

Evidence Brief: Chemotherapy Nursing

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Addressing the gap: highlighting the need for growing the specialist cancer nursing workforce](#)

Source: Macmillan Cancer Support

Publication date: September 2020

Macmillan's most recent workforce census¹ demonstrated that there are worrying vacancy rates across specialist cancer nurse roles in England,* with significant geographic variation.

Subsequent patient and workforce reported data still demonstrates unmet need amongst people living with cancer.^{2, 3} The causes and impact of the crisis in the NHS workforce are multifaceted and go beyond the scope of this paper. However, the specialist cancer nurse vacancy rates and the solutions to address them must be understood within the context of a wider crisis in the general nursing population and the increasing pressures on the NHS caused by rising patient need - with the Covid-19 pandemic throwing into sharp focus the fragility of our workforce.*

[Long Term Plan](#)

Source: NHS

Publication date: January 2019

See p. 56 for Cancer

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

[Cancer workforce in England: a census of cancer, palliative and chemotherapy specialty nurses and support workers in England in 2017](#)

Source: Macmillan Cancer Support

Publication date: 2018

The number of people with cancer is increasing, with over 830 cancers diagnosed every day in England. Thanks to advances

in treatment, many of these people are living for longer following diagnosis, but often in poor health. This means that people's experience of having cancer is changing. Against this backdrop, staff across the NHS continue to provide fantastic care, playing a vital role both in improving outcomes and working to ensure that everyone living with cancer has a positive experience of their care. I am therefore excited to share the results of Macmillan's latest cancer nursing and support workforce census, which describes the size, composition and location of the workforce. This research provides a unique and detailed insight into today's cancer nursing and support workforce.

In the news

[Chemotherapy nurses have a big responsibility](#) Abstract only*

Author(s): Ingrid Fuchs

Source: Nursing Times

Publication date: June 2022

Chemotherapy nurses have an important job of not only administering the drugs via a central line or cannula, but also assessing the patient physically and emotionally to judge if they are fit for chemotherapy.

Case Studies

[Macmillan Chemotherapy Nurse Specialists](#)

Source: Hull University Teaching Hospitals NHS Trust

The Macmillan Chemotherapy Nurse Specialist Team aim to develop and promote high standards of evidence based care for chemotherapy service initiatives, locally, regionally and nationally. (includes 4 min video)

Cancer Nursing Pathway and the role of the Cancer Nurse Specialist

Source: Health Education England South East

Publication date: 2022

Thames Valley Cancer Alliance (TVCA) brings together cancer leaders, commissioners, service providers, people affected by cancer and third sector organisations to take a whole population approach to improving in cancer services across the three Integrated Care Systems of:

- Buckinghamshire, Oxfordshire and Berkshire West ICS (wholly situated within Thames Valley)
- Bath, Swindon and Wiltshire ICS (partly situated)
- Frimley Health and Care (partly situated)

Its aim is to take forward the ambitions in the [NHS Long Term Plan](#), focused on reducing variation, and improving timely access to all cancer services for all people within the Thames Valley.

Macmillan Nurse Consultant – Breast Cancer Berkshire Cancer Centre

Source: Health Education England South East

Publication date: 2022

The Berkshire Cancer Centre in Reading is one of two cancer centres in the Thames Valley Cancer Alliance area/region providing cancer services to people across Berkshire and areas of South Oxfordshire. Breast Care is the largest service within the Centre and the number of patients has increased over the last five years with 555 patients diagnosed with new primary breast cancer in 2021.

Velindre University NHS Trust Cancer Centre

Source: Skills for Health

Enhancing Health Care Worker role helps improve waiting times for cancer clinic chemotherapy services, supporting nurses in its mobile cancer unit, improving remote patient care across the South Wales region

The Star for workforce redesign

More resources and tools are available in the **Cancer** section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Cancer**” filter

HCHS cancer workforce data pack – September 2009 to 2022

Source: NHS Digital

Publication date: 19th May 2023

Cancer treatment statistics

Source: Cancer Research UK

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Burnout

Risk perception, burnout, and knowledge of chemotherapy nurses during the COVID-19 pandemic

Author(s): Koral

Source: Family Practice and Palliative Care 6(3) pp. 111-117

Publication date: 2021

Introduction: Not every individual exposed to the same stressors will develop the same symptoms of burnout. We aimed to evaluate the risk perception and burnout of chemotherapy nurses working with patients having possibly low immune resistances and investigate the relationship with the COVID-19 knowledge of the participants. Methods: We carried out a cross-sectional study in oncology nurses between May and June 2020. Using Delphi panels, instruments were developed on COVID-19-related burnout and risk perception. Of the 857 nurses registered to the Association of Oncology Nurses, 267 responded to an online survey, including 28 items on demographic features, burnout, risk perception, and COVID-19 knowledge. Results: The mean age of the participants was 34.8 ± 8.4 (min. 20, max. 58) years. The mean risk perception scores were 17.34 ± 3.00 (min. 6, max. 24) and burnout scores were 16.74 ± 4.44 (min. 2, max. 27), both above two-thirds of the maximum possible limits.

Knowledge scores, on the other hand, were relatively high ($72.09 \pm 20.0\%$). COVID-19 knowledge scores showed a significant positive correlation with burnout scores ($r=0.499$, $p<0.05$). Linear regression analysis showed that after adjusting for the possible confounders, the COVID-19 knowledge score was the only significant variable independently affecting burnout scores (Beta=0.109, 95% Confidence Interval (CI): 0.086-0.133, p

Communication

Communication patterns in nurse-led chemotherapy clinics: A mixed-method study

Author(s): Farrell et al.

Source: Patient Education and Counseling 103(8) Pages 1538-1545

Volume 103, Issue 8,

Publication date: August 2020

Objective: To determine patterns of nurse-patient communication in fulfilling patients' informational/psychosocial needs, effects of longer consultation/operational aspects on person-centred care experiences. Methods: Mixed-method design; secondary analysis of transcripts of nurse-patient communication within nurse-led chemotherapy clinics in UK [3]. Purposive sampling (13 nurses); non-participant observations (61 consultations).

Qualitative content analysis of audio-recorded transcripts.

Quantitative analysis using the Medical Interview Aural Rating Scale [14] to compare mean differences in the number of cues and level of responding using one-way ANOVA, and correlational analyses of discursive spaces. Results: Nurses responded positively to informational cues, but not psychosocial cues.

Longer consultations associated with more informational and psychosocial cues ($p < .0001$), but not nurses' cue-responding behaviours. Four main themes emerged:

challenges/opportunities for person-centred communication in biomedical contexts; patients' "life world" versus the "medical world"; three-way communication: nurse, patient and family;

implications of continuity of care. Conclusions: The challenges/opportunities for cue-responding in nurse-led chemotherapy clinics were evident for informational and psychosocial support of patients. Shifting from a biomedical to biopsychosocial focus is difficult. Practice implications: Further evaluation is needed to integrate biopsychosocial elements into communication education/training. Careful planning is required to

ensure continuity and effective use of time for person-centred care.

Counselling

Chemotherapy education: current practices of oncology nurses counseling patients

Author(s): Rogers et al.

Source: Supportive Care in Cancer 29:7323–7328

Publication date: 2021

This study highlighted that chemotherapy nurses routinely counsel patients on important topics that lack evidence-based recommendations. In the absence of evidence, nurses rely on learned education practices, most commonly institutional guides or recommendations adopted from other nurses or oncologists. On important topics that lack evidence, expert panel review and development of consensus guidelines could standardize and improve the education process for both oncology nurses and patients.

Education and Training

Building a chemotherapy training course for post-certification

Abstract only*

Item Type: Journal Article

Authors: McParlane, Rayna, BSN,RN, OCN® and Minasian, Pamela,MSN, RN

Publication Date: 2023

Journal: Oncology Nursing Forum 50(2), pp. C96

Abstract: Treatment Modalities Chemotherapy errors occur at a rate of about one to four per 1000 orders and affect at least 1-3% of adult and pediatric oncology patients (Weingart et al., 2018). These errors can occur across all stages of the medication process; however, nursing remains an integral part of identifying and preventing these errors. In 2016, American Society of

Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) updated their chemotherapy administration safety standards requiring higher safety measures within the nursing profession. These updated standards created a need for change within the oncology nursing practice on a national scale. At our organization, increased staffing constraints and reduced number of chemotherapy admissions resulted in barriers that inhibited the training experience for newly chemotherapy certified registered nurses. Many nurses felt underprepared for chemotherapy administration and recommended that a new form of training be initiated. As a result, an interactive in-person course was created to aid newly certified RNs and provide educational support that was specialized to their needs. Nurses are provided with an overview of the key principles of systemic chemotherapy administration with a strong emphasis on the 2016 ASCO/ONS chemotherapy administration safety standards. Nurses will learn how to manage chemotherapy related toxicities and reactions within a safe learning environment. After the completion of the course all nurses are deemed competent to safely administer chemotherapy treatment to the oncology population. The four-hour in person chemotherapy review course addresses a wide variety of subjects that pertain directly towards chemotherapy administration within the inpatient setting. The course addresses the chemotherapy verification process, required documentation, and the nursing considerations required for safe chemotherapy administration. In addition, the course reviews chemotherapy related symptoms, oncologic emergencies, and the nurse's role in chemotherapy management. An anonymous, electronic survey is conducted to collect baseline data on RN's knowledge and comfortability with chemotherapy administration. After the completion of the course the same survey is distributed. This pre and post survey data will allow us to measure the knowledge gained from the course and to analyze if there was a positive impact on the comfortability. Data for this project is currently still being collected as classes

are still being held.

[Initial chemotherapy competency through simulation](#) Abstract only*

Item Type: Journal Article

Authors: Trullo, Mary Caroline, MSN,RN, OCN®

Publication Date: 2023

Journal: Oncology Nursing Forum 50(2), pp. C117-C118

Abstract: Chemotherapy competent nurses are essential for patient safety and standards of care in our facility. A critical shortage of both outpatient infusion nurses, and inpatient floor nurses limited the opportunity and timeliness for cross-training, since inpatient nurses typically would complete their chemotherapy competency in the infusion center after completing the Fundamentals of Chemotherapy class. The gap between class and competency had grown to 3-6 months. The purpose of this project was to increase the number of chemotherapy competent nurses and shorten the time between class and competency, while decreasing the training burden of the infusion center and the inpatient oncology floors. The solution was to partner with nursing leadership and the simulation center to create a simulation to assess/validate competency. A well-constructed, psychologically safe simulation can demonstrate a mastery of skills, assess knowledge gaps, avoid preventable medication errors, and increase job satisfaction. In partnership with the simulation center, we developed a realistic scenario, based upon standards from the International Nursing Association for Clinical Simulation and Learning. The simulation mimics the chemotherapy administration process, from receiving report, reviewing orders, calculating dosages, and administering chemo with a simulated patient. The facilitators observe from behind one-way glass to ensure objectives and competency items are met. Once complete, nurses may start administering chemotherapy on the unit. This new simulation has been used twice with positive

evaluation feedback on the post- simulation questionnaire. The participants expressed they felt the experience was supportive and educational without the intimidation factor of a real situation, and they felt prepared for patient interaction. The nurses have gone on to successfully administer chemotherapy on their units. Intentional rounding by educators will monitor progress and assess any needs. Going forward, this simulation will be mandatory for all new inpatient oncology nurse hires as a Part Two to our Fundamentals of Chemotherapy class and offered within 14 days of the class, accelerating the timeline to establish more chemotherapy competent nurses. After gaining experience on the units, nurses are also expected to obtain their ONS provider cards. Although in the early phases of implementation, the use of simulation has already proved beneficial from a staffing and patient safety perspective. It is sustainable and is easily incorporated into a nurse's orientation. Nursing leadership will continue to monitor progress and elicit feedback from participants.

[Revalidation for chemo nurses: are you ready?](#) Abstract only*

Item Type: Journal Article

Authors: Vidall, Cheryl

Publication Date: 2014

Journal: British Journal of Nursing, Suppl.Oncology Supplement 23(4), pp. S3

Abstract: Chemotherapy nurses are required to hold advanced qualifications and they are also expected to demonstrate currency in the field of practice on an annual basis. The chemotherapy measures identify core skills to be demonstrated but do not go further to establish exactly how these skills will be reviewed each year. Indeed, the measurement of staff against these standards and the enforcement of demonstrating clinical competency are variable. Here, Vidall talks about oncology nurses, which have been required to demonstrate competence at a higher level to work without supervision in the delivery of

chemotherapy by undertaking a degree-level course in the administration of anti-cancer therapies.

New ways of working

[Better together: a health systems standardization approach to chemotherapy administration](#) Abstract only*

Item Type: Journal Article

Authors: Boyde, Tiffini, MSN, RN,OCN® BMTCN®, CNL;Mato, John, BSN,RN, CHPN;Saito, Miwa, RN,BSN, OCN® and Bressler, Toby, PhD,RN, OCN®

Publication Date: 2023

Journal: Oncology Nursing Forum 50(2), pp. C71

Abstract: Oncology Nursing Practice A rapidly growing oncology service line within a large metropolitan health system identified a need to standardize chemotherapy administration throughout multiple hospital sites to improve patient safety and quality care. Thirteen health system chemotherapy safety errors were identified in 2021 prompting the need for nursing leadership to review the nursing verification process of chemotherapy administration. Multidisciplinary collaboration occurred to implement a system wide standard process for chemotherapy administration. The purpose was standardize the nursing verification process of chemotherapy and decrease chemotherapy administration errors through review of the administration process, policy development, a standardized chemotherapy competency checklist and interdepartmental collaboration with nursing informatics and pharmacy to develop a robust independent chemotherapy verification process in the electronic medical record (EMR). Collaboration between multiple site leaders occurred to review the chemotherapy administration policies from all hospital sites. Leaders identified and reviewed similarities and differences within each hospital policy to develop a system wide policy and administration competency checklist. Review of best practice standards identified a need to develop a

new electronic medical record documentation process to improve dual nurse independent verification prior to chemotherapy administration. Nurse educators developed in-services on the new chemotherapy administration process to improve staff confidence and understanding. Nursing chemotherapy champions were identified within each hospital site to support the new administration process enhancing nurse engagement and adherence. Nurse leaders reviewed unit needs and ensured staffing of chemotherapy champions and informatics support during the implementation process. Competency assessment of all oncology nurses administering chemotherapy occurred post implementation of the new administration process to ensure adherence to the updated health system standards. Review of safety data over six months and one year will be performed to identify the impact of a standardized chemotherapy administration process. Collaboration with pharmacy and nurse leadership will be performed to identify cost savings related to decreased chemotherapy waste from verification errors. Operationalization of a standardized chemotherapy administration process demonstrated multidisciplinary collaboration between eight hospital sites. The successful process implementation of an essential nursing practice within cancer centers provides a model standard for other large health systems identifying patient safety issues associated with chemotherapy administration. Multidisciplinary stakeholder approval from eight hospital sites within the health system demonstrated the innovation and teamwork of nurse leaders to improve a vital process in cancer care.

[NHS trust's chemotherapy in the workplace service proves popular with nurse and patient](#) Abstract only*

Author(s): Sophia Bourne

Source: Cancer Nursing Practice 19(3)

Publication date: March 2020

Clatterbridge Cancer Centre NHS Foundation Trust offers an innovative community treatment service where people with cancer can have chemotherapy administered by nurses in their workplace.

Resilience

Components and Related Factors of Nursing Interventions for Improving Resilience in Cancer Patients Undergoing Chemotherapy

Author(s): Shimada et al.

Source: Healthcare 9

Publication date: 2021

Resilience is considered an effective concept for cancer patients, but nursing interventions for improving resilience have not been studied adequately yet. We aimed to explore the components and related factors of nursing interventions for promoting resilience among cancer patients receiving chemotherapy (NIPRPC). This cross-sectional study included 68 facilities from 396 cancer hospitals in Japan. Participants were 377 nurses who worked at the outpatient chemotherapy center or cancer ward. They completed self-administered questionnaires including the NIPRPC items and Resilience Scale for Nurses, etc. We conducted factor, correlational, and regression analysis. Based on the exploratory factor analysis, six-dimensional factor components: "Support for patients during the present situation and increasing their self-affirmation", "Support for self-help", "Support for utilizing the cancer medical team", "Support for obtaining family cooperation", "Support for maintaining regular lifestyle during chemotherapy", and "Support for interacting with cancer patients and utilizing necessary information". The strong related factors for all six factors were the resilience of the nurses and the number of collaborations with multiple occupations. Our findings will help nurses improve the psychosocial quality of life

of cancer patients and address their needs related to cancer chemotherapy treatment.

Supply

Attracting nurses to chemotherapy services Abstract only*

Item Type: Journal Article

Authors: Cruickshank, Susanne

Publication Date: 2018

Journal: Cancer Nursing Practice 17(2), pp. 15

Abstract: The author expresses her concern over a reduction in Universities and Colleges Admissions Service (UCAS) applications for nursing courses in England and Wales in 2018.

Technology

The impact of training chemotherapy safety standards with a smartphone application on the knowledge, attitude, and performance of nurses

Author(s): Hojati et al.

Source: BMC Nursing 22(43)

Publication date: 2023

Background Nurses who play the leading role in caring for patients, especially nurses in the chemotherapy department who are constantly exposed to high-risk drugs and their side effects, should pay more attention to occupational safety. This study was performed to determine the effect of training chemotherapy safety standards using a smartphone application on nurses' knowledge, attitude, and performance. Methods The whole enumeration of fifty oncology nurses was recruited who they worked in 3 hospitals affiliated with Lorestan University of Medical Sciences (west of Iran). The study was conducted from June to November 2021. The training was done for four weeks with a smartphone application, including six main courses of familiarity with hazardous drugs, Personal Protective Equipment, preparation,

storage and transfer, spilling, and wastes disposal of hazardous drudges . The nurses' knowledge, attitude, and performance questionnaire were completed before, immediately after, and one month after the intervention. Data analysis was performed using SPSS version 26, descriptive and inferential statistical tests of independent t-test, one-way analysis of variance, Spearman's rank correlation coefficient, repeated measures analysis of variance, and the Generalized Estimating Equation (GEE) model. Results Mean knowledge score of participants before, immediately after, and one month after the intervention was (47.18±8.19), (60.08±3.82), and (61.88±3.45), respectively. The mean attitude score of participants before, immediately after, and one month after the intervention was (30.34±3.94), (34.32±3.25), and (34.98±2.88), in order, and the mean performance score of participants before, immediately after, and one month after the intervention was (43.60±5.11), (51.78±3.15) and (52.88±3.06), respectively. The mean nurses' knowledge, attitude, and performance score increased significantly over time (P

Workforce

How do we adequately staff an outpatient oncology unit?

Item Type: Journal Article

Authors: Reynolds, Lori

Publication Date: 2021

Journal: Clinical Journal of Oncology Nursing 25(1), pp. 104

Abstract: Working in an outpatient setting for more than 10 years has presented its set of unique challenges. One of these challenges is how to appropriately staff in a fluid environment. Many questions arise, including the following: Should an acuity system be used? If so, what does that look like? How is a patient's acuity assigned in an adequate time for nursing care? How are enough staff members scheduled to safely care for patients without overstaffing and blowing the budget? How do we maintain patient and nurse satisfaction? I work in a 16-chair

short-stay outpatient unit administering chemotherapy and supportive treatments. It is open 12 hours a day, with limited staffing on the weekends. All nurses have chemotherapy competencies; two nurses are oncology certified nurses. Our unit secretary is considered an air traffic controller.

Adaptation and preliminary testing of the registered nursing forecasting (RN4CAST) nurse survey for use in the ambulatory chemotherapy setting Abstract only*

Author(s): Cheevers et al.

Source: European Journal of Oncology Nursing 47

Publication date: August 2020

Purpose: This study aimed to adapt the Registered Nurse Forecast (RN4CAST) nurse survey making it appropriate to assess the working environments of ambulatory chemotherapy nurses, specifically focusing on care left undone. Method: A two-phase approach was used. Firstly, cognitive interviews were conducted to adapt role specific sections of the RN4CAST nurses survey. The interviews were analysed to assess comprehension, retrieval, judgement and response processes to create the RN4CAST-chemotherapy assessment tool (CAT) survey. Secondly, a single centre feasibility study was undertaken to assess acceptability of the RN4CAST-CAT survey in an ambulatory chemotherapy setting. Results of the feasibility study were analysed using descriptive statistics and compared with routinely collected patient experience data. Results: The cognitive interviews (n=6) resulted in important amendments to the RN4CAST-CAT. Response rate to the feasibility study was acceptable at 57% (n=12) and item completion rate was good (on average only 1 response missing per item). On average nurses looked after nine patients per shift, administered seven chemotherapy treatments and worked an hour and 10 min over their contracted time. Main areas of care left undone were related to verbal communication with patients and assessing patient comorbidities and toxicities. Conclusions: We were able

to adapt the RN4CAST to make it suitable for use in the ambulatory chemotherapy setting. Our study offers preliminary evidence that the RN4CAST-CAT and methodology are feasible and acceptable within the ambulatory chemotherapy setting. Larger scale testing is now required and if validated the RN4CAST-CAT has the potential to provide useful insights into the impact of nursing workload on staff experience, patient care and outcomes on ambulatory chemotherapy settings.

Are nurse-led chemotherapy clinics really nurse-led? An ethnographic study

Author(s): Farrell et al.

Source: International Journal of Nursing Studies 69

Publication date: 2017

Background: The number of patients requiring ambulatory chemotherapy is increasing year on year, creating problems with capacity in outpatient clinics and chemotherapy units. Although nurse-led chemotherapy clinics have been set up to address this, there is a lack of evaluation of their effectiveness. Despite a rapid expansion in the development of nursing roles and responsibilities in oncology, there is little understanding of the operational aspects of nurses' roles in nurse-led clinics.

Objectives: To explore nurses' roles within nurse-led chemotherapy clinics. Design: A focused ethnographic study of nurses' roles in nurse-led chemotherapy clinics, including semi-structured interviews with nurses. Settings: Four chemotherapy units/cancer centres in the UK PARTICIPANTS: Purposive sampling was used to select four cancer centres/units in different geographical areas within the UK operating nurse-led chemotherapy clinics. Participants were 13 nurses working within nurse-led chemotherapy clinics at the chosen locations.

Methods: Non-participant observation of nurse-led chemotherapy clinics, semi-structured interviews with nurse participants, review of clinic protocols and associated documentation. Results: 61 nurse-patient consultations were observed with 13 nurses; of

these 13, interviews were conducted with 11 nurses. Despite similarities in clinical skills training and prescribing, there were great disparities between clinics run by chemotherapy nurses and those run by advanced nurse practitioners. This included the number of patients seen within each clinic, operational aspects, nurses' autonomy, scope of practice and clinical decision-making abilities. The differences highlighted four different levels of nurse-led chemotherapy clinics, based on nurses' autonomy and scope of clinical practice. However, this was heavily influenced by medical consultants. Several nurses perceived they were undertaking holistic assessments, however they were using medical models/consultation styles, indicating medicalization of nurses' roles. Conclusions: Four different levels of nurse-led chemotherapy clinics were identified, illustrating disparities in nurses' roles. Although clinics are run by nurses they are often controlled by medical consultants, which can reduce nurses' autonomy and negatively impact on patient care.

Competency Frameworks

Career pathway, core cancer capabilities and education framework

Source: Health Education England

Publication date: 2023

This new framework will support the development of the cancer workforce by providing guidance on routes into working in cancer care and career progression, and a detailed capabilities and education framework. It offers the opportunity for the workforce at all levels, from pre-registration to advanced and consultant level roles, to develop and evidence their knowledge and capabilities, which will support the highest standards of practice as well as providing a structure for career and role development within specialist cancer services.

See also [Developing a Cancer CNS Capabilities Framework in the North West Research Briefing](#) (August 2021)

[Career pathway and education framework for cancer nursing](#)

Source: Royal College of Nursing

Publication date: March 2022

The RCN's Career Pathway and Education Framework for Cancer Nursing for UK nursing staff incorporates cancer-specific nursing outcomes. The framework and outcomes are intended to be used as part of professional, educational and workforce development to support improvements in the delivery of high-quality care to people affected by cancer.

[Macmillan competency framework for nurses](#)

Source: Macmillan Cancer Support

Publication date: November 2020

This competency framework is for nurses who support people living with or affected by cancer. It can be used in any adult care setting and alongside other established frameworks to improve care for patients.

The competency framework focuses on:

- professional skills
- knowledge
- behavioural skills
- experience and qualifications.

The framework also contains benchmarking and self-assessment tools to help you develop in your role.

[Competencies: caring for teenagers and young adults with cancer – a competence and career framework for nursing](#)

Source: Teenage Cancer Trust

Publication date: 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.

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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