
Screening	20	24
Familial cancer/genetics	16	19
Palliative care	9	11
Treatment	8	10
Management	7	8
Lung cancer	6	7
Diagnosis	6	7
Pain management	6	7
Smoking cessation	5	6
Prevention	4	5
Psychosocial issues	3	4
Patient choice/informed decision making	2	2
Leukaemia	2	2
Lymphoma	2	2
All cancer types	2	2
Complementary/alternative therapies	2	2
Other	3	4
Total responses	259	N/A
Total cases	84 <sup>^</sup>	

\* Percentages may add to greater than 100% due to multiple responses to each question

<sup>^</sup> Missing = 5

**Table 4. Breakdown of funding sources for primary care cancer education and training**

Funding source	n	%*
Pharmaceutical company	63	75
Government	30	36
Divisions of general practice	18	21
Other organisation/sponsorship	13	16
Hospital	8	10
Cancer Council	6	7
Participant	5	6
Other cancer organisation	5	6
Own company/agency	3	4
Total responses	151	N/A
Total cases	84 <sup>^</sup>	

\* Percentages may add to greater than 100% due to multiple responses to each question

<sup>^</sup> Missing = 5

collaboration and communication between organisations (19%) and the use of more specific education topics (16%).

## Discussion

To our knowledge this is the first attempt to audit cancer education and training in primary health care across Australia. Cancer control is one of the National Health Priority areas,<sup>5</sup> and a survey of NSW GPs revealed that at least 20% expressed high need for professional development in primary, secondary and tertiary cancer control.<sup>6</sup> All states and territories were included apart from NSW, which had previously conducted its own educational survey of divisions of general practice (the results of which were similar to ours).

We obtained a high response rate (96%). Nearly half of the respondents provided cancer education and training services to the primary care sector. As with other areas of continuing medical education, divisions of general practice were the major providers of education and training (63%), but there was a broad range of other providers.

Not surprisingly, there was a wide range of topics (24) covered by the education and training; but it is encouraging that the priority cancers (breast, colorectal, gynaecological, prostate and skin) were the commonest, along with screening. It is also reassuring that nearly three-quarters of organisations identified their topics by conducting needs assessments or analysis. Another feature consistent with good adult education practice was the provision of education and training to a broad range of PCPs apart from GPs, such as nurses, practice staff, pharmacists and allied health professionals. Such an approach is likely to facilitate good multidisciplinary care which has the potential to improve outcomes for patients with some cancers and increase patient satisfaction.<sup>7</sup> The broad range of formats for delivering the education and training is consistent with good adult learning practice, although lectures were still the most popular (67%).

Although many respondents indicated their dislike of relying heavily on the pharmaceutical industry for support, the majority (75%) described this as their main source of funding. Anecdotally, this seems to be the norm for

GP postgraduate education in Australia. The fact that 95% of organisations run accredited primary care education and training activities confirms the quality of the programs on offer and their concordance with mainstream general practice educational processes.

Limitations in the conduct and design of this audit need to be acknowledged. As the data is self reported, it could be subject to bias. The list of potential education and training providers was based on the knowledge of the sector and a systematic search of education and training providers. While there may have been some omissions, the list of potential organisations providing cancer education and training was extensive. It should also be acknowledged that this was an audit of providers of education and training, not recipients. Although there have been local studies,<sup>6</sup> a national survey of primary care professionals would complement the present study.

The potential barriers impeding the ability to provide education and training (adequate funding, GP's time and availability, availability of guest speakers and competing education needs, interests and activities of GPs) are consistent with those described in other surveys of GP education and implementation of guidelines and evidence based medicine, as are the suggestions for improvement (more funding, improved collaboration and communication).<sup>8–12</sup>

## Conclusion

This snapshot of cancer education and training in primary care reveals a strong commitment among providers to activities that are appropriate in their content, have an approach that is consistent with good adult learning principles, and encourage multidisciplinary care. While there is much optimism, cancer education and training in the sector could be enhanced with increased funding and improved collaboration and communication between organisations. Further exploration of the issues raised in the audit is recommended. Given the priority attached to this area within the Australian Government's 'Strengthening cancer care' policy document,<sup>13</sup> any advances in relation to the primary care sector and cancer are welcomed.

Conflict of interest: none declared.

## Acknowledgments

We would like to thank all respondents, and Ms Jodie Davies and Ms Anne Karlsson who conducted the telephone interviews.

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