

## Recruiting Regional Primary Care Leads for Cancer Care Ontario

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Cancer Care Ontario (CCO) is a provincial agency responsible for improving cancer outcomes in Ontario. With funding from the Ministry of Health and Long-Term Care, CCO plans and delivers cancer programs in partnership with 13 Regional Cancer Programs across the province. Over the past decade, CCO's Clinical Programs group has worked with clinicians in the Regional Cancer Programs to improve the quality, safety, and accessibility of cancer services from diagnosis through to long-term follow-up and palliative care.<sup>1</sup> The *Ontario Cancer Plan 2008-2011*<sup>2</sup> recognized that primary care providers played a critical role in cancer care throughout the cancer journey. They greatly influenced patient understanding of and participation in cancer screening, and were particularly important players in improving cancer screening and early detection rates for breast, cervical, and colorectal cancer. Family physicians are highly trusted advisers, helping to ensure that the cancer system meets local patient care needs throughout the cancer journey while providing ongoing care to patients and their families. However, up until 2008 family doctors had not traditionally been included by CCO in planning, coordinating, and developing services to improve the quality of care for patients with cancer.

In 2007, CCO and the Ontario College of Family Physicians cosponsored a symposium to seek advice from family doctors on how to improve the integration and engagement of primary care and the cancer system.<sup>3</sup> Many recommendations were made, including appointing regional family physician leaders linked to the Regional Cancer Programs. Other jurisdictions have appointed regional primary care leaders integrated into the cancer system. The Uniting Primary Care and Oncology Network in Manitoba is designed to enhance partnerships between family physicians and the cancer system, and "lead FPs" in 18 group practices share electronic cancer care records, small group education, and patient perspectives.<sup>4</sup> A report by Leese et al on primary care cancer lead clinicians in the United Kingdom helped clarify some of the challenges encountered in establishing a program in Ontario similar to the UK program.<sup>5</sup> For example, UK leads do not have to be physicians, but they must have seniority or credibility, contacts and interest, ability in communication, and strategic planning skills.

A description of the CCO provincial primary care and cancer engagement strategy has been published.<sup>6</sup> In April 2008, CCO hired a Provincial Primary Care Lead (PPCL) to work on optimizing the engagement and integration of primary care and the cancer system. She was given a mandate to focus her attention initially on improving primary care cancer screening and early detection rates, particularly for colorectal cancer screening, with the long-term objective of improving the integration of primary care along the whole cancer journey. An essential strategy for fulfilling this mandate was to create a network of Regional Primary Care Leads (RPCLs) across the province. Accordingly, a process was undertaken to recruit RPCLs in each of the 13 Regional Cancer Programs. This document briefly summarizes that recruitment process.

### 13 leads, 13 programs, and 14 networks

Cancer Care Ontario's Regional Cancer Programs are the networks of stakeholders, health care professionals, and organizations involved in cancer prevention and care within each of the province's 14 Local Health Integration Networks (LHINs). Each program is led by a CCO Regional Vice President (RVP).<sup>7</sup> At the time of RPCL recruitment, there were 13 Regional Cancer Programs, as the Mississauga Halton/Central West Regional Cancer Program covered 2 LHINs. Thus, there were 13 RPCLs recruited for 13 Regional Cancer Programs and 14 LHINs.

### Contract development and funding arrangements

Cancer Care Ontario has provincial networks of clinical and nursing leads in several areas: pathology and laboratory medicine, surgery, systemic therapy, radiation therapy, palliative medicine, and nursing oncology.<sup>1</sup> Each of these provincial clinical networks of formally appointed provincial and regional leaders has a similar contractual agreement as outlined in the terms of reference, and it is under the leadership of the CCO Vice President for Clinical Programs. Cancer Care Ontario draws expertise from these provincial networks to assist in developing strategies to support providers in cancer care throughout the province.

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Cancer Care Ontario has a “purchase service relationship”<sup>7</sup> with the regional hospitals and has experience with drawing up agreements for recruiting clinical leaders in cancer specialties. Recruitment agreements are between CCO and regional hospitals with associated cancer programs. These agreement formulations are undertaken by the CCO Vice President for Regional Programs.

Funding was obtained from the newly implemented ColonCancerCheck program, which provided the equivalent salary of 1 day a week for each RPCL. The 1-year agreements were structured to come into effect upon the successful recruitment of RPCLs.

## Challenges recruiting primary care leads

Each region had experience in recruiting regional cancer specialists as clinical leaders; however, recruiting RPCLs was slightly different.

First, there are many family physicians scattered across each region, practising in rural or urban settings, as well as in a variety of practice and funding models. Few Regional Cancer Programs knew their primary care communities of practice and had lists describing them.

Second, family doctors have different relationships with regional cancer centres than cancer specialists do. Cancer specialists often work directly in the hospital, whereas family doctors usually work in their offices and might never visit the hospitals. Some cancer programs require that clinical leads have hospital privileges, but they restrict family physicians’ access to hospital privileges.

Third, some family doctors limit their involvement in caring for their patients with cancer, while others have full involvement in all aspects of their patients’ cancer care.

Fourth, the scope of an RPCL’s responsibility, although initially only focused on colorectal screening, is ambitious and far outweighs the 1-day-a-week time allocated. Expectations of provincial and regional programs need to be cautiously managed, as the resources supporting this position are very limited.

For all these reasons, when drawing up the regional contract agreements, it was necessary to reflect on the evolving nature of the position and how little clarity there was about how it would eventually unfold.

## Recruitment process

Teleconferences were set up by the PPCL with each RVP to discuss and confirm the process for the joint recruitment of RPCLs in each region, building on their experience recruiting other clinical leads (surgical, palliative, etc). Generic recruitment invitation letters were designed. Although several RVPs found the recruitment process to be more formal than what they usually followed, all were willing to give it a try.

All RVPs agreed to share whatever lists they had or could get from their LHINs or other sources with CCO, for the purpose of beginning to build a profile of

family physicians across the province. In general, most Regional Cancer Programs sent recruitment letters that invited applications to as many family physicians in their regions as possible. **Box 1** outlines the expected qualities and qualifications of the ideal applicant, which were stated in the recruitment letter, and **Box 2** provides the final version of the RPCL position overview.

### Box 1. Qualities and qualifications of the ideal RPCL applicant

The ideal applicant has ...

- the confidence of their colleagues
- a deep commitment to optimizing primary care engagement
- teaching skills

And the ideal applicant is ...

- a leader
- an excellent communicator
- a strategic thinker
- a problem solver
- a team player
- willing to engage in further skills development
- licensed to practise medicine in Ontario, with an active family practice in the region

RPCL—Regional Primary Care Lead.

### Box 2. Position overview of the RPCL

The RPCL is expected to ...

- be the regional champion for optimal engagement and full integration of primary care in the cancer system
- engage in strategic planning for regional program development from a primary care perspective
- be a resource, a leader, and an advocate for primary care providers in the region
- build a regional network of primary care providers, cancer specialists, laboratories, and hospitals
- be the primary care clinical leader within the regional organizational structure
- work as a member of the cancer program leadership team to achieve all aspects of high-quality cancer care at the primary care level
- help address cancer service delivery issues within the region, such as quality management and unattached patient management
- collaborate with a provincial network of primary care leads

RPCL—Regional Primary Care Lead.

## Regional recruitment drive

Each region established a similar process for recruitment:

- A recruitment committee was established, which included in most settings an RVP as committee chair, the PPCL, a regional clinical lead, a regional administrative lead (RAL), and a respected family physician leader.

- The recruitment letter was sent to as many family physicians in the area as possible, mostly in June and July 2008, with a deadline about a month later for applications and local contact numbers for further information.
- Dates for the interviews were established well in advance to ensure that the PPCL could participate in person. As well, dates were set up for the evaluation of applications, short-listing of the candidates, and preparation of the interview process and the questions to be asked at the interviews.
- Lists of generic questions were shared with the RVP to help streamline the process. Some regions developed their own processes while others borrowed from the experiences of other regions. One region requested that interviewees prepare a formal presentation of their visions for the position.
- The PPCL set the stage at each interview by giving a summary of the process to date and preliminary expectations of the new regional leads at the provincial level. The RVP followed up with a short summary of the regional expectations as well.

In all, approximately 35 interviews were held across the province. The PPCL went to most of the regions (except 2) for the interviews and also toured the cancer centre and the prevention and screening program offices. The interviews went smoothly, and the processes differed slightly between the regions, but there was good consensus about the choice of the new RPCLs everywhere.

### Contracts, announcements, and orientation

**Regional contract with RPCLs.** A generic contract was prepared to streamline the agreement with the RPCLs. One of the regions helped draft the contract, which was shared with each of the regions.

**Regional announcement letters.** Each region was responsible for announcing the appointment to interested parties. Most regions prepared a short 1-page announcement, which was distributed to the regional and provincial cancer leadership. Some regions sent press releases to local press to coincide with the launch of the Provincial Primary Care and Cancer Network (PPCCN). All 13 RPCLs were recruited by December 31, 2008.

**Provincial orientation of the RPCLs.** The PPCL contacted the RPCLs immediately after they accepted the positions, and often before the contracts were signed, in order to clarify any unexplained provincial issues and to discuss what was expected of the RPCL from the provincial perspective. Any outstanding issues were resolved, and the conceptual framework for the primary care and cancer strategy was explored as an initial step in preparing for the regional role.

### Regional administrative leads

Most regions have a prevention and screening program and an RAL, who is the individual responsible for administering and coordinating the prevention and screening program, including the ColonCancerCheck screening program. The RAL has most at stake in the success of the primary care and cancer engagement strategy. In order to ensure that the new RPCLs have some administrative guidance and support in their new roles, the RVPs link RPCLs with RALs (or individuals in similar roles). In most regions RPCLs and RALs work closely and collaboratively.

### Provincial Primary Care and Cancer Network

The PPCL and Provincial Primary Care Program Manager, as well as the 13 RPCLs and 13 RALs, form the PPCCN.<sup>6</sup> The PPCCN was officially launched in Toronto, Ont, on the 30th and 31st of October 2008. More than 90 people attended its launch.<sup>8</sup>

Like the other provincial networks of clinical specialists, the PPCCN's purpose is to plan provincial initiatives, share regional challenges and successes, and create a cadre of leaders who are responsible for improving the integration and engagement of primary care with the cancer system. The PPCCN brings the voice of primary care to the cancer system and the voice of cancer care to the primary care system. The strategic plan for the PPCCN was recently developed. The PPCCN members participate in monthly teleconferences and biannual meetings in Toronto.

A PPCCN brochure was produced to introduce the network members and provide contact details. The PPCCN members were each given an electronic thumbstick, which links them and their information together. All RPCLs were trained in webinar use for future interactive virtual meetings and became members of an online working space dedicated to their network.

By the end of 2008, CCO had a full house of RPCLs and a functioning PPCCN. The first business objective was to develop regional strategic work plans with short- and long-term aims and objectives. Through this formal process, a set of indicators for success will be developed and a provincial report card for the PPCCN will monitor each indicator.


### Linkages

From the beginning, the primary care and cancer engagement strategy has explored ways of enhancing effectiveness through encouraging linkages with other stakeholders, such as medical and nursing organizations and other key organizations. Linkages continue with the Ontario College of Family Physicians through the educational outreach of the ColonCancerCheck program.

Similarly, the Ontario Medical Association's regional managers are linked with the RPCLs. Links have been established with the Nurse Practitioners' Association

of Ontario and future plans include special efforts to engage with primary care nurse practitioners who are actively involved in cancer screening and other cancer care along the cancer journey.

## Evaluating performance

During the first year, 2 key processes were designed to evaluate the effectiveness and confidence of the RPCLs in performing their work. First, a confidence and effectiveness survey of all the RPCLs was undertaken in the summer of 2009, using an electronic medium. Second, the PPCL visited all the 13 sites. The results of these evaluations are being analyzed at this time and will inform further development of the primary care and cancer engagement strategy. 

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### Competing interests

None declared

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