

Nurse-Led Prostate Cancer Survivorship Clinic in Australia; A Tertiary Centre Experience

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1. Introduction

Prostate cancer is the most commonly diagnosed malignancy among Australian men and survivorship care represents an increasingly important component of urological practice [1]. Within Australia's public healthcare system, outpatient services face increasing demand, prolonged wait times and workforce pressures [2].

In response to increasing patient loads, nurse-led models of care have expanded across several specialties including prostate cancer survivorship [3]. Previous studies have demonstrated comparable or improved patient outcomes, including medication adherence, disease management and patient satisfaction [4–6]. In Australia, the Prostate Cancer Foundation of Australia (PCFA) employs specialist nurses who have become an important component of multidisciplinary management [7].

At our tertiary referral centre in Melbourne, Australia, a dedicated nurse-led prostate cancer survivorship clinic (PCSC) was established to support men following curative treatment for prostate cancer. This article describes the Australian survivorship care model at our institution and explores the practical and economic implications of integrating specialist nurses into outpatient prostate cancer follow-up care.

2. The Australian Survivorship Care Model

Australia operates a mixed public–private healthcare system centred around Medicare, which provides universal access to specialist consultations and hospital-based care [8]. Public outpatient urology clinics are often heavily oversubscribed, particularly in metropolitan tertiary centres managing complex oncological patients. Prostate Cancer Specialist Nurses (PCSNs) in Australia are experienced nurses with additional training in prostate cancer care. Their roles include but are not limited to prostate-specific antigen (PSA) surveillance, continence and erectile dysfunction counselling, coordination of referrals, psychosocial support and patient education. By providing a consistent point of contact throughout the patient journey, PCSNs may improve continuity of care and facilitate coordination between urologists, radiation oncologists, general practitioners, allied health services and support networks. Importantly, nurse-led survivorship care is not intended to replace consultant-led management, but rather to complement traditional outpatient services through a broader supportive and multidisciplinary focus. The national PCSN network is distributed across Australian states and territories, as demonstrated in Figure 1. Based on the Modified Monash Model (MMM), 64.4% of participating sites were located within metropolitan



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centres (MMM1), while 28.0% were based in regional centres (MMM2–3) and 7.6% in rural or remote locations (MMM4–6). Given Australia's large geographic footprint and maldistribution of specialist services, nurse-led survivorship models may play an increasing role in improving access to prostate cancer support services outside metropolitan centres. At our institution, patients diagnosed with prostate cancer are routinely referred to the PCSC. The clinic operates alongside consultant urology clinics and provides holistic survivorship care for men during and following prostate cancer treatment. Complex oncological concerns or patients requiring prescribing and procedural interventions continue to be escalated to consultant urologists.

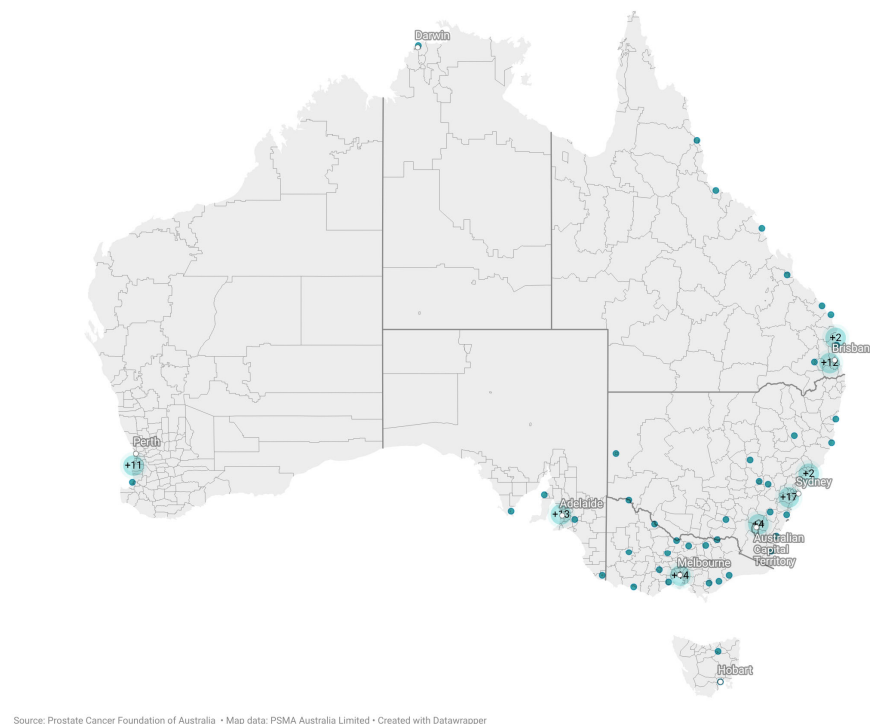


Figure 1. Distribution of Prostate Cancer Foundation Australia nurse specialists across Australia [9]. (Blue dots represent sites providing Prostate Cancer Foundation of Australia (PCFA) Prostate Cancer Specialist Nurse services, with clusters indicating multiple nearby sites).

3. Resource Utilisation and Economic Considerations

We reviewed 17 consultant-led urology clinics and 108 nurse-led survivorship clinics at our institution between 2019 and 2023. Across the consultant clinics, 537 patients were reviewed, with clinics typically staffed by multiple consultants and registrars over three-hour sessions. In comparison, a mean of 3.61 patients were reviewed by PCSNs in the same timeframe, allowing longer consultations focused on continence, sexual health, psychosocial support and care coordination. Using publicly available Victorian Medical Specialist Enterprise Agreement salary scales for consultant urologists and registrars, together with the PCSN employment agreement at our institution, we compared staffing-related costs between consultant-led and nurse-led clinics [10]. Based on the clinical staff routinely present during each clinic, the estimated median staffing cost per patient review was AUD \$71.34 (interquartile range (IQR) \$64.61–77.83) in consultant-led clinics compared to AUD \$42.75 (IQR \$42.75–57.00) in nurse-led clinics, representing a saving of AUD \$28.59 per patient review. Based on the 2022–2023 National Weighted Activity Unit funding model, reimbursement received per patient seen in the prostate cancer survivorship clinic was AUD \$233.86, which was marginally greater than the AUD \$232.80 received for patients reviewed in traditional consultant-led urology clinics [11]. Cost estimates assumed

that clinics operated within the scheduled three-hour duration, and staffing reflected the rostered clinical personnel and assumed all scheduled patients were reviewed. Only direct clinician salary costs were included, whilst infrastructure and overhead costs were assumed to be comparable between clinic models. Direct comparison between consultant-led and nurse-led clinics should be interpreted cautiously, as the two models serve complementary roles. While nurse-led clinics reviewed fewer patients per session, consultations were substantially longer and focused on supportive survivorship care that may otherwise be difficult to deliver in a standard clinic. In addition, the survivorship clinic model allowed consultant clinics to focus on more complex diagnostic and management decisions while maintaining continuity of care for patients.

4. Opportunities and Challenges

Nurse-led survivorship clinics offer several potential advantages within the Australian healthcare setting. By providing an ongoing point of contact throughout the survivorship journey, PCSNs may improve continuity of care, patient accessibility and coordination between urologists, oncologists, general practitioners, allied health providers and support services, while also supporting more efficient allocation of specialist resources. This may be particularly important in regional and rural Australian communities where access to consultant urologists can be limited by geography and workforce availability.

However, several limitations and challenges remain. Australian PCSNs currently have restricted prescribing and procedural authority, meaning some patients still require consultant review for investigations, medication changes or escalation of care. Effective survivorship clinics therefore rely on clearly defined protocols, collaborative multidisciplinary relationships and appropriate triage pathways.

Although our findings demonstrate the practical and economic feasibility of this model, further evaluation is warranted. Workforce sustainability and equitable access also remain important considerations, particularly in regional and rural areas. Telehealth survivorship clinics may provide an opportunity to provide access to such populations. Future studies examining patient-reported outcomes, patient satisfaction, healthcare utilisation and long-term survivorship outcomes would provide a more comprehensive assessment of the clinical effectiveness and value of nurse-led prostate cancer survivorship services.

5. Conclusions

Nurse-led prostate cancer survivorship clinics represent an evolving model of care within Australian urology practice. At our tertiary centre, integration of PCSNs into outpatient survivorship care was associated with lower staffing-related costs while facilitating holistic and multidisciplinary support for prostate cancer survivors. As survivorship demands continue to increase, collaborative nurse-led models may provide a practical and scalable strategy to optimise outpatient urological care within the Australian healthcare system.

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References

1. Ong, X.R.S.; Bagguley, D.; Yaxley, J.W.; Azad, A.A.; Murphy, D.G.; Lawrentschuk, N. Understanding the diagnosis of prostate cancer. *Med. J. Aust.* **2020**, *213*, 424–429. [[CrossRef](#)] [[PubMed](#)]
2. McIntyre, D.; Chow, C.K. Waiting time as an indicator for health services under strain: A narrative review. *Inquiry* **2020**, *57*, 46958020910305. [[CrossRef](#)] [[PubMed](#)]
3. Connolly, C.; Cotter, P. Effectiveness of Nurse-Led clinics on Healthcare delivery: An umbrella review. *J. Clin. Nurs.* **2023**, *32*, 1760–1767. [[CrossRef](#)] [[PubMed](#)]
4. Bergengren, O.; Kaihola, H.; Borgefeldt, A.-C.; Johansson, E.; Garmo, H.; Bill-Axelsson, A. Satisfaction with Nurse-led Follow-up in Prostate Cancer Patients—A Nationwide Population-based Study. *Eur. Urol. Open Sci.* **2022**, *38*, 25–31. [[CrossRef](#)] [[PubMed](#)]
5. Martin, E.; Persaud, S.; Corr, J.; Casey, R.; Pillai, R. Nurse-led active surveillance for prostate cancer is safe, effective and associated with high rates of patient satisfaction—Results of an audit in the East of England. *Ecancermedicalscience* **2018**, *12*, 854. [[CrossRef](#)] [[PubMed](#)]
6. Casey, R.G.; Powell, L.; Braithwaite, M.; Booth, C.M.; Sizer, B.; Corr, J.G. Nurse-led phone call follow-up clinics are effective for patients with prostate cancer. *J. Patient Exp.* **2017**, *4*, 114–120. [[CrossRef](#)] [[PubMed](#)]
7. Fleure, L.; Sara, S. An exploration of the role of the prostate cancer specialist nurse from two international perspectives. *Semin. Oncol. Nurs.* **2020**, *36*, 151043. [[CrossRef](#)] [[PubMed](#)]
8. Dixit, S.K.; Sambasivan, M. A review of the Australian healthcare system: A policy perspective. *SAGE Open Med.* **2018**, *6*, 2050312118769211. [[CrossRef](#)] [[PubMed](#)]
9. Prostate Cancer Foundation of Australia. *Finding a Nurse Near You*; Prostate Cancer Foundation of Australia: Sydney, Australia; Available online: <https://www.prostate.org.au/pcfa-nursing-and-support/finding-a-nurse-near-you/> (accessed on 15 February 2026).
10. Fair Work Commission. *Medical Specialists (Victorian Public Health Sector) (AMA Victoria/ASMOF) (Single Interest Employers) Enterprise Agreement 2022–2026*; Victorian Hospitals' Industrial Association: Footscray, Australia, 2022.
11. Independent Hospital Pricing Authority. *National Efficient Price Determination 2022–2023*; Independent Hospital Pricing Authority: Canberra, Australia, 2022.

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