PhD in Health Care Provider Experience: Lung Cancer

Qualification type: PhD
Location: Hamilton, New Zealand
Funding: Students will need to apply for a UoW Doctoral Scholarship at the time of applying for an Offer of Place – The Scholarship is worth $22,000 (NZD) per annum plus domestic fees for a period of three years
Hours: Full Time
Closes: Until the position is filled
Chief Supervisor: Professor Ross Lawrenson
Department: Waikato Medical Research Unit
Notes: When submitting an application to enrol please ensure you provide the project title in the ‘Research Area of Interest’ section on the Supplementary Form.

Project description

Hypothesis for PhD: The hypothesis for the study is that a multi-pronged, community designed intervention undertaken within primary care will improve early detection and diagnosis for Māori with symptoms of lung cancer.

Tentative PhD Research Question (flexible depending on student direction): How can primary health care services provide acceptable and appropriate care to Māori at risk of developing lung cancer?

Rationale for Research

Within NZ, GPs have poorer access to diagnostic technology and are less likely to refer patients for investigation. The Health & Disability Commissioner (HDC) noted in their report on Delayed Diagnosis of Cancer in Primary Care that issues around a lung cancer diagnosis was one of the commonest causes of complaint. Reasons for delay by GPs included the presence of comorbidities drawing focus away from the lung cancer diagnosis, and inappropriate reliance on a test. Thus, a negative chest X-ray is likely to reassure a GP that lung cancer is not possible whereas it is not uncommon on CT to discover cancer that was not apparent on X-ray.

The propensity to refer patients with suspected cancer varies between practices. It has been shown that patients from practices that refer more patients have a better survival. We have recently shown that NZ GPs are less likely than GPs in other countries to take definitive action in investigating patients who have a moderate or high index of suspicion for lung cancer. The nihilistic attitudes of some GPs to early diagnosis and treatment of lung cancer may also be a barrier. The development of guidelines for the management of suspected cancer by the NZ Guideline Group (NZGG) was an attempt to improve early diagnosis of cancer.

The Faster Cancer Treatment (FCT) programme, established by the NZ MOH is designed to reduce waiting times for appointments, tests and treatment and standardise care pathways for cancer patients. Targets for patients with a High Suspicion Cancer (HSC) have been implemented including a 31-day target from diagnosis to first treatment and a 62-day target from referral from a GP to time to receive their first treatment. However, the FCT initiative does not address the crucial first step of improving early diagnosis. GP referrals are triaged by a secondary care clinician and HSC and/or urgency level recorded by GP may be altered at the secondary care triage. Across all of NZ, many HSC cases are admitted through ED or referred from elsewhere in the system. In the Midland Cancer Network only one third of patients with lung cancer enter the FCT pathway after referral from their GP.
Design and Methods
This study will take a kaupapa Māori philosophical approach, meaning that it will prioritise self-determination and Māori health aspirations.

Method: Interviews and focus groups with local health care providers

In order to understand the barriers and enablers to earlier diagnosis of symptomatic cancer in NZ primary care, interviews and/or focus groups (depending on the preference of the participants) will be carried out with up to 20 individual primary care practices in each location (consisting of Māori providers, GPs, primary care nurses and where appropriate rural hospital staff). This sub-study will explore difficulties with referral, including barriers, access and continuity of care, and practitioners' involvement in the management of cancer including access to diagnostics and FCT pathways specific to their location.

IMPLEMENTATION
In conjunction with a User experience-based PhD student, a cohesive community-based intervention will be developed, incorporating the health user experience and the provider experience. This will be co-designed with the community.

Co-designing a local intervention
In collaboration with the Regional Advisory group, an intervention will be developed at a particular regional site. Local kawa (protocols) will be followed to engage in a co-design process with the community, to establish how the intervention framework can be refined and operationalised for the benefit of the location. An environmental scan will be done on a potential location, focusing on the specific needs of the community related to the availability of health services, geographical challenges, preferred health promotion mechanisms, and socio-cultural contexts. Community directed solutions will be implemented with local District Health Boards (DHB), health care providers and other relevant stakeholder groups to ensure a sustainable intervention that improves early diagnosis and reduces inequities for Māori.

A key focus of the research will be to work with local general practices serving the targeted communities. Local GPs will need to be involved in the development of the co-design – including the highlighting of symptoms and the organisation of pathways to diagnosis and treatment. They will actively promote the concept that early diagnosis can lead to effective treatment. They will also be involved in monitoring the practice’s use of Chest X-rays and referrals to specialist assessments with a HSC label.

Key resources for GPs will include the RCGP Toolkit, and the NZGG guidelines on improving the diagnosis of suspected lung cancer. The other key group involved in co-design will include Māori providers who are well established in the region and are seeking greater involvement in the support of Māori patients with cancer.

Piloting the intervention
The intervention will combine a focus on improving knowledge and understanding of the signs and symptoms of lung cancer and the pathway to treatment (critical health literacy) with an appeal to local primary care providers to ensure rapid access to chest X-rays and if appropriate Computer Tomography (CT) scans. Having co-designed the intervention with patients and health care providers in the locality we will then apply the intervention over a three-month period using social marketing including newspapers, radio and local health providers such as pharmacies, GP surgeries and other outlets suggested by our stakeholders. The intervention will be delivered in each of the 6 participating communities at 2-month intervals, for a period totalling 4 months (3 for the intervention, and 1 month to complete the evaluations).

Key outcome measures will include:
- Increased use of Chest x-ray measured through radiology departments and claims for Primary Options.
- Increase in referrals for specialist assessment.
• An estimate of the age standardised referral rates by practices for Māori and non-Māori.
• An increase in the proportion of patients presenting with localised Stage 1 lung cancer measured from Regional Lung Cancer database.
If the pilot intervention is successful, further implementation across other sites may occur.

Person Specification
Candidates should normally hold a First or Upper Second class honours degree in a relevant subject with some health research knowledge. Prior research experience, together with the ability to analyse, develop and solve open-ended research problems is desirable.

Skill summary:
- Experience with literature review
- Experience building relationships
- Health literate
- Experience with interviewing and focus groups
- Academic writing skills
- Masters in relevant discipline
- Organisational skills

Personal Qualities
- A team player – Can work effectively as a member of a team
- Conscientious - do a task well, and take obligations to others seriously
- Commitment to equal opportunity and to the University partnership with Maori as intended by the Treaty of Waitangi
- Ability to work with a range of organisations and individuals
- Ability to relate effectively and sensitivity to colleagues from a range of backgrounds and cultures
- Leadership – demonstrate integrity and support others
- Confidence to build relationships/work/engage with diverse Māori community/iwi/hauora organisations
- Ability to learn and meet timeline target/s

Please note that instead of the ‘Research Proposal’ we request a ‘Statement of Research Interests’. Your statement should answer two questions: (i) why are you interested in the topic described above? (ii) what relevant experience do you have? Your statement should be brief: no more than 500 words or one side of A4 paper. In addition to your CV and Statement of Interest we would also like you to send a sample of your written work (e.g. excerpt of final year dissertation or published academic paper).

Funding
The University of Waikato offers PhD scholarships of up to $25,000 plus domestic fees. This is not guaranteed as a part of the PhD project, and must be applied for separately. The closing dates for this 1 March, 1 July and 1 November).

Contact information
Further information and informal enquiries may be made to Dr Lynne Chepulis (lynnec@waiakotu.ac.nz; phone 07 837 9553)/

How to apply
Please send your CV and Statement of Research Interest along with a sample of your written to Dr Lynne Chepulis (lynnec@waiako.ac.nz; phone 07 837 9553).