



EUROPEAN CANCER ORGANISATION

Value of Specialised Cancer Nursing

Position statement

November 2016 (reviewed April 2017)

Acknowledgement: This position statement has been produced by the [European CanCer Organisation \(ECCO\)](#), a federation of 25 professional societies in oncology, in collaboration with the [ECCO Patient Advisory Committee \(PAC\)](#).

Through its 25 Member Societies - representing over 170 000 professionals - ECCO is the only multidisciplinary organisation that connects and responds to all stakeholders in oncology Europe-wide.

ECCO is a not-for-profit federation that exists to uphold the right of all European cancer patients to the best possible treatment and care, promoting interaction between all organisations involved in cancer at European level.

It does this by creating awareness of patients' needs and wishes, encouraging progressive thinking in cancer policy, training and education and promoting European cancer research, prevention, diagnosis, treatment and quality care through the organisation of international multidisciplinary meetings.

Introduction

The demand placed on health systems in Europe will continue to rise as the population ages and more people are diagnosed with long-term or life-limiting conditions. Cancer is a major disease burden that contributes to an upward pressure on all relevant health systems.

Whereas mobility of health professionals may enhance health systems' ability to respond to new challenges, it may also present a complicating factor in a situation when heterogeneous requirements and qualifications exist across countries.

In order to ensure high quality care to patients, the modern oncology workforce must cultivate flexibility and innovation.

Multi-disciplinary team working - where each discipline has an instrumental but complementary role - is a principal driver of optimal patient outcomes in cancer. Moreover, specialisation is increasingly called for to ensure the best possible expertise underpinning cancer care delivery.

Nurses make a central contribution to all cancer patients and should be integral to effective multidisciplinary team working. Despite its important added value in terms of patient outcomes, however, specialised cancer nursing lacks uniform regulation, or recognition¹, across Europe.

One consequence of this lack of regulation is that different definitions of cancer nurse are currently used,

¹It is considered for the purposes of the paper that recognition implies that a profession is regulated in a particular country in relation to the definition in Article 1 (a) Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, amended by Directive 2013/55/EU



based on a variety of factors or their combination including the nurses' role (or the scope of the role), purpose, location of care delivery, type or severity of cancer, and educational preparation. Patient representatives² highlighted the need for clarity when defining a cancer nurse, stating that *"there are many names for them, and the different academic degrees are very confusing for patients"*.

The following definition can be formulated based on available literature (ESNO 2015, CANO 2016):

- **Specialist cancer nurse:** On an international level, specialist cancer nurses are expected to be educated to a degree level (or higher), have a formal training in cancer, and to care for cancer patients as a specialised population, and this across different cancer types and the entire cancer care continuum.

In addition, advanced cancer nurses can be distinguished as those educated at a post-graduate level and considered as expert in, at least, one aspect of cancer care.

Due to the variability in the education type and tasks performed by nurses working with cancer patients across countries, the term 'specialised or specialist cancer nurse' in this paper encompasses the variety of titles that may be used - with the understanding that there is a need to recognise the heterogeneous landscape across Europe. Cancer nursing can thus be understood as a baseline definition that includes the more specific roles and responsibilities that exist therein.

The project **Recognising European Cancer Nursing (RECaN)** - led by the European Oncology Nursing Society (EONS) and supported by ECCO – The European CanCER Organisation, aims to consolidate evidence to clarify and effectively position the contribution of specialised cancer nursing as an essential supportive function during the cancer journey for the benefit of all patients, as well as European health systems.

1. Cancer nursing – an essential contributor to high quality cancer care through multidisciplinary

The specialist role of nurses in multi-disciplinary cancer care has been acknowledged by national (NHS England and Macmillan cancer Support 2010, RCSI 2010) as well as international bodies and professional associations (EONS 2012, ONS 2015), in relation to:

- Leading, delivering and facilitating the co-ordination of care across the patient pathway within the multi-disciplinary team;
- Teaching others and act as role models for colleagues, in nursing and in other disciplines, seeking to promote the values of collaboration, creativity, care and commitment;
- Promoting continuity of care and managing transitions between services.

Nurses have also been recognised as fulfilling essential roles related specifically to patient-centred care, patient safety and enhancement of the quality of care:

- Responding effectively to patients' complex needs by promoting holistic and person-centred approaches to care and referring on to specialised care when needed (e.g. psycho-oncology services);
- Developing and leading innovative supportive care services to meet the holistic needs of cancer

² ECCO Patient Advisory Committee (PAC)



- patients;
- Ensuring patient-centred quality and safety of care in relation to technologies and increasingly sophisticated treatment modalities.

Specialist cancer nursing provision has been associated with improved patient knowledge and self-management (Corner et al. 2013) and marked improvement in patient symptoms (Rueda et al. 2011), while patient experience surveys in the UK have consistently identified the availability of a Clinical Nurse Specialist as the factor most likely to be associated with a good experience of cancer care (NHS England 2014).

Thus, cancer nurses play an important and often varied role in caring for individuals diagnosed with cancer in order to provide the best possible care. Nurse-led interventions have also been documented across a variety of cancer specialities (Tarnhuvud 2007, ESNO 2015, Beck 2016, CANO 2016).

The RECaN project sets to systematically review and consolidate the evidence available on the added value of specialised cancer nurses undertaking nurse-led interventions, with consideration of the various functions that nurses fulfil in multi-disciplinary cancer care. Whereas previous reviews have synthesised the evidence for specific nurse-led interventions, RECaN is the first to focus on the impact of cancer nursing on patients' experiences and outcomes across the spectrum of cancer. The second phase of the project will include documenting to what extent specialist cancer nursing roles are being regulated and the availability of specific educational requirements and opportunities in a group of contrasting European countries. Ultimately, the project aims to produce benefit for all cancer patients by illustrating the full potential of cancer nursing as part of the multi-disciplinary team. Importantly this includes specialist cancer nursing input across all tumour types and phases of care.

2. Cancer nursing – the potential to address workforce shortages

Evidence from the European Commission Nurse Forecasting in Europe (RN4CAST)³ project - part of EU Action Plan for the Health Workforce - shows that population ageing, coupled with increased focus on patient safety and quality of care (Sermeus et al. 2011), will increase the demand for healthcare, qualified health workforce and nurses in particular, whilst the supply of available nurses will actually reduce (European Commission 2016).

Whereas the movement of nurses may have different degrees of relevance in different countries, studies point to the nursing profession as "the most numerous and increasingly mobile element of the health workforce" in Europe (Leone 2016). The mobility question is, therefore, relevant to all countries who wish to retain or recruit specialist cancer nurses.

Health workforce shortage is an important focus for EU policy makers, who have identified it as an area for enhanced cooperation such as through the Action Plan mentioned above, which includes a Joint Action on Health Workforce Planning & Forecasting, and organised exchange between experts on national health workforce strategies and data collection.

In responding to the major health burden that is cancer, the oncology workforce in Europe must address increasing demand by optimising the contribution of each profession, in a multidisciplinary context, and in order to ensure the best possible patient outcomes. There may, for instance, be further scope for extending to more countries extended roles and responsibilities for certain aspects of patient care, such as the

³ <http://www.rn4cast.eu>



prescribing of medicines and undertaking clinical investigations, to include nursing staff. This already occurs in some countries and underlines the need for appropriate recognition, preparation and education.

It is thus imperative that all available measures are taken to educate and retain nurses with skills and competencies in cancer care, and that their professional mobility across Europe is facilitated to continue providing high quality care to an increasing number of patients.

Specialisation can supplement the career paths available to nurses and contribute to attracting and retaining the best in the profession (ESNO 2015, Wagstaff 2015).

By making a case for specialisation of cancer nurses across Europe, the RECaN project will help to raise awareness of the need to address nursing shortages and broader workforce shortages in the region.

3. Realising the potential of cancer nursing – the need for agreement on appropriate levels of education and professional recognition

At present, cancer nursing is not a regulated profession in all European countries. Lack of uniform recognition represents a barrier to the free movement of the concerned professionals and their ability to contribute positively to patient outcomes across Europe.

There are currently differences in variables such as nurses' training curricula, presence or nature of specialisation requirements (e.g. training and/or experience), corresponding roles and responsibilities, and salary levels. These factors may serve to further hinder the mobility of formally specialised cancer nurses due to the reluctance to forgo benefits linked to their specialisation in the home country. Conversely, for non-specialised cancer nurses who wish to travel to another EU state, there are barriers to enter the profession in countries where cancer nursing is already a regulated specialism.

The central consideration remains the nurse's ability to provide the highest possible quality of care to the cancer patient, as part of the multi-disciplinary team, which may also be influenced by the variability of specialisation requirements, such as requisite and available levels of education, between European countries.

Thus there is a clear need to consider working towards specialisation of cancer nursing based on an agreed educational curriculum and a formal system of recognition enabling consistent practice across Europe.

At a cancer centre level there are examples of accreditation systems that include questions about the nursing workforce and specialisation. For example, in the Organisation of European Cancer Institutes (OECI) system, the provision of training programmes for nurses, the number of nurses enrolled in specialist training, the total full-time nurses certified in oncology and the institution's plans for further development of this area, are already outcome measures in the accreditation process. (OECI 2015)

In the international and regulatory context, the RECaN project can be framed by the EU Directive 2013/55/EU on the recognition of professional qualifications as well as by previous agreements such as the Bologna Declaration (1999) and the Munich Declaration (2000).

The Professional Qualifications Directive 2005/36/EC established a system of automatic recognition across Europe for seven professions including doctors - generalists and specialists - and nurses in general practice. The amending Directive 2013/55/EU aims to further facilitate and enhance the mobility of professionals



and help alleviate staff shortages across Europe. Specifically, it introduces the European Professional Card (EPF) for professions where:

- a) there is significant mobility or potential for significant mobility in the profession concerned;
- b) there is sufficient interest expressed by the relevant stakeholders;
- c) the profession or the education and training geared to the pursuit of the profession is regulated in a significant number of member states.

Whilst the European Professional Card is now available to general nurses it does not yet cover specialist nurses.

Given this situation, there is an obvious need to promote increased availability of education that promotes a specialist nursing role.

The Bologna Declaration by European Ministers of Education⁴ aims at, among others, adopting a system of easily readable and comparable degrees as well as promotion of mobility and integrated programmes of study, training and research.

The Munich Declaration by European Ministers of Health⁵ focuses specifically on Nurses and Midwives in terms of personnel policies on gender, status, and on ensuring more co-operative and interdisciplinary working in the interests of better patient care.

The RECaN project builds on these initiatives by demonstrating the added value of cancer nursing interventions and can be considered in relation to increased professional mobility, the increasing need for comparable educational curricula, and career advancement for those wishing to specialise in cancer care within a multidisciplinary setting.

Conclusion and key recommendations

Through the RECaN project, ECCO intends to support the following characteristics of contemporary cancer nursing:

- Cancer nurses are core members of the multi-disciplinary team;
- Cancer nursing should be a recognised speciality across Europe based on a mutually agreed educational curriculum;
- Education for specialist cancer nurses (across all tumour types and phases of care) should be made available;
- Enhanced free movement of cancer nurses across Europe should be promoted and facilitated to help address rising demand.

⁴ http://media.ehea.info/file/Ministerial_conferences/02/8/1999_Bologna_Declaration_English_553028.pdf

⁵ http://www.euro.who.int/_data/assets/pdf_file/0007/53854/E93016.pdf



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