

Evidence Brief: Cancer Workforce

Contents

Key publications – the big picture	3
Case Studies.....	6
HEE Star	6
Statistics.....	6
Published Peer Reviewed Research.....	7
New and Specialist Roles.....	7
Lung Cancer Nurse Specialists.....	10
New ways of working.....	10
Surgery workforce	11
Workforce Demographics	11
Supply	12
Staff and patient perspectives and perceptions.....	13
Training, education and upskilling	14

Global.....	17
Barriers.....	17
Impact.....	18
Competency Frameworks	19
Help accessing articles or papers	20

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

Key publications – the big picture

[*Facing the Facts, Shaping the Future: a draft health and care workforce strategy for England to 2027*](#) NHS, December 2017

The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff, a report on the future of the health and care workforce has concluded. Chapter looks at "Cancer Services".

[*Cancer workforce plan – Phase 1 – Delivering the cancer strategy to 2021*](#) Health Education England, December 2017

Health Education England (HEE) has produced a comprehensive cancer workforce plan that sets out how it will make sure the NHS has enough staff with the right skills to deliver improvements for people affected by cancer over the next three years.

[*Unfinished business: an assessment of the national approach to improving cancer services in England 1995-2015*](#) Health Foundation, November 2018

HEE Knowledge Management Team, January 2019

This report looks at progress in cancer care over two decades. It finds that progress has been made on reducing mortality, and improving the chances of survival and the experience of care, for people in England diagnosed with cancer. See section 4.6 "Workforce and the professional bodies"

[*Meeting pathology demand: histopathology workforce census*](#) Royal College of Pathologists, September 2018

The report highlights the intense pressures that histopathologists face from increased workloads, such as new NHS screening programmes. In addition, services are facing more complex work as personalised medicine develops and guides new therapies. Outdated IT systems compound these pressures.

[*Clinical radiology UK workforce census 2017 report*](#) Royal College of Radiologists, September 2018

The Royal College of Radiologists' (RCR) annual radiologist workforce report highlights the UK's current and predicted future shortage of imaging doctors and urgently calls for more funding for trainees and better NHS retention and recruitment.

[Clinical oncology UK workforce census 2017 report](#) Royal College of Radiologists, June 2018

The clinical oncology UK workforce census report provides a unique profile of the clinical oncology workforce in the UK. This years' figures highlight the ongoing workforce shortages putting consultants and department under intense pressure.

[Cancer Workforce in England: a census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017](#) Macmillan Cancer Support, April 2018

Findings of its census of specialist cancer nurses and support workers[i], the first in depth investigation into the cancer nursing and support workforce in England since 2014.

[Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce](#) Cancer Research UK, December 2017

This report outlines findings and recommendations on research into the support and training requirements of the non-surgical oncology workforce. It finds that whilst the workforce has grown in absolute terms, it has not done so in line with the growth in demand for treatment. The report

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highlights the need for improved workforce planning in this area to address current and future staff shortages and to develop standardised role descriptions.

[From the frontline: workforce pressures in the NHS](#) Macmillan Cancer Support, September 2017

Current workforce pressures are affecting the level of care being delivered to cancer patients, according to a new report From the Frontline by Macmillan Cancer Support. A survey undertaken by nfpSynergy for Macmillan of over 250 GPs and nurses working in primary care across the UK, found that over half (52%) are not confident the NHS workforce is able to provide adequate care to cancer patients, given the current pressures it faces.

[Read a KM summary of this report](#) (Office365 log in details required)

[Census of the Radiotherapy Radiographic Workforce in the UK, 2016](#) Society of Radiographers (SCoR), May 2017

The Royal College of Radiologists' (RCR) annual radiologist workforce report highlights the UK's current and predicted future shortage of imaging doctors and urgently calls for more funding for trainees and better NHS retention and recruitment.

[*The General Practice Nursing Workforce Development Plan*](#) Health Education England, March 2017

This report promotes the importance of general practice nursing, as well as providing details of potential workforce issues and provides appropriate recommendations. It sets out clear recommendations to improve the recruitment, retention and return of the general practice nursing workforce.

[*Thinking Differently: Macmillan's vision for the future cancer workforce in England*](#)
Macmillan Cancer Support, February 2017

In setting out our vision, this report examines the current challenges facing the cancer workforce. These include gaps in key roles such as Clinical Nurse Specialists (CNSs), inefficient use of specialist skills, and poor coordination and communication leading to lack of support both for recovery and at end of life.

[*The Radiography Workforce: Current Challenges and Changing Needs*](#) Society of Radiographers, December 2016

Imaging plays a central role in modern healthcare, with almost all patient pathways reliant on an effective and efficient service to improve patient experience and outcomes.

[*Fit for the Future – public Health People: a review of the public health workforce*](#)
Public Health England, May 2016

This review outlines 5 important themes that underpin the response to developing a workforce for 2021 and provides a clear pathway and plan to achieve the 'new' workforce.

Case Studies

[West Yorkshire and Harrogate Cancer Alliance: tackling lung cancer](#) NHS Long Term Plan, 2019

The Cancer Alliance is taking a whole system approach to *Tackle Lung Cancer* in areas with the lowest lung cancer survival rates and highest smoking prevalence.

[Diagnosing lung cancer earlier in Manchester](#) NHS Long Term Plan, 2019

A pilot, offering smokers and ex-smokers free health checks and on-the-spot scans, has quadrupled the number of lung cancers diagnosed at an early stage. The approach targets lung cancer testing at populations who are most at risk, using mobile scanners and teams in everyday places such as supermarket car parks.

[Supporting people to live well with and beyond breast cancer](#) NHS Long Term Plan, 2019

University Hospitals Plymouth NHS Trust work with a range of agencies to provide personalised follow-up care that aims to reduce the impact of cancer and its treatment on people's health and wellbeing. Felicity Farah, describes how this support has helped her following her diagnosis of breast cancer in March 2018.

[Training and Education for Domiciliary Care Staff in End of Life Care](#) eWIN, 2016

Wirral Metropolitan College Health and Social Care team have produced a 2 day course "Introduction to the principles of End of Life Care" with support, help, advice from the Wirral End of Life Care facilitators and Cheshire and Merseyside Cancer Network. To date 8 programmes have been delivered by college tutors to a total of 130 staff with very positive feedback from both the attendees and their managers. In almost all cases people attending the course feel they have increased confidence, skills and knowledge and most feel they will benefit from the training and apply it in practice.

HEE Star

More resources and tools are available in the "**Cancer**" section of the HEE Star:

<https://www.hee.nhs.uk/our-work/hee-star>

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under "**Cancer**"

<https://gss.civilservice.gov.uk/hc-statistics-landscape/>

Cancer Research UK also have a wealth of [statistics for the UK](#)

Published Peer Reviewed Research

New and Specialist Roles

What are the motivating and hindering factors for health professionals to undertake new roles in hospitals? A study among physicians, nurses and managers looking at breast cancer and acute myocardial infarction care in nine countries Health Policy Journal, October 2018

BACKGROUND Many European countries experience health workforce skill-mix changes due to population ageing, multimorbidity and medical technology. Yet, there is limited cross-country research in hospitals.

CONCLUSION Managers need to know the motivational factors of their employees and enabling versus hindering factors within their organisations to govern change effectively.

Reconfiguring health workforce: a case-based comparative study explaining the increasingly diverse professional roles in Europe BMC Health Services Research, November 2016

BACKGROUND Over the past decade the healthcare workforce has diversified in several directions with formalised roles for health care assistants, specialised roles for nurses and technicians, advanced roles for physician associates and nurse practitioners and new professions for new services, such as case managers. Hence the composition of health care teams has become

increasingly diverse. CONCLUSION There are considerable differences in the number and kind of extended roles between both countries and care pathways. The main drivers for new roles reside in the technological development of medical treatment and the need for more generic competencies. Extended roles develop in two directions: 1) specialised roles and 2) generic roles.

Acceptance of the Advanced Practice Nurse in Lung Cancer Role by Healthcare Professionals and Patients: A Qualitative Exploration Journal of Nursing Scholarship, September 2018

Athens log in required

PURPOSE The purpose of this study was to explore the acceptance of a novel role, the advanced practice nurse in lung cancer (APNLC), from the perspective of patients and healthcare professionals in a country lacking a regulatory oversight for advanced practice nursing (APN) roles. CONCLUSIONS The new role appears to be well accepted by patients and physicians, yet barriers posed by nursing colleagues remain challenging.

New professional roles and patient satisfaction: Evidence from a European survey along three clinical pathways Health Policy, October 2018

This paper reports the results of an empirical analysis exploring the impact of new professions (eg a physician associate) and new professional roles on patient

experiences of and satisfaction with care. A sub set of data from a patient survey conducted as part of the MUNROS programme of work was used. For patients with breast cancer, high levels of satisfaction are associated with the involvement of new professions/professional roles in the provision of conditions specific education and monitoring. For patients with heart disease, the involvement of new professions/professional roles is likely to have a negative impact on satisfaction. For patients with Type 2 diabetes results are ambivalent. Patients belonging to countries experiencing innovative models of healthcare delivery and with high levels of involvement of new professions/professional roles are generally more satisfied. In conclusion, the introduction of new professions does not affect patient satisfaction negatively, therefore introducing new health professional roles is a pursuable strategy from a patient satisfaction perspective, at least for breast cancer and type 2 diabetes.

[*The Experiences of Specialist Nurses Working Within the Uro-oncology Multidisciplinary Team in the United Kingdom*](#) Clinical Nurse Specialist (CNS)

PURPOSE United Kingdom prostate cancer nursing care is provided by a variety of urology and uro-oncology nurses. The experience of working in multidisciplinary teams (MDT) was investigated in a national study.

CONCLUSIONS Despite expertise and experience, nurses had a variable, often negative, experience of the MDT. It is necessary to ensure that all participants can

contribute and are heard and valued. More emphasis should be given to patients' nonmedical needs.

[*The impact of the introduction of a palliative Macmillan consultant radiographer at one UK cancer centre*](#) The British Journal of Radiology, September 2016

OBJECTIVE The UK radiotherapy (RT) workforce needs novel strategies to manage increasing demand. The appointment of a palliative RT (PRT) consultant radiographer (CR) offers a potential solution to enhance patient pathways providing timely RT. This article examined the impact of one such appointment.

CONCLUSION A CR has the potential to impact on the patient pathway, enabling quicker times from DTT to treatment. Continued audit of the role is required to ensure that it complements SpR training.

[*Role of advanced nurse practitioners in the care pathway for children diagnosed with leukemia*](#) European Journal of Oncology Nursing, October 2018

Purpose The development of advanced nursing practices (ANP) can meet challenges presented by evolving needs of health care. We aimed at describing the approach taken to implement ANP in a pediatric oncology-hematology unit. **Conclusion** The impact of the implementation can be appreciated at different levels: i) the patient and his or her family, with improvement of communication and continuity of care; ii) the

interdisciplinary team, with development of a dynamic and greater motivation of the health care providers; and iii) the profession, with a greater recognition of the competencies and conceptualization of the new role. An assessment of the process, the structure and the results should be carried out to validate the role of the advanced nurse practitioner throughout the long journey of a child with leukemia.

Role of care co-ordinators in cancer clinical nurse specialist teams Cancer Nursing Practice, April 2016

Strategic interest in the skill mix of the healthcare workforce has acknowledged the increasingly important role of non-registered staff, with care for cancer patients provided by teams comprising clinical nurse specialists (CNSs) at bands 6 and 7 and care co-ordinators at bands 3 and 4. This article outlines the development and role of care co-ordinators in cancer CNS teams in Leeds Teaching Hospitals NHS Trust, using the example of a gynaecological oncology care co-ordinator as a case study. With the support of CNS colleagues, the Leeds care co-ordinators provide high-quality patient care through telephone and face-to-face contact and holistic needs assessments. Care co-ordinators act as named key workers for patients, developing good relationships and providing support at diagnosis, through treatment and beyond to survivorship. Patients and carers have welcomed the role and its development has enabled

CNSs to focus their specialist skills on those patients requiring higher level interventions.

The specialist nursing workforce caring for men with prostate cancer in the UK International Journal of Urological Nursing, March 2016

A national survey of the specialist nursing workforce caring for men with prostate cancer was completed across the four countries of the UK during June and July 2014. In total 302 specialist nurses completed the survey and data from 285 was used in the analysis. This is the biggest whole population survey of this workforce in recent years. The most common job title was clinical nurse specialist (185) and the most common band was agenda for change band 7 (174). However in Scotland 50% of the respondents stated that they were paid on band 6. Over half the group (158) had worked in prostate cancer care for more than 10 years. Few (48) had come into specialist posts from a specific specialist nurse development role. There is wide geographic variation in the provision of specialist nursing for men with prostate cancer. This is reflected in available hours and caseload sizes. The respondents reported frozen and vacant posts across the UK. This equated to 58.3 full time equivalents. The work of specialist nurses caring for men with prostate cancer is clinically complex and appears to cover most key times in the cancer journey. However workload appears to be limiting the care that the nurses are able to

provide with over half the respondents (163) saying that they left work undone for patients.

Lung Cancer Nurse Specialists

Which patients are assessed by lung cancer nurse specialists? A national lung cancer audit study of over 128,000 patients across England Lung Cancer, June 2016

BACKGROUND Lung cancer nurse specialists (LCNS) are integral to the multidisciplinary clinical team, providing personalised physical and psycho-social interventions, and care management for people with lung cancer. The National Institute of Health and Care Excellence (NICE) recommend that all patients have access to a LCNS. We conducted a national study assessing whether there is variation in access to and timing of LCNS assessment. **CONCLUSION** LCNS assessment varied by patient and Trust features, which may indicate unmet need for some patients. The current workforce needs to expand as well as retain experienced LCNSs.

Are working practices of lung cancer nurse specialists associated with variation in peoples' receipt of anticancer therapy? Lung Cancer, September 2018

OBJECTIVE Treatment choices for people with lung cancer may be influenced by contact and engagement with lung cancer nurse specialists (LCNSs). We

investigated how service factors, LCNS workload, and LCNS working practices may influence the receipt of anticancer treatment. **CONCLUSION** LCNS assessment, workload, and working practices are associated with the likelihood of patients receiving anticancer therapy. Enabling and supporting LCNSs to undertake key case management interventions offers an opportunity to improve treatment uptake and reduce the apparent gap in receipt of surgery for those suitable.

New ways of working

Task shifting between physicians and nurses in acute care hospitals: cross-sectional study in nine countries

Human Resources for Health, May 2018

BACKGROUND Countries vary in the extent to which reforms have been implemented expanding nurses' Scopes-of-Practice (SoP). There is limited cross-country research if and how reforms affect clinical practice, particularly in hospitals. This study analyses health professionals' perceptions of role change and of task shifting between the medical and nursing professions in nine European countries. **CONCLUSIONS** Higher levels of changes to staff roles and task shifting were reported in the Netherlands, England and Scotland, suggesting that professional boundaries have shifted, for instance on chemotherapy or prescribing medicines. For most tasks, however, a partial instead of full task shifting is practice.

[Development and testing of the cancer multidisciplinary team meeting observational tool \(MDT-MOT\)](#)

International Journal of Quality in Health Care, 2016

OBJECTIVE: To develop a tool for independent observational assessment of cancer multidisciplinary team meetings (MDMs), and test criterion validity, inter-rater reliability/agreement and describe performance.
CONCLUSIONS: MDT-MOT demonstrated good criterion validity. Agreement between clinical and non-clinical observers (within one point on the scale) was high but this was inconsistent with reliability coefficients and warrants further investigation. If further validated MDT-MOT might provide a useful mechanism for the routine assessment of MDMs by the local workforce to drive improvements in MDT performance.

Surgery workforce

[The impact of the aging population and incidence of cancer on future projections of general surgical workforce needs](#)

Surgery, March 2018

BACKGROUND Assessments of the future general surgery workforce continue to project substantial shortages of general surgeons. The general surgery workforce is targeted currently to maintain a surgeon/population ratio of 6.5-7.5/100,000.

CONCLUSION The analysis supports the hypothesis that an increasing incidence of cancer in the future will exceed the potential capacity of the general surgeon workforce.

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Regionalization of cancer care may be one solution to projected access issues.

[Forecasting the impact of stereotactic ablative radiotherapy for early-stage lung cancer on the thoracic surgery workforce](#)

European Journal of Cardio-thoracic surgery, June 2016

OBJECTIVE To predict variation in thoracic surgery workforce requirements with the introduction of stereotactic ablative radiotherapy (SABR) for the treatment of early-stage non-small-cell lung cancer (NSCLC).
CONCLUSIONS With the implementation of SABR for treatment of early NSCLC, there would be a decrease in operative volume. The impact would depend on the stage of NSCLC for which SABR is recommended and on compliance. A national strategy for thoracic surgery workforce planning is necessary, given the complex interaction of CT screening and the treatment of medically operable early NSCLC with SABR.

Workforce Demographics

[American Society of Clinical Oncology Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce](#)

Journal of Clinical Oncology, August 2017

In December 2016, the American Society of Clinical Oncology (ASCO) Board of Directors approved the ASCO Strategic Plan to Increase Racial and Ethnic Diversity in

the Oncology Workforce. Developed through a multistakeholder effort led by the ASCO Health Disparities Committee, the purpose of the plan is to guide the formal efforts of ASCO in this area over the next three years (2017 to 2020). There are three primary goals: (1) to establish a longitudinal pathway for increasing workforce diversity, (2) to enhance ASCO leadership diversity, and (3) to integrate a focus on diversity across ASCO programs and policies. Improving quality cancer care in the United States requires the recruitment of oncology professionals from diverse backgrounds.

[Cancer, biomedical science leaders strive to improve workforce diversity](#) Cancer Scope, March 2016

National initiatives target recruiting, retaining researchers from diverse backgrounds.

[A scoping review of the nurse practitioner workforce in oncology](#) Cancer Medicine, August 2016

The quality of cancer care may be compromised in the near future because of work force issues. Several factors will impact the oncology health provider work force: an aging population, an increase in the number of cancer survivors, and expansion of health care coverage for the previously uninsured. Results demonstrated that NPs are utilized in both inpatient and outpatient settings, across all malignancy types and in a variety of roles. Academic institutions were strongly represented in all relevant

studies, a finding that may reflect the Accreditation Council for Graduate Medical Education (ACGME) duty work hour limitations. There was no pattern associated with state scope of practice and NP representation in this scoping review. Many of the studies reviewed relied on subjective information, or represented a very small number of NPs. There is an obvious need for an objective analysis of the amount of care provided by oncology NPs.

Supply

[Management of Medical Oncology Services in Canada: Redefined Workload With a Novel Supply-and-Demand Workforce Projection Model](#) Journal of Oncology Practice, July 2018

PURPOSE We developed a workforce-planning model to predict Canadian medical oncologist (MO) supply and clinical demand during the next 10 years. **CONCLUSION** We have developed a forward calculation MO workforce model that predicts a growing Canadian MO workforce and redefines MO workload dynamics. MO providers will increasingly support more follow-up care with the initiation of multiple lines of systemic therapy relative to the medical management of patients at the time of initial cancer diagnosis. Workload metrics, including follow-up and new therapy initiation rates, must be measured to appropriately meet increasingly complex and growing care demands.

The characteristics of oncology social work in Australia: Implications for workforce planning in integrated cancer care Asia-Pacific Journal of Clinical Oncology, December 2016

AIMS To describe the demographics, professional characteristics, self-reported professional development needs and research involvement of oncology social workers in Australia and to describe perceived barriers to provision of quality psychosocial care. CONCLUSION In this first Australian study of the social work oncology workforce, the results demonstrated active, well-qualified and experienced social workers providing frontline services to people with cancer and their caregivers in geographically diverse locations across Australia. Inadequate resources and a lack of integrated psychosocial care were identified as barriers to comprehensive cancer care. The need for Aboriginal and Torres Strait Islander social workers was identified as an urgent workforce priority.

Staff and patient perspectives and perceptions

A mixed methods analysis of experiences and expectations among early-career medical oncologists in Australia Asia-Pacific Journal of Clinical Oncology, January 2018

AIMA viable and sustainable medical oncology profession is integral for meeting the increasing demand for quality cancer care. The aim of this study was to explore the

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workforce-related experiences, perceptions and career expectations of early-career medical oncologists in Australia. CONCLUSION Perceived diminished employment opportunities in the medical oncology profession, and shifting expectations to be "more qualified," have increased uncertainty among junior medical oncologists in terms of their future career prospects. Structural factors relating to adequate funding of medical oncology positions may facilitate or inhibit progressive change in the workforce and its sustainability. Workforce planning and strategies informed by findings from this study will be necessary in ensuring that both the needs of cancer patients and of medical oncologists are met.

A national survey exploring UK trainees' perceptions, core training experience, and decisions to pursue advanced training in breast radiology Clinical Radiology, November 2017

AIM To investigate UK radiology trainees' perceptions of breast radiology and the factors that influenced their decision whether or not to choose breast radiology as an area of special interest. CONCLUSION Breast radiology faces a significant workforce shortfall that is predicted to worsen in the coming years. There has never been a greater need to recruit specialty trainees into this field, and action is urgently needed to help ensure the sustainability of breast services and drive further improvements to patient care. The findings from this

survey should be regarded as a challenge to all breast radiologists to engage with trainees from an early stage in their training and to enthuse them with the many positive aspects of a career in breast radiology.

[Patient Perspectives on Nurse Practitioner Care in Oncology in Canada](#) Journal of Nursing Scholarship, September 2017

Athens log in required

The purpose of this study was to add to what is known about patient satisfaction with nurse practitioner (NP) care, from the perspective of breast cancer patients who were followed by an NP. Conclusions and Clinical Relevance Today's healthcare system is characterized by accessibility issues, unmet patient need, workforce issues, and funding pressures. This research supports and enriches what is known about the benefits and usefulness of NP-provided care from the viewpoint of those receiving the care. The findings offer guidance to NPs in the clinical setting regarding patient needs and optimal care strategies.

Training, education and upskilling

[Physician Training in Cancer Prevention and Control: A Population Health Imperative](#) American Journal of Preventative Medicine, March 2018

Cancer is the second leading cause of morbidity and mortality in the U.S. Although reducing the number of new cancer cases is a national health goal, the continuing growth of the older adult population ensures that the burden of cancer will increase. Despite documentation of the shortage of oncologists to meet the growing need, relatively limited attention has been focused on increasing the physician workforce trained in the prevention and control of cancer.

[Building A High Quality Oncology Nursing Workforce Through Lifelong Learning: The De Souza Model](#)

International Journal of Nursing Education Scholarship, January 2018

Abstract Cancer is one of the leading causes of death in the world. Along with increased new cases, cancer care has become increasingly complex due to advances in diagnostics and treatments, greater survival, and new models of palliative care. Nurses are a critical resource for cancer patients and their families. Their roles and responsibilities are expanding across the cancer care continuum, calling for specialized training and support. Formal education prepares nurses for entry level of practice, however, it does not provide the specialized

competencies required for quality care of cancer patients. There is urgent need to align the educational system to the demands of the health care system, ease transition from formal academic systems to care settings, and to instill a philosophy of lifelong learning. We describe a model of education developed by de Souza Institute in Canada, based on the Novice to Expert specialty training framework, and its success in offering structured oncology continuing education training to nurses, from undergraduate levels to continued career development in the clinical setting. This model may have global relevance, given the challenge in managing the demand for high quality care in all disease areas and in keeping pace with the emerging advances in technologies.

[*What is important for student nurses to know about cancer treatment and care: a qualitative study of student nurses' and stakeholder perspectives*](#) Journal of Clinical Nursing, July 2017

AIMS AND OBJECTIVES To explore the views of student nurses' and stakeholders of what is important for student nurses to know about cancer treatment and care.

CONCLUSIONS Collaborative working with people affected by cancer and educationalists has allowed the patient and carer experience to be placed at the centre of the undergraduate cancer education.

[*Social networks and expertise development for Australian breast radiologists*](#) BMC Health Services Research, February 2017

BACKGROUND In this study, we explore the nexus between social networks and expertise development of Australian breast radiologists. Background literature has shown that a lack of appropriate social networks and interaction among certain professional group(s) may be an obstacle for knowledge acquisition, information flow and expertise sharing. To date there have not been any systematic studies investigating how social networks and expertise development are interconnected and whether this leads to improved performance for breast radiologists. **CONCLUSIONS** We argue that radiologists' and, in particular, breast radiologists' work performance, needs to be explored not only through individual numerical characteristics but also by analysing the social context and peer support networks in which they operate and we identify multidisciplinary care as a core entity of social learning.

[*Skill sharing and delegation practice in two Queensland regional allied health cancer care services: a comparison of tasks*](#) Australian Health Review, November 2018

Objective: Delegation and skill sharing are emerging service strategies for allied health (AH) professionals working in Queensland regional cancer care services. The aim of the present study was to describe the consistency between two services for the types and frequency of tasks

provided and the agreement between teams in the decision to delegate or skill share clinical tasks, thereby determining the potential applicability to other services. Conclusions: Strong consistency was apparent for the clinical tasks undertaken by the two cancer care AH teams, with moderate agreement for the frequency of tasks performed. The proportion of tasks considered appropriate for skill sharing and/or delegation was similar, although variation at the task level was apparent. Further research is warranted to examine the range of factors that affect the decision to skill share or delegate. What is known about the topic?: There is limited research evidence regarding the use of skill sharing and delegation service models for AH in cancer care services. In particular, the extent to which decisions about task safety and appropriateness for delegation or skill sharing can be generalised across services has not been investigated. What does this paper add?: This study investigated the level of clinical task consistency between two similar AH cancer care teams in regional centres. It also examined the level of agreement with regard to delegation and skill sharing to provide an indication of the level of local service influence on workforce and service model decisions. What are the implications for practitioners?: Local factors have a modest influence on delegation and skill sharing decisions of AH teams. Practitioners need to be actively engaged in decision making at the local level to ensure the clinical service model meets local needs. However, teams should also capitalise on commonalities

between settings to limit duplication of training and resource development through collaborative networks.

What Competencies Are Required for Oncology Nurse Generalists? ONS Voice, January 2018

The article offers suggestions to oncology nurse to ensure high-quality care. Topics discussed include training programs that focus on increasing and building competency can strengthen and multiply the workforce of nurses; need of performance goals for themselves and engage in learning opportunities to achieve those goals; and oncology nurses integrate patient-centered care across cancer trajectory.

Work engagement in cancer care: The power of co-worker and supervisor support European Journal of Oncology Nursing, April 2016

Purpose Co-worker and supervisor support can provide knowledge, advice and expertise which may improve motivation, confidence and skills. This exploratory study aimed to examine the association of co-worker and supervisor support, and other socio-demographic and practice variables with work engagement for cancer workers. Methods The study surveyed 573 cancer workers in Queensland (response rate 56%). Conclusions This study emphasises that health care managers need to promote co-worker and supervisor support in order to optimise work engagement with special attention to those who are not directly involved in patient care.

Global

[Global Survey of Clinical Oncology Workforce](#) Journal of Global Oncology, September 2018

A lack of well-trained clinical oncologists can result in significant cancer health disparities. The magnitude of this problem around the world is poorly described in the literature. A comprehensive global survey of the clinical oncology workforce was conducted. Eight countries had no clinical oncologist available to provide care for patients with cancer. In 22 countries (24%), a clinical oncologist would provide care for 500 patients with cancer. In 27 countries (29%), a clinical oncologist would provide care for > 1,000 incident cancers, of which 25 were in Africa, two were in Asia, and none were in Europe or the Americas. The economic and social development status of a country correlates closely with the burden of cancer and the shortage of human resources. Addressing the shortage of clinical oncologists in regions with a critical need will help these countries meet the sustainable development goals for noncommunicable diseases by 2030.

[Increasing global access to cancer care: models of care with non-oncologists as primary providers](#) The Lancet Oncology, August 2017

The rapidly increasing incidence of cancer in low-income and middle-income countries is compounded by a profound shortage of both oncologists and facilities with

the capacity for cancer care in these settings.^{1,2} In a model where only oncologists treat cancer, patients-many with curable diseases-will die waiting for oncologists to be trained. [...]it is imperative to develop innovative models of care that address the immediate needs of patients with cancer. Formal oncology training programmes and opportunities are scarce in low-income and middle-income countries.²

Barriers

[Barriers to delivering advanced cancer nursing: A workload analysis of specialist nurse practice linked to the English National Lung Cancer Audit](#) European Journal of Oncology Nursing, October 2018

Purpose Health services across the world utilise advanced practice in cancer care. In the UK, lung cancer nurse specialists (LCNS) are recognised as key components of quality care in national guidelines, yet access to LCNS contact is unequal and some responsibilities are reportedly left undone. We assess whether any variation in working practices of LCNS is attributable to factors of the lung cancer service at the hospital trust. Conclusion Working practices of LCNS vary according to service factors, most frequently associated with trust anti-cancer treatment facilities. High workload pressures and limited ability to provide key interventions should be addressed across all services to ensure patients have access to recommended standards of care.

Impact

[How Nurse Practitioners Are Enhancing the Oncology Workforce](#) ONS Voice, January 2018

The article offers information on American Society of Clinical Oncology Practice Census survey that advanced practice providers play pivotal clinical roles like ordering and administering chemotherapy to managing pain and other adverse effects or symptoms, and provide primary care to patients with cancer and survivors. Topics discussed include access to high-quality oncology care; need to meet the unique care needs of patients with cancer; and enhance the oncology workforce.

[Palliative care teams' cost-saving effect is larger for cancer patients with higher numbers of comorbidities](#)

Health Affairs, 2016

Patients with multiple serious conditions account for a high proportion of health care spending. Such spending is projected to continue to grow substantially as a result of increased insurance eligibility, the ever-rising cost of care, the continued use of nonbeneficial high-intensity treatments at the end of life, and demographic changes. We evaluated the impact of palliative care consultation on hospital costs for adults with advanced cancer, excluding those with dementia. We found that compared to usual care, the receipt of a palliative care consultation within two days of admission was associated with 22 per cent lower costs for patients with a comorbidity score of two to

three and with 32 per cent lower costs for those with a score of 4 or higher. Earlier consultation was also found to be systematically associated with a larger cost-saving effect for all subsamples defined by multimorbidity. Given ongoing workforce shortages, targeting early specialist palliative care to hospitalized patients with advanced cancer and higher numbers of serious concurrent conditions could improve care while complementing strategies to curb the growth of health spending.

Competency Frameworks

[Career and Education Framework for Cancer Nursing](#)

Royal College of Nursing and UK Oncology Nursing Society (UKONS), February 2017

Guidance for: pre-registration nursing students, support workers in health and social care, registered nurses providing general or specialist cancer care.

[End of Life Care Core Skills Education and Training Framework](#) HEE and Skills for Health and Skills for Care, February 2017

The framework builds on the Government's National End of Life Care Strategy and response to the Review of End of Life Care, which stated that everyone has access to 'high quality, personalised end of life care built around their needs'. This person-centred approach is key to current thinking and policy around end of life care: considering each patient's individual needs, preferences and available support networks and involving them and their families and carers in decisions around their care.

[The Macmillan Allied Health Professions Competence Framework \(MAHPCF\): for those working with people affected by cancer](#) Macmillan Cancer Support, July 2017

This MAHPCF is designed for use by and with registered AHPs including; art therapists, dietitians, drama therapists, music therapists, occupational therapists, orthotists, prosthetists, orthoptists, paramedics,

physiotherapists, podiatrists, radiographers (therapeutic and diagnostic) and speech and language therapists working with people affected by cancer.

[Competencies: Caring for Teenagers and Young Adults with Cancer: a competence career framework for nursing](#)

Teenage Cancer Trust and Royal College of Nursing, 2014

This is the first competence and career framework for nurses who care for teenagers and young adults (aged 13-24 years inclusive - see footnote¹) with cancer across the broad spectrum of healthcare settings and describes the professional standards expected of them.

[A competence framework for nurses: Caring for Patients Living with and Beyond Cancer](#) Macmillan Cancer

Support, June 2014

This document will encourage nurses to acquire new skills and to embrace innovative ways of managing cancer as a long-term condition. There could not be a more appropriate time for nurses to take a greater role in driving this change. And there could not be a more appropriate document to help empower and enable them to do so. We hope that this competence framework will support nurses to help people to recover from episodes of ill health and to manage ongoing physical and mental health conditions as a result of cancer and its treatment.

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