



# EdCaN

The National Cancer Nursing Education Project

A National Professional  
Development Framework  
for Cancer Nursing

Second Edition - June 2009

© Commonwealth of Australia 2009

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to:

Cancer Australia  
PO Box 1201  
Dickson ACT 2602  
Australia

Phone: (+61 2) 6289 1373

Fax: (+61 2) 6289 1355

Web: [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)

The opinions expressed in this document are those of the authors and are not necessarily those of the Commonwealth. This document is designed to provide information to assist policy and program development in government and non-government organisations.

#### **Endorsements**

The following organisations officially support the directions for cancer nursing professional development outlined in this document:

- Cancer Nurses Society of Australia
- Chief Nurse and Midwifery Officer, Department of Health and Ageing, Australian Government
- Council of Deans of Nursing and Midwifery (Australia and New Zealand)
- The Australian and New Zealand Council of Chief Nurses

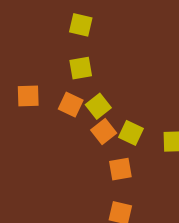
ISBN 978 0 9805246 1 1

#### **Suggested citation**

Aranda S, Yates P. *A national professional development framework for cancer nursing*. 2nd edn. Canberra: The National Cancer Nursing Education Project (EdCaN), Cancer Australia; 2009.

# Contents

How to use this publication	iii
Acknowledgments	iv
Introduction	1
Principles underpinning the Framework	2
Key definitions	3
Part 1 A national professional development framework for cancer nursing	5
Purpose, aim and objectives	7
Context	8
Nursing and cancer control	9
Specialist recognition in cancer nursing	12
Professional development model for nursing in cancer control (Figure 1)	13
How to use the Framework to enhance the professional development of nurses in cancer control	14
The way forward	17
Part 2 Competency standards for nurses in cancer control	19
ANMC competency standards for registered nurses — a cancer control application	21
ANMC competency standards for enrolled (Division 2) nurses — a cancer control application	25
Competency standards for specialist cancer nurses	29
ANMC competency standards for nurse practitioners — a cancer control application	44
Glossary of terms	53
Acronyms and abbreviations	55
Members of the EdCaN National Steering Committee	56
References	57



# How to use this publication

The title of this publication, *A national professional development framework for cancer nursing*, is frequently abbreviated to 'the Framework' throughout this document.

The key concepts used in the Framework are defined in the 'Key definitions' section on page 3.

The 'Glossary of terms' on pages 53–54 provides definitions of a range of other terms used throughout the Framework.

A list of useful acronyms and abbreviations appears on page 55. These acronyms and abbreviations are commonly used in an Australian context in the fields of nursing and cancer control, and several are used in this publication.

This publication uses the Vancouver system for in-text citations. Each reference number refers to a source listed in the 'References' section on page 57. Some citations include details of specific pages cited.

# Acknowledgments

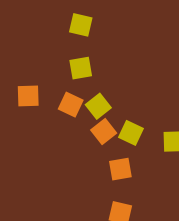
In response to feedback on the first edition of *A national professional development framework for cancer nursing* ('the Framework'), published in June 2008, this second edition incorporates several new sections and some revisions of the original document.

We would like to thank everyone who contributed to both the original and the revised Framework by providing feedback and suggestions for its direction and content. We received valuable feedback from individuals and organisations, including:

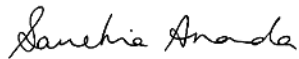
- people affected by cancer
- individual nurses, including cancer nurses
- Cancer Australia
- the Cancer Nurses Society of Australia
- the Australian Nursing and Midwifery Council
- the Council of Deans of Nursing and Midwifery (Australia and New Zealand)
- the Royal College of Nursing Australia
- the National Breast and Ovarian Cancer Centre
- the Breast Cancer Network Australia
- the various state and territory Cancer Councils of Australia
- the Cancer Institute New South Wales
- Australian Rural Nurses and Midwives
- the Leukaemia Foundation.

We would also like to thank the teams who have undertaken pilot projects using the Framework and the associated resource materials. The significant learnings from these projects have helped us continue to develop and implement the Framework and resources in education, practice and policy.

*A national professional development framework for cancer nursing* is an outcome of the National Cancer Nursing Education Project (EdCaN). This project was conducted under the auspices of the Peter MacCallum Cancer Centre, and received funding from the Australian Government through Cancer Australia. The project team would like to thank all members of EdCaN's national Steering Committee for their contributions to the Framework and their oversight of the project more broadly.



The Framework is supported by a vast range of teaching and learning resources located on Cancer Australia's education website, [www.cancerlearning.gov.au](http://www.cancerlearning.gov.au). We hope you will take the time to consider the implications of the Framework for your organisation, to examine the resources, and to promote their use through your networks.



Professor Sanchia Aranda  
Project Lead  
Director of Cancer Nursing Research  
Peter MacCallum Cancer Centre  
Head of Nursing,  
School of Health Sciences  
The University of Melbourne

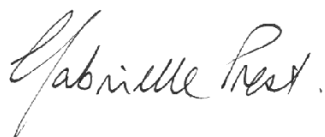


Professor Patsy Yates  
Project Lead  
School of Nursing and Midwifery  
Queensland University of Technology  
Director, Centre for Palliative Care Research  
and Education,  
Queensland Health

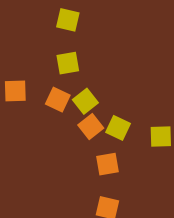
June 2009



The Cancer Nurses Society of Australia has strongly welcomed the opportunity to be involved in the development of this Framework for the future support and development of the cancer nursing workforce, and not only endorses this document, and all the EdCaN resources, as assets for the Australian context, but commends the EdCaN project team for their vision and commitment to such an important initiative.



Gabrielle Prest  
Chair CNSA



# Introduction

Under its Strengthening Cancer Care initiative, the Australian Government provided funding for the development of education programs for nurses. This funding supported the creation in 2005 of the National Cancer Nursing Education Project (EdCaN). The four-year project provided a way forward for developing the cancer nursing workforce in Australia, through the establishment of a professional development framework and a set of capabilities expected of nurses working in cancer control. It also supported the development of teaching and learning resources to help nurses acquire these capabilities. Some components of these resources are also likely to be of significant value to other health professionals who work with people affected by cancer.

The development of this framework for cancer nursing and the accompanying teaching and learning resources are part of the broader cancer-control efforts needed to reduce the burden of cancer in Australia.

*A national professional development framework for cancer nursing ('the Framework')* consists of two parts.

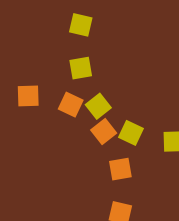
Part 1 includes:

- the purpose, aim and objectives of the Framework
- a contextual overview of nursing in cancer control
- a model for professional development for nurses in cancer control
- pathways for the development of nursing competency in cancer control
- a guide to use of the Framework.

Part 2 consists of:

- the application of Australian Nursing and Midwifery Council (ANMC) competency standards to cancer control for registered nurses
- the application of ANMC competency standards to cancer control for enrolled (Division 2) nurses
- competency standards for specialist cancer nurses
- the application of ANMC competency standards to cancer control for nurse practitioners.

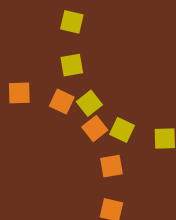
A range of support materials are available to encourage the use of the Framework and the learning resources in the workplace. These support materials will assist those involved in supporting the education and professional development of nurses at all levels of practice. The entire suite of resources is available at [www.cancerlearning.gov.au](http://www.cancerlearning.gov.au) .



# Principles underpinning the Framework

The revised Framework was developed through a literature review and after extensive consultation with nurses, people affected by cancer and other stakeholders over a period of four years. A description of the methodology is available on request. The following principles underpin the Framework:

1. The priorities, needs and experiences of people affected by cancer are central to the development of cancer-control programs and to the involvement of nurses in such programs.
2. Efforts to reduce the burden of cancer in our community require a population-based approach to health-service planning and delivery. The particular geographical, social and cultural needs of people affected by cancer, including the needs of specific population groups such as Indigenous Australians, socioeconomically disadvantaged people, those from non-English speaking backgrounds and people in rural and remote areas, must be considered to ensure a responsive and inclusive approach to cancer control.
3. People affected by cancer have many and often complex needs throughout their cancer journey. Multidisciplinary practice is an established standard of care for meeting these needs.
4. Nurses are essential to multidisciplinary cancer-control efforts, as nurses make an important contribution to meeting the needs of people affected by cancer at all stages of the cancer journey. Assessing the impact of nurses' contributions to outcomes for people affected by cancer is a key professional objective.
5. Nurses' involvement in cancer control is governed by the values, guidelines and principles set out by regulatory and professional bodies, taking account of current evidence, population health needs and Australian Government priorities in cancer control.
6. Nurses need to be responsive to the needs of people affected by cancer, by incorporating new practice areas and capabilities as they evolve, as well as negotiating their scope of practice with other health professionals involved in cancer control. Such scope of practice decisions are governed by the Australian Nursing and Midwifery Council (ANMC) decision-making framework for nurses and midwives.<sup>1</sup>
7. Nurses working in cancer control need to continue to develop knowledge to inform improvements in outcomes for people affected by cancer, particularly where they relate to interventions by nurses designed to prevent or alleviate key health and support needs across the disease continuum. Development of the knowledge base requires a partnership between nurses working in practice, education and research.





# Key definitions

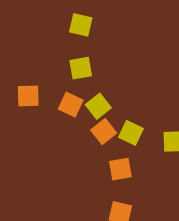
**People affected by cancer** refers to people affected by all types of cancer, including those at risk of developing cancer, people living with cancer, cancer survivors, carers, family members and significant others.

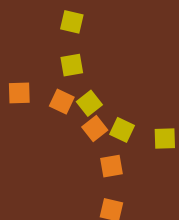
**Cancer control** refers to all actions that aim to reduce the burden of cancer on individuals and the community, including research, prevention, early detection and screening, treatment, education and support for people with cancer and their families and monitoring cancer outcomes.<sup>2, p. ix</sup> Cancer control is built on a broad population health model which focuses on the needs of people affected by cancer and the continuum of care. It encompasses the impact of diagnosis, active treatment, follow-up, survivorship, supportive and palliative care.

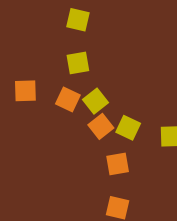
**Continuum of care** includes the entire trajectory of the experience of people affected by cancer. While this trajectory will vary for each individual, Australia's National Service Improvement Framework for Cancer<sup>3, p. 7</sup> has identified five main phases that correspond to the critical elements of health services needed by people affected with cancer, to respond to their disease-related and personal experiences. These phases are:

1. reducing the risk of developing cancer
2. finding cancer as early as possible, if early treatment is effective
3. having the best treatment and support during active treatment
4. having the best treatment and support after and between periods of active treatment
5. having the best care at the end of life if the cancer is not cured.

**Domains of health** include the physical, psychological, emotional, cultural, social, practical, spiritual and informational aspects of a person's health and well-being.<sup>4</sup>







# PART 1

A national professional  
development framework  
for cancer nursing



# Purpose, aim and objectives

## Purpose

To reduce the burden of cancer in Australia by providing a framework to guide the development of a sustainable nursing workforce capable of providing high-quality services that meet the needs of all people affected by cancer.

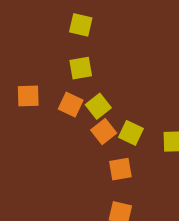
## Aim

To support nurses' professional development in cancer control.

## Objectives

The objectives of the Framework are to:

1. define nursing's contribution to cancer control
2. highlight the need for all nurses to participate in cancer control, irrespective of where they work
3. guide nurses' ongoing professional development in cancer control
4. articulate the capabilities expected of nurses working in cancer control
5. promote the development of learning resources to support the professional development of nurses working in cancer control
6. provide a national standard for professional development programs aimed at strengthening nurses' abilities to care for people affected by cancer
7. ensure the professional development of nurses working in cancer control is consistent with nationally agreed standards for the profession of nursing and for cancer control.



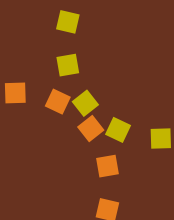
# Context

With one in three men and one in four women in Australia being diagnosed with cancer by age 75 years<sup>5</sup>, the impact of cancer on the community is a major public health issue and is one of the Australian Government's identified health priorities. Australian efforts to reduce the burden of cancer are articulated in the National Chronic Disease Strategy<sup>6</sup> and the National Service Improvement Framework for Cancer.<sup>3</sup> The strategies included in these documents emphasise the importance of having a skilled workforce that is capable of meeting the needs of people affected by cancer at all stages of the cancer continuum.

A broad population-based approach underpins the EdCaN Framework, enabling an understanding of nurses' professional-development needs in parallel to the needs of communities affected by cancer. This facilitates a pro-active response to emerging or identified trends and issues, such as unmet needs or prevalence as determined by epidemiological studies. In addition, a population-based approach encompasses the whole-of-lifespan from infancy to old age, the spectrum of care levels from primary to tertiary and the full range of interventions from prevention to maintenance.<sup>7</sup> The population-based approach also allows a broad perspective on strategies to improve cancer control at individual, family and broader societal levels.

A diagnosis of cancer has a profound impact on individuals' and family members' health and well-being, including physical, social, emotional, psychological, informational, spiritual and practical aspects. People affected by cancer will experience varying health and support needs, which are likely to change over time and will require a range of health and support services from community, primary, secondary and tertiary care agencies. Throughout their cancer journey, people's needs for specialist services will also vary.

In addition to their professional participation in the lives of people affected by cancer, nurses also provide services which are integral to reducing the burden of cancer on individuals and communities, through primary and secondary prevention efforts. Therefore, this professional development framework for nurses in cancer control reflects nurses' many roles in responding to the varying health needs of people at different points in the cancer continuum and in a range of health-care settings.



# Nursing and cancer control

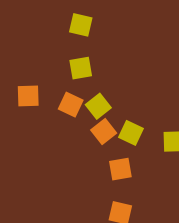
Each nurse's scope of practice is defined by relevant legislative frameworks, and is influenced by factors such as the context of practice and organisational policies, the needs of consumers, and the practitioner's education and experience. The Australian Nursing and Midwifery Council (ANMC)<sup>1</sup> provides guidance to nurses and organisations around scope-of-practice decision-making. The EdCaN Framework is intended to provide further guidance when making scope-of-practice decisions and defining competency expectations for nurses when practising in the context of cancer control.

The model presented in Figure 1 describes nurses' varying contributions at all phases of the cancer continuum, outlining the competency standards required of nurses working in different roles, in different settings and at different points along this continuum. According to this model, all nurses, regardless of practice setting, are likely to have contact with people affected by cancer and will therefore require some level of capability in cancer control. Some nurses will, however, require specialised and advanced competencies in cancer control, as their practice requires them to respond to the particular health and support needs of people affected by cancer.

While the dynamic and complex nature of contemporary practice environments means it is not possible to provide absolute definitions of the scope of nursing practice or discrete levels of practice, four broad groups of nurses involved in cancer care are defined in this Framework. These groups do not constitute a hierarchy of practice, but rather are intended to represent the scope of practice and associated areas of competence required of nurses working in different contexts at different times in the cancer continuum. The Framework also acknowledges that within each of the four groups, nurses may function at varying levels of competence from the beginning level through to the advanced levels, which are characterised by more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgments and intervention.<sup>8</sup>

Additionally, the Framework assumes the necessity of collaboration between nurses in all groups to ensure best care for people affected by cancer. The Framework advocates collaborative, universal services for all people affected by cancer, many of which may be provided by nurses working in non-specialist practice settings and augmented by the specialised services that people affected by cancer require at particular points of their cancer journey. Specialist cancer services are more likely to be required for people at particular points in the cancer journey where specialised knowledge is needed to ensure optimal outcomes, such as when the person is receiving specialist cancer therapies. Such services may also be required for the person who is at high risk of experiencing adverse outcomes or whose needs are more complex or cannot safely be met by non-specialist services.

Below is a brief description of the four broad groups of nurses in cancer control defined in Figure 1. The descriptions provide examples of the scope of practice and associated competency standards but are not intended to be exhaustive. The descriptions provide a guide to help nurses consider the competency requirements expected of them and to guide the development of professional development plans.



**All nurses**, regardless of practice setting, are required to work collaboratively with the person affected by cancer to address their health needs. At all stages of life, from childhood to older age, and at several points across the cancer continuum, people affected by cancer will require services from nurses in generalist settings such as general practice, diagnostic services and general medical/surgical services. People affected by cancer may also have co-morbidities and may live with the consequences of cancer beyond an active diagnostic and treatment phase, in survivorship or at end of life. When in contact with people affected by cancer, all nurses need to be capable of applying generic nursing competencies to meet the health needs of these individuals. For example, some of the key cancer-care concepts identified as relevant for nurses entering practice include beginning-level skills in communication, psychological, social and emotional support and conceptualisation of the meaning of cancer.<sup>9,10</sup>

The application of ANMC competency standards to cancer control for nurses (registered and enrolled) is outlined in Part 2 of this Framework.

**Many nurses** will participate more frequently or for short intensive periods in the care of people affected by cancer due to their expertise in addressing specific health needs or because of their work context. Although not identified as cancer specialists, some of these nurses will be specialists in areas such as head and neck surgery, infection control, entero-stomal therapy, general paediatrics, or palliative care. Such nurses may also work in community health or rural and remote settings where they frequently come into contact with people affected by cancer. These nurses will demonstrate the application of core capabilities at a more advanced level in the particular cancer control contexts in which they practise. They will require access to further education in areas of specialist cancer control with a direct application to their role. Many of these nurses will also be able to demonstrate competence in one or more of the competencies outlined for the specialist cancer nurse, however the predominant focus of their practice is not within specialist cancer control.

**Some nurses** will choose to become specialists in cancer control. Most specialist cancer nurses work in dedicated cancer services and may be primarily responsible for care of people at a specific phase of their journey (for example, radiotherapy), or across all phases of the cancer journey (for example, specialist breast nursing<sup>11</sup> or paediatric oncology nursing). Others may work in a broader context but provide a specialist resource in cancer control to a range of generalist providers (for example, a cancer nurse coordinator). This Framework specifies a set of competency standards that reflect the specialised knowledge and skills required to provide safe and competent care to people affected by cancer. These standards have drawn on the competency standards for specialist breast nurses developed by the National Breast Cancer Centre<sup>11</sup>, and are consistent with the generic competency standards for advanced nurses established by the Australian Nursing Federation.<sup>12</sup> The specialist cancer nurse competencies are a minimum standard. It is expected that as their practice advances, specialist cancer nurses demonstrate more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgments and interventions for people affected by cancer.<sup>8</sup>



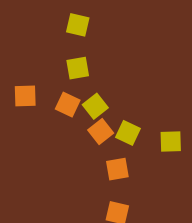


There is currently no accepted national educational standard for specialist cancer nurses, but development of competency standards such as those specified in this Framework would normally require further education in cancer control at the postgraduate level.

The competency standards for specialist cancer nurses are detailed in Part 2 of this document. The competency standards are intended to represent the minimum standard required for specialist practice in cancer nursing.

**Few nurses** will become competent and authorised to practise in an advanced and/or extended role in cancer control, including those licensed to practise as a nurse practitioner. These nurses will build on the competencies of the specialist cancer nurse through additional experience and education at the master-degree level or equivalent. The practice of nurses in this group reflects a more advanced application of the competency standards for the specialist cancer nurse. For nurse practitioners in cancer control, using the ANMC's competency standards as a framework, the application to cancer control settings can be used as a guide in determining scope of practice.<sup>13</sup>

The application of ANMC competency standards to cancer control for nurse practitioners is outlined in Part 2.



# Specialist recognition in cancer nursing

The development of the Framework generated considerable debate about the designation of 'specialist cancer nurse' and the arguments surrounding credentialing and certification. The outcome of this debate was a scoping project and report titled *Recognition of specialist cancer nursing*.<sup>14</sup> This report provided important background information for the EdCaN project team and the Cancer Nurses Society of Australia in considering whether to recommend a formal specialist recognition framework for Australian cancer nurses.

Certification is a process whereby a nurse is assessed as having met a particular set of core requirements, such as completion of a postgraduate specialist qualification, or passed a certification exam. This process is often managed by a professional body and would entitle nurses to designate themselves as 'certified' by the particular professional body undertaking the assessment. Certification processes lack the detail necessary to guide employers as to whether a particular nurse can function effectively in all areas of practice, but importantly acknowledge achievements and allow nurses to illustrate publicly that they meet a particular set of requirements.

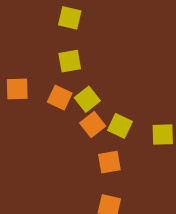
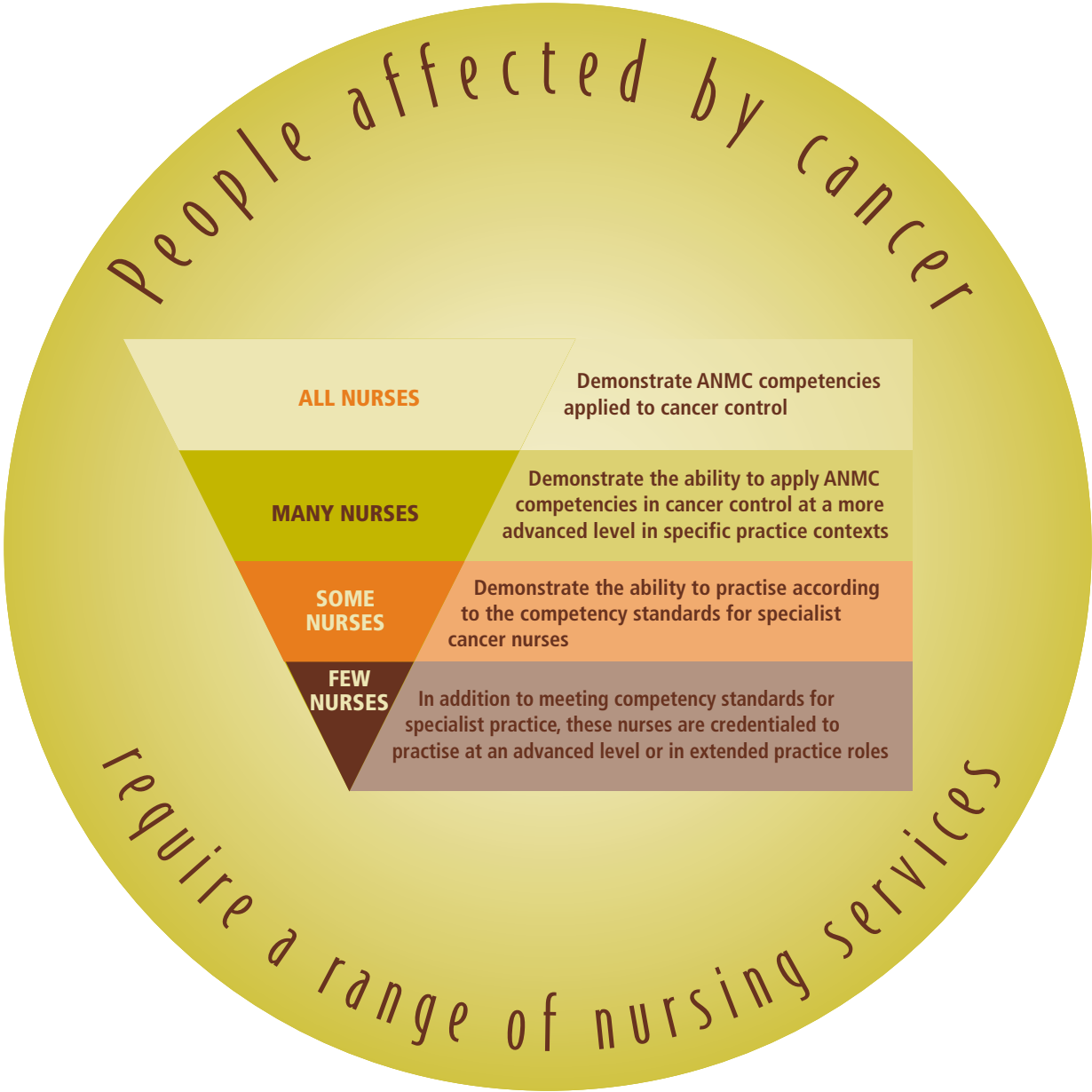
This is in contrast to the credentialing process, which is normally undertaken by an employing organisation and clearly documents the scope of practice of a particular nurse in a specific practice setting. The EdCaN project team believes that the Framework and associated competency standards for specialist cancer nurses will assist organisations in establishing credentialing processes at a local level.

The debate on whether to implement a national certification process for specialist cancer nurses is expected to continue under the auspices of peak professional nursing bodies including the Cancer Nurses Society of Australia.



# Professional development model for nursing in cancer control

(Figure 1)



# How to use the Framework to enhance the professional development of nurses in cancer control

Consistent with the model for cancer nursing outlined in Figure 1, nurses will require access to ongoing professional development opportunities that enable them to develop the level of competence in cancer control required to meet the changing needs of the populations they serve and the context of their practices. Part 2 of this Framework defines the level of competence required for nurses working at these differing levels of practice.

Typical learning experiences that will contribute to the development of the required level of competence in cancer control can include:

- actual or simulated practice situations involving working with people affected by cancer, where reflection and learning from practice experiences is facilitated
- structured learning experiences, including cancer-control learning activities in entry-to-practice programs, continuing professional-development programs relevant to cancer control, or postgraduate specialist cancer-nursing courses
- ongoing learning about current practices and new advances in cancer control through activities such as reviewing research developments, participating in continuous improvement activities, or participating in professional meetings.

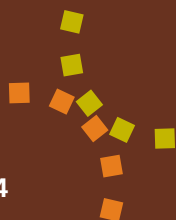
The nature and scope of the learning experiences required for each individual nurse will be determined by the level of competence required. Regardless of educational level or practice role, all nurses are bound by the standards of professional practice in nursing and are expected to work within existing decision-making frameworks that guide their scope of practice.

In the final phase of the EdCaN project, pilot projects were undertaken to illustrate the use of the Framework and teaching and learning resources in education and practice environments. While not exhaustive, the pilot projects provide a useful starting point for individuals and organisations to consider how to utilise the framework and resources. The outcomes and learnings from the pilot projects, including a number of tools to support implementation of the Framework and associated learning resources, are available at [www.cancerlearning.gov.au](http://www.cancerlearning.gov.au).

The following points are designed to help individuals and organisations make the best possible use of EdCaN's teaching and learning resources.

## For the individual nurse

- Use the competency standards for specialist cancer nurses as a tool:
  - for determining your professional development needs
  - for evaluating different postgraduate programs in cancer nursing.
- Use the EdCaN Framework to plan your career path.
- Use the learning resources to undertake self-directed learning.
- Refer students or those new to working with people affected by cancer to the resources.



### For the staff development educator or manager

- Review your cancer-control short-course offerings to focus their content on helping nurses to meet the competencies relevant to their scope and level of practice.
- Develop in-service programs for generalist areas to improve their ability to apply the ANMC's competencies for nurses in cancer control.
- Evaluate position descriptions for specialist registered nurses against the competency standards for specialist cancer nurses.

### For the academic

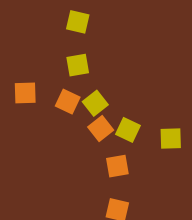
- Map the applied competencies for nurses to your current entry-to-practice curriculum and integrate the EdCaN entry-to-practice learning resources within your curriculum to support students to meet these competencies.
- Utilise the competency standards for specialist cancer nurses to review your specialist cancer nursing program and integrate the EdCaN specialist cancer nursing learning resources to support students to meet these competency standards.
- Utilise the competency standards for specialist cancer nurses to assess prior learning programs that might be suitable for credit in your postgraduate courses.
- Review and develop methods of assessing learning that reflect the level of capability or competency described in this Framework.

### For health-service planners and policymakers

- Use the EdCaN Framework to define workforce capabilities in different practice settings and regions, according to population needs.
- Allocate resources to support preparation of the workforce to match required service capabilities.
- Develop service models that support the principles inherent in the EdCaN Framework, including person-centred care, continuity of care, multidisciplinary practice, and partnerships between nurses at various levels of practice.

### For consumers of cancer services

- Use the Framework to develop an understanding of the various roles of nurses in delivery of cancer care.
- Use the Framework in advocacy efforts to improve cancer service delivery.
- Advise nurses about the existence of the EdCaN Framework and teaching and learning resources in efforts to improve cancer services.



The EdCaN Framework and associated teaching and learning resources will also provide significant opportunities for individuals and organisations to evaluate improvements in professional development of the cancer-nursing workforce. The following examples of key performance indicators could be used to evaluate the extent to which such improvements have been achieved.

### Health service performance indicators

- the proportion of specialist cancer nurses who can demonstrate meeting the competency standards for specialist cancer nurses
- the proportion of staff development activities that are clearly linked to the competency standards
- in generalist settings where people affected by cancer receive care, the proportion of nurses who have undertaken professional development programs that help them meet the ANMC competencies of a nurse as applied to cancer control
- the proportion of position descriptions for specialist cancer nursing roles that are mapped to the competency standards for specialist cancer nurses.

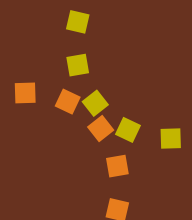
### Education provider performance indicators

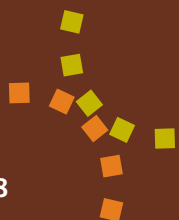
- the proportion of postgraduate clinical practice assessments clearly supporting students to meet the competency standards for specialist cancer nurses
- the proportion of entry-to-practice students who have the opportunity to access the EdCaN learning resources through classroom content or assessment tasks
- the proportion of non-specialist postgraduate students who are offered learning activities drawing on the EdCaN resources.

# The way forward

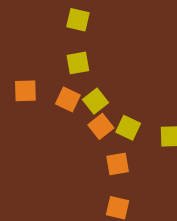
The four-year EdCaN project ends on 30 June 2009. Cancer Australia and members of the EdCaN team are working to sustain the project's objectives by promoting continued dissemination and implementation of the Framework and the associated teaching and learning resources, as well as by updating these resources to ensure they remain relevant. We encourage you to subscribe to the Cancer Learning website to ensure that you stay up-to-date with progress. You can also use the website to provide feedback about your experiences in using the Framework and resources.

[www.cancerlearning.gov.au](http://www.cancerlearning.gov.au)









## **PART 2**

# Competency standards for nurses in cancer control



# ANMC competency standards for registered nurses – a cancer control application

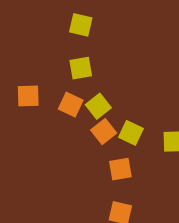
Registered nurses must meet the ANMC national competency standards for entry to practice.<sup>15</sup> These competency standards are aligned with education programs which prepare registered nurses for entry to practice and establish an overall framework, regardless of setting. EdCaN applied these national competency standards for all registered nurses specifically to the care of people affected by cancer.

Each of the four core domains of practice of the registered nurse provide an organising framework for applying the competency standards to cancer control, thus enabling easier mapping and integration with the existing curriculum frameworks for courses preparing these nurses for entry to practice. This application is relevant to nurses who work in non-specialist cancer settings, such as primary care settings, medical/surgical units, or other practice settings where the people receiving services may have a diagnosis or be at risk of cancer. The following tables set out the ANMC standards in the left-hand column and the resulting application in a cancer context in the right-hand column.

The ‘many’ nurses group in cancer control (see Figure 1 in Part 1) will demonstrate the competencies at a more advanced level in the particular cancer control context in which they practise, because they participate more frequently—or for short intensive periods—in the care of people affected by cancer (for example, stomal therapy nurses or nurses in rural or remote settings).

The four domains of nursing practice of registered nurses, as defined by the ANMC, are outlined below.

- **Professional practice**—the professional, legal and ethical responsibilities which require that nurses demonstrate a satisfactory knowledge base, accountability for practice, ability to operate in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.
- **Critical thinking and analysis**—the self-appraisal, professional development, and demonstrated embrace of evidence-based practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals and groups is an important professional benchmark.
- **Provision and coordination of care**—the coordination, organisation and provision of nursing care that includes the assessment of individuals and groups when planning, implementing and evaluating care.
- **Collaborative and therapeutic practice**—establishing, sustaining and concluding professional relationships with individuals and groups. This domain also encompasses those competencies that relate to nurses understanding their contribution to the interdisciplinary health-care team.<sup>15</sup>



## Domain 1: Professional practice

ANMC competency standards	Application of ANMC competency standards to cancer control
Practises in accordance with legislation and common law affecting nursing practice and health care.	1.1 Applies legal and ethical decision-making principles in planning and delivering care for the person affected by cancer.
Practises within a professional and ethical nursing framework.	1.2 Recognises the potential hazards associated with the provision of cancer therapies and complies with safety regulations.
	1.3 Acknowledges the need to ensure people affected by cancer have adequate knowledge of the potential benefits and adverse effects of cancer treatment while respecting their beliefs and preferences.
	1.4 Understands the impact the diagnosis of cancer has on all domains of health and well-being.
	1.5 Provides culturally appropriate care that demonstrates respect and understanding for people's beliefs and preferences regarding cancer and its treatment.
	1.6 When involved with the provision of cancer therapies, practises within scope of practice and seeks assistance if a gap in knowledge or skills exists.
	1.7 Integrates knowledge and appreciation of common disease- and treatment-related experiences, to provide safe and effective nursing care for people affected by cancer.

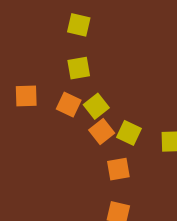


## Domain 2: Critical thinking and analysis

ANMC competency standards	Application of ANMC competency standards to cancer control
<p>Practises within an evidence-based framework.</p> <p>Participates in ongoing professional development of self and others.</p>	<p>2.1 Understands the principles for assessing and managing the clinical and support needs of the person affected by cancer.</p> <p>2.2 Accesses evidence-based resources and expert advice to meet the health needs of the person affected by cancer.</p> <p>2.3 Acknowledges personal and team members' needs for professional development and support to meet the needs of the person affected by cancer.</p>

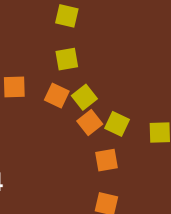
## Domain 3: Provision and coordination of care

<p>Conducts a comprehensive and systematic nursing assessment.</p> <p>Plans nursing care in consultation with individuals / groups, significant others and the interdisciplinary health-care team.</p> <p>Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual / group health outcomes.</p> <p>Evaluates progress towards expected individual / group health outcomes in consultation with individuals / groups, significant others and interdisciplinary health-care team.</p>	<p>3.1 Applies evidence-based principles to the assessment and management of common disease- and treatment-related symptoms experienced by people affected by cancer.</p> <p>3.2 Identifies and understands the range of support services available to the person affected by cancer and refers to them.</p> <p>3.3 Plans and delivers nursing care that incorporates physical, psychological, social, cultural and spiritual aspects and knowledge pertaining to care of the person affected by cancer.</p> <p>3.4 Determines the effectiveness of nursing interventions on clinical outcomes via regular and ongoing assessment of the person affected by cancer.</p>
--	---



## Domain 4: Collaborative and therapeutic practice

ANMC competency standards	Application of ANMC competency standards to cancer control
Establishes, maintains and appropriately concludes therapeutic relationships.	<p>4.1 Demonstrates knowledge of how to access and refer to specialist cancer-care services as needed.</p>
Collaborates with the interdisciplinary health-care team to provide comprehensive nursing care.	<p>4.2 Communicates effectively in the context of an individual's social and emotional responses to living with cancer.</p> <p>4.3 Communicates and networks with multidisciplinary specialist cancer-care teams when planning and delivering care for the person affected by cancer.</p>



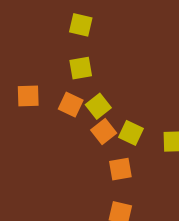
# ANMC competency standards for enrolled (Division 2) nurses – a cancer control application

Enrolled (Division 2) nurses must meet the relevant ANMC entry-to-practice national competency standards.<sup>16</sup> These competency standards are aligned with education programs which prepare enrolled (Division 2) nurses for entry to practice and establish an overall framework, regardless of setting. EdCaN applied these national competency standards for all enrolled (Division 2) nurses specifically to the care of people affected by cancer.

Each of the four core domains of practice of the enrolled (Division 2) nurse provide an organising framework for applying the competency standards to cancer control, thus enabling easier mapping and integration with the existing curriculum frameworks for courses preparing these nurses for entry to practice. The following tables set out the ANMC standards in the left-hand column and the resulting application in a cancer context in the right-hand column.

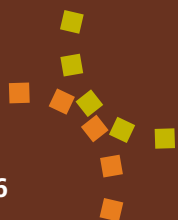
The four domains of nursing practice of enrolled nurses, as defined by the ANMC, are outlined below.

- **Professional and ethical practice**—the professional, legal and ethical responsibilities which require that nurses demonstrate a satisfactory knowledge base, accountability for practice, ability to operate in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.
- **Critical thinking and analysis**—the self-appraisal, professional development, and demonstrated embrace of evidence-based practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals and groups is an important professional benchmark.
- **Management of care**—the provision of nursing care that includes the assessment of individuals and groups when planning, implementing and evaluating care.
- **Enabling**—establishing, sustaining and concluding professional relationships with individuals and groups. This domain also encompasses those competencies that relate to nurses understanding their contribution to the interdisciplinary health-care team.



## Domain 1: Professional and ethical practice

ANMC competency standards	Application of ANMC competency standards to cancer control
<p>Functions in accordance with legislation, policies and procedures affecting enrolled nursing practice.</p>	<p>1.1 Recognises the potential hazards associated with the provision of cancer therapies.</p>
<p>Conducts nursing practice in a way that can be ethically justified.</p>	<p>1.2 Complies with safe practices in care of people affected by cancer and reports safety concerns.</p>
<p>Conducts nursing practice in a way that respects the rights of individual and groups.</p>	<p>1.3 Demonstrates an understanding of professional and ethical issues for enrolled nurses that are associated with diagnosis and treatment of cancer as a potentially life-threatening condition.</p>
<p>Accepts accountability and responsibility for own actions within enrolled nursing practice.</p>	<p>1.4 Provides socially and culturally appropriate care that demonstrates respect and understanding for people's beliefs and preferences regarding cancer and its treatment.</p>
	<p>1.5 Recognises the responsibilities and accountabilities of members of the health-care team involved in care of people affected by cancer.</p>
	<p>1.6 Recognises scope of practice and competence in care of people affected by cancer and refers appropriately to registered nurses.</p>



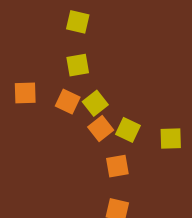


## Domain 2: Critical thinking and analysis

ANMC competency standards	Application of ANMC competency standards to cancer control
Demonstrates critical thinking in the conduct of enrolled nursing practice.	<p>2.1 Participates in continuing professional development that maintains competence as an enrolled nurse caring for people affected by cancer.</p> <p>2.2 Recognises the effects on one's self of caring for people experiencing physical, psychological, social and spiritual distress associated with cancer and its treatments.</p>

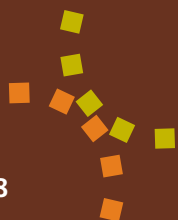
## Domain 3: Management of care

Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups.	3.1 Demonstrates an understanding of the impact of cancer and its treatment on individuals and their families.
Manages nursing care of individuals and groups within the scope of enrolled nursing practice.	3.2 Accurately collects and reports data that assess the impact of cancer and its treatments.
	3.3 Participates with the registered nurse in planning, delivering and evaluating evidence-based nursing care—in a variety of settings—relevant to the person affected by cancer.
	3.4 Delivers planned nursing care that incorporates physical, psychological, social, cultural and spiritual aspects and knowledge pertaining to care of the person affected by cancer.
	3.5 Recognises and reports to the registered nurse alterations in the physical, psychological, social, cultural and spiritual well-being of people affected by cancer.



## Domain 4: Enabling

ANMC competency standards	Application of ANMC competency standards to cancer control
Contributes to the promotion of safety, security and personal integrity of individuals and groups within the scope of enrolled nursing practice.	4.1 Communicates effectively in the context of an individual's social and emotional responses to cancer.
Provides support and care to individuals and groups within the scope of enrolled nursing practice.	4.2 Collaborates with the health-care team to implement clinical and supportive care interventions to meet the physical, psychological, social, cultural and spiritual needs of people affected by cancer.
Collaborates with members of the health-care team to achieve effective health-care outcomes.	4.3 Contributes to education of people affected by cancer to promote health and effectively manage disease- and treatment-related concerns.
	4.4 Works collaboratively with the health-care team to meet the health needs of the person affected by cancer.



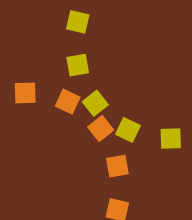
# Competency standards for specialist cancer nurses

The competency standards for specialist cancer nurses (SCNs) are intended for those nurses who choose to become specialists in cancer control. The standards are designed for nurses who work in dedicated cancer services and may be primarily responsible for care of people at a specific phase of their journey (for example, radiotherapy), across all phases of the cancer journey (for example, specialist breast nursing<sup>11</sup>), or who may work in a broader context but provide a specialist resource in cancer control to a range of generalist providers (for example, a cancer nurse coordinator).

The competency standards are intended to represent the minimum standard required for specialist practice in cancer nursing. As their specialist practice advances, SCNs will demonstrate more effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgments and interventions for people affected by cancer.<sup>13</sup>

Building on the competencies developed for the specialist breast nurse<sup>11</sup>, these competencies can be applied to all cancer settings. The four domains of practice defined in the ANMC competency standards for the registered nurse provide an organising framework for categorising the competency standards required of SCNs.<sup>15, p.2</sup> These domains of nursing practice, as defined in the earlier section relating to registered nurses, are:

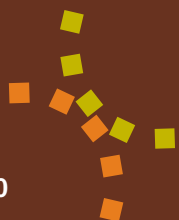
- professional practice
- critical thinking and analysis
- provision and coordination of care
- collaborative and therapeutic practice.



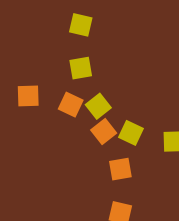
## Domain 1: Professional practice

This domain comprises competencies that reflect the SCN's ability to develop professionally, participate effectively in clinical governance and influence cancer-control efforts at the systems level.

Competency standards	Performance criteria
<b>Competency 1.1</b>	
Engages in and contributes to informed critique and exerts influence at the professional and systems level of health and cancer care.	<ul style="list-style-type: none"><li>• Demonstrates an understanding of national and global trends in cancer control.</li><li>• Understands the impact of health and organisational policy on the delivery of cancer services.</li><li>• Contributes to initiatives within the cancer consumer movement, the profession, multidisciplinary team and health-care systems aimed at enhancing cancer-control efforts.</li><li>• Participates actively in workplace, professional, consumer and other organisations relevant to cancer nursing and cancer care.</li><li>• Articulates and promotes the contribution of specialist cancer nursing to outcomes for the person affected by cancer in clinical, professional and policy contexts.</li></ul>



Competency standards	Performance criteria
<b>Competency 1.2</b>	
<p>Uses appropriate mechanisms for monitoring own performance and competence as an SCN.</p>	<ul style="list-style-type: none"> <li>• Demonstrates awareness of and observes boundaries of practice in accordance with professional and organisational role descriptions, guidelines and standards for specialist cancer nursing and cancer care.</li> <li>• Demonstrates a commitment to maintaining competence through participation in professional development activities relevant to cancer care.</li> <li>• Implements processes for obtaining and responding to information from people affected by cancer and other members of the health-care team about the effectiveness of SCN clinical practice.</li> <li>• Participates in professional clinical supervision and/or other peer-review processes for monitoring the appropriateness of personal and professional responses to individual situations.</li> <li>• Participates actively in performance review processes.</li> </ul>
<b>Competency 1.3</b>	
<p>Practises in accordance with legislative, professional and ethical standards for nursing and cancer care.</p>	<ul style="list-style-type: none"> <li>• Complies with legislation relevant to cancer.</li> <li>• Responds effectively to ethical issues that arise in cancer care.</li> <li>• Practises in a way that acknowledges the impact of cancer on the culture, dignity, values, beliefs and rights of people affected by cancer.</li> </ul>



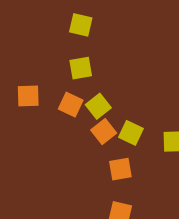
## Domain 2: Critical thinking and analysis

This domain comprises competencies that reflect the SCN's ability to practise within an evidence-based framework, participate in ongoing professional development, ensure optimal standards of cancer care and lead the ongoing development of cancer nursing.

Competency standards	Performance criteria
<b>Competency 2.1</b>	
Contributes to quality improvement activities aimed at improving outcomes for people affected by cancer.	<ul style="list-style-type: none"><li>• Assesses and critiques cancer-care outcomes against established benchmarks, standards and guidelines.</li><li>• Conducts and supports activities that contribute to improvements in safety and cancer-care outcomes.</li><li>• Demonstrates the skills and values of critical reflection and lifelong learning to generate knowledge for practice.</li></ul>
<b>Competency 2.2</b>	
Practises within an evidence-based framework and contributes to the development of evidence for practice.	<ul style="list-style-type: none"><li>• Identifies and appraises research evidence relevant to improving the health outcomes of people affected by cancer.</li><li>• Integrates relevant research findings and other developments in decision-making about cancer-care.</li><li>• Demonstrates high-level skills in the use of information technology relevant to cancer nursing and the development of practice.</li><li>• Fosters a spirit of inquiry and contributes to cancer nursing and cancer research.</li></ul>



Competency standards	Performance criteria
<b>Competency 2.3</b>	
<p>Embraces continuing professional development to ensure practices that incorporate best available evidence and emerging developments in specialist cancer nursing and cancer care.</p>	<ul style="list-style-type: none"> <li>• Uses relevant sources to seek additional information when presented with complex or challenging situations.</li> <li>• Identifies learning needs through critical reflection, performance review and assessment of emerging developments in the practice of specialist cancer nursing.</li> <li>• Demonstrates knowledge of relevant professional development resources and activities in specialist cancer nursing.</li> </ul>
<b>Competency 2.4</b>	
<p>Provides advice and mentorship to nursing colleagues and others involved in cancer care to promote optimal standards.</p>	<ul style="list-style-type: none"> <li>• Develops and contributes to education and staff development activities relevant to cancer care.</li> <li>• Provides advice and professional support to nursing colleagues and others involved in cancer care about clinical management and professional issues in cancer nursing.</li> <li>• Disseminates information about research and other developments in cancer care to nursing colleagues and others involved in cancer care.</li> </ul>



## Domain 3: Provision and coordination of care

Provision and coordination of care relates to the coordination, organisation and provision of nursing care. It includes the assessment, planning, implementation and evaluation of care for people affected by cancer, and consists of the following four practice dimensions:

- 3.1 disease- and treatment-related care
- 3.2 supportive care
- 3.3 coordinated care
- 3.4 information provision and education.

### 3.1 Disease- and treatment-related care

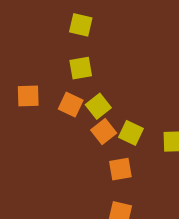
This dimension comprises competency standards that reflect the SCN's role in reducing risks as well as managing disease- and treatment-related responses across the cancer continuum. It includes reducing cancer risk, screening and diagnosis, treatment planning, treatment delivery (including participation in clinical trials) and follow-up care.

Competency standards	Performance criteria
<b>Competency 3.1.1</b>	
Participates in activities that contribute to reducing the risk of developing cancer and that promote early detection of cancer.	<ul style="list-style-type: none"><li>• Demonstrates an understanding of cancer's epidemiology, risk factors, genetics and prevention strategies.</li><li>• Provides evidence-based information and education to individuals and groups regarding cancer risk factors and preventive strategies.</li><li>• Provides evidence-based information to individuals and groups regarding recommended cancer screening programs and tests.</li><li>• Prepares, supports and monitors people undergoing cancer screening and diagnostic tests.</li></ul>





Competency standards	Performance criteria
<b>Competency 3.1.2</b>	
<p>Identifies potential and actual adverse effects of having cancer and receiving cancer therapies.</p>	<ul style="list-style-type: none"> <li>• Demonstrates an understanding of the biology and pathophysiology of cancer, its diagnosis and presentation across the disease continuum.</li> <li>• Demonstrates an understanding of the rationale for and mechanisms involved in cancer therapies and their related clinical effects, both acute and delayed.</li> <li>• Demonstrates an understanding of the implications of participation in cancer clinical trials for a person's care.</li> <li>• Undertakes and documents a comprehensive and timely assessment of current and potential effects and complications arising from having cancer, diagnostic tests and cancer treatments using a systematic, evidence-based approach.</li> <li>• Interprets results of investigations and findings for the person affected by cancer according to needs and preferences, and for other members of the health-care team according to clinical requirements.</li> <li>• Anticipates, monitors and responds to potential adverse events associated with cancer and having cancer treatment, using evidence-based knowledge.</li> <li>• Communicates effectively with the person affected by cancer and other members of the health-care team to facilitate timely and comprehensive assessment and identification of current and potential adverse effects of having cancer and cancer treatment.</li> </ul>



## Competency standards

## Performance criteria

### Competency 3.1.3

Participates in the safe and effective management of cancer and the delivery of cancer treatments.

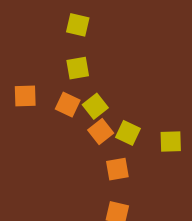
- Collaborates with people affected by cancer and other members of the health-care team in planning and implementing care to prevent, minimise and manage the acute and delayed effects of having cancer and its treatment.
- Demonstrates knowledge of and adherence to treatment protocols and clinical guidelines, including non-pharmacological treatments, in the context of cancer.
- Demonstrates safe and effective use of clinical procedures and technologies in the provision of optimum care related to cancer treatment and palliation.
- Continuously evaluates the condition and response of the person affected by cancer to interventions in a timely manner, using validated and focused assessment tools.
- Modifies the management plan when necessary to achieve optimal health outcomes for people affected by cancer.



### 3.2 Supportive care

This dimension comprises competency standards that reflect the SCN's ability to identify multiple needs across all domains of health throughout the cancer continuum. It includes implementation of evidence-based supportive care interventions in a flexible and responsive manner, in the context of a collaborative multidisciplinary approach to care, to achieve optimal health outcomes.

Competency standards	Performance criteria
<b>Competency 3.2.1</b> Identifies, validates and prioritises potential and actual health needs across all domains of health of the person affected by cancer throughout the cancer continuum.	<ul style="list-style-type: none"><li>• Demonstrates an understanding of the impact of cancer and its treatment on the interrelated physical, psychological, financial, social, sexual and spiritual aspects of well-being of the person affected by cancer.</li><li>• Undertakes and documents comprehensive and timely assessment of current and potential or unpredictable health needs, including co-morbid conditions and support needs across the cancer continuum.</li><li>• Routinely assesses people affected by cancer for psychosocial risk factors and distress, at the time of diagnosis and on a regular basis using a systematic, evidence-based approach.</li><li>• Communicates effectively with other members of the health-care team and refers appropriately to facilitate efficient, timely and comprehensive assessment and identification of current and potential needs of the person affected by cancer.</li></ul>



## Competency standards

## Performance criteria

### Competency 3.2.2

Effectively provides and ensures access to a range of supportive care services and interventions to meet the multiple health needs of the person affected by cancer.

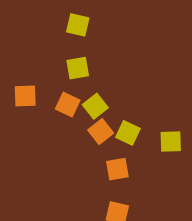
- Collaborates with people affected by cancer and other members of the health-care team, in planning and implementing care to meet the multiple health and support needs of the person affected by cancer.
- Applies comprehensive knowledge of clinical and supportive care guidelines and evidence in the context of cancer.
- Demonstrates skilled use of therapeutic nursing interventions for meeting the physical, psychological, social, sexual and spiritual needs of the person affected by cancer throughout the disease continuum, including identification of the need for referral for additional support.
- Adapts and prioritises practice guidelines and interventions according to the cultural, spiritual and social contexts and clinical circumstances of people affected by cancer.
- Continuously evaluates the condition and response of the person affected by cancer to interventions in a timely manner and modifies the management plan when necessary to achieve optimal health outcomes.
- Assesses the person's use of and response to complementary and alternative health-care practices, as well as possible interactions with standard therapies throughout the cancer continuum.



### 3.3 Coordinated care

This dimension incorporates competencies reflecting the SCN's ability to facilitate a coordinated approach to care planning, implementation and evaluation by ensuring a comprehensive range of health and support services are delivered by the multidisciplinary team in a timely, flexible and efficient manner in response to the needs of the person affected by cancer.

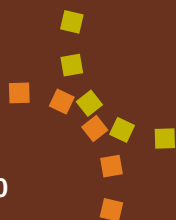
Competency standards	Performance criteria
<b>Competency 3.3.1</b>	
<p>Coordinates implementation of care across different phases of the cancer journey and across health-care settings to facilitate continuity of care and effective use of health-care resources relevant to the needs of the person affected by cancer.</p>	<ul style="list-style-type: none"><li>• Develops, implements, documents and continuously reviews a comprehensive care plan incorporating interventions to promote continuity of care.</li><li>• Ensures that the person affected by cancer has access to information and resources to enable continuity of their care and facilitate linkages between past, current and future care experiences.</li><li>• Promotes the efficient exchange of information between care providers and health-care settings regarding the clinical, practical and support needs, preferences and care plans for the person affected by cancer.</li><li>• Demonstrates a comprehensive knowledge of health services and community resources relevant to cancer care across the continuum.</li><li>• Liaises and collaborates with service providers in various care contexts to facilitate the delivery of services in a coordinated, consistent and timely manner.</li></ul>



### 3.4 Information provision and education

This dimension incorporates competencies reflecting the SCN's ability to provide comprehensive, coordinated, specialised and individualised information and education to the person affected by cancer about the pathophysiology of cancer and its physical and psychological effects, treatment approaches and self-management strategies. The provision of such information and education is based on evidence-based educational strategies that are consistent with the individual's clinical circumstances, preferences, information and self-care needs.

Competency standards	Performance criteria
<b>Competency 3.4.1</b>	
Provides comprehensive and specialised information in a coordinated manner to assist people affected by cancer to achieve optimal health outcomes, reduce distress and make informed decisions.	<ul style="list-style-type: none"><li>• Assesses the understanding of the person affected by cancer of their clinical circumstances, treatment and care plan, and their preference for information.</li><li>• Provides information that reflects knowledge of the pathophysiology and progression of cancer, including the episodic and chronic nature of cancer, and current evidence regarding cancer treatments across the care continuum.</li><li>• Demonstrates comprehensive knowledge of information resources for the person affected by cancer and facilitates access to resources relevant to their needs and preferences.</li><li>• Uses a range of evidence-based strategies for delivering, tailoring and reinforcing information and addressing common concerns and myths relevant to the information needs and preferences of the person affected by cancer.</li><li>• Collaborates with other members of the health-care team to ensure a coordinated and documented approach to providing consistent and timely information to people affected by cancer, avoiding duplication and addressing gaps where required.</li><li>• Clarifies and interprets information gained by the person affected by cancer from professional and public sources regarding cancer and its management.</li></ul>



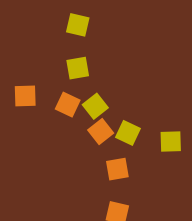
## Competency standards

## Performance criteria

### Competency 3.4.2

Provides education to the person affected by cancer to enable them to be active participants in their care and engage in self-management of health-related needs where appropriate to achieve optimal health outcomes across the cancer continuum.

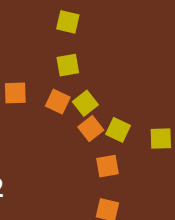
- Provides information and refers to other health professionals and resources to ensure the person affected by cancer has the capacity to participate in decisions about their treatment and care at all stages of the cancer continuum (including participation in clinical trials), according to their preferences.
- Implements evidence-based educational interventions to assist people affected by cancer to develop knowledge, skills and confidence to manage their health needs and the problems associated with cancer and its treatments.
- Consults and collaborates with other members of the health-care team to facilitate a multidisciplinary and coordinated approach to promoting the ability of the person affected by cancer to self-manage health needs and problems associated with cancer and its treatments.
- Continuously evaluates and documents the response of the person affected by cancer to educational interventions and modifies educational strategies when necessary, to achieve optimal health outcomes.



## Domain 4: Collaborative and therapeutic practice

This domain comprises competencies reflecting the SCN's ability to develop effective collaborative relationships with people affected by cancer that will assist to maximise health outcomes, and to establish a collaborative approach to working effectively as part of a multidisciplinary team across the care continuum. These competencies include recognition of the critical interdependence between the roles of the SCN, other health professionals and organisations and the establishment of partnerships with people affected by cancer to maximise outcomes.

Competency standards	Performance criteria
<b>Competency 4.1</b>	
Develops therapeutic relationships with people affected by cancer to anticipate and meet their multiple care needs across the cancer continuum.	<ul style="list-style-type: none"><li>• Uses effective communication skills to establish and maintain therapeutic relationships with people affected by cancer throughout the cancer journey.</li><li>• Actively explores and documents preferences and decisions of the person affected by cancer regarding care and treatment throughout the cancer journey, while ensuring they have access to appropriate information on which to base their decisions.</li><li>• Promotes the ability of the person affected by cancer to participate in care decisions and self-management of their health needs according to their preferences and resources, recognising that these may change over time.</li><li>• Collaborates with the person affected by cancer in care planning and implementation to establish therapeutic goals consistent with the person's needs and decisions.</li></ul>





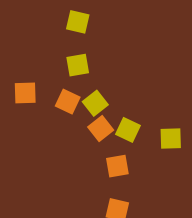
## Competency standards

## Performance criteria

### Competency 4.2

Initiates and ensures ongoing improvements in collaborative relationships with the person affected by cancer and other members of the health-care team to optimise health outcomes.

- Actively facilitates the involvement of the person affected by cancer as a partner in the multidisciplinary team.
- Demonstrates a comprehensive understanding of the roles of the various members of the multidisciplinary team in achieving optimal outcomes for people affected by cancer.
- Participates effectively in teams to plan and implement strategies to meet the needs of the person affected by cancer.
- Uses evidence-based communication strategies that promote the exchange of information about care needs and fosters multidisciplinary clinical partnerships for planning, implementing and documenting cancer care.
- Initiates and responds to referrals in collaboration with the health-care team, according to the clinical needs and preferences of the person affected by cancer.
- Contributes as part of a multidisciplinary team to the review of individual care outcomes.



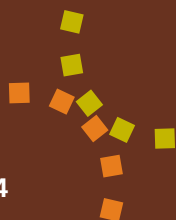
# ANMC competency standards for nurse practitioners – a cancer control application

The ANMC competency standards for nurse practitioners establish the overall framework for preparation of nurse practitioners in Australia, regardless of setting. It is expected that all nurse practitioners, regardless of setting or specialisation, are able to demonstrate competence in the three domains and nine competency standards. The following tables set out the ANMC standards in the left-hand column and the resulting application in a cancer context in the right-hand column.

The aim of this application is to guide nurses seeking endorsement as a nurse practitioner in a cancer control setting to more easily understand the competencies expected of them and to assist their employing organisations in formulating position descriptions and clinical-practice guidelines, and establishing scope of practice.

The three domains of practice of nurse practitioners, as defined by the ANMC, are:

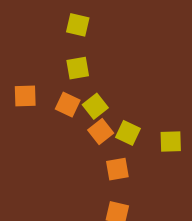
- dynamic practice
- professional efficacy
- clinical leadership.



## Domain 1: Dynamic practice

This domain incorporates the application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations.

ANMC competency standards	Application of ANMC competency standards to cancer control
<b>Competency 1.1</b>	
<p>Conducts advanced, comprehensive and holistic health assessment relevant to a specialist field of nursing practice.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"><li>• Demonstrates advanced knowledge of human sciences and extended skills in diagnostic reasoning.</li><li>• Differentiates between normal, variation of normal and abnormal findings in clinical assessment.</li><li>• Rapidly assesses a patient's unstable and complex health-care problem through synthesis and prioritisation of historical and available data.</li><li>• Makes decisions about use of investigative options that are judicious, patient-focused and informed by clinical findings.</li><li>• Demonstrates confidence in own ability to synthesise and interpret assessment information including client/patient history, physical findings and diagnostic data to identify normal and abnormal states of health and differential diagnoses.</li><li>• Makes informed and autonomous decisions about preventive, diagnostic and therapeutic responses and interventions that are based on clinical judgment, scientific evidence, and patient-determined outcomes.</li></ul>	<p>Conducts advanced, comprehensive and holistic health assessment relevant to a specialist cancer nursing practice.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"><li>• In diagnostic reasoning, demonstrates an advanced understanding of the biology of cancer and its presentation across the disease continuum.</li><li>• In diagnostic reasoning, demonstrates an advanced understanding of cancer treatment protocols and clinical guidelines and the mechanisms associated with acute, delayed and chronic expected and unexpected effects.</li><li>• Demonstrates an advanced understanding of the implications of cancer clinical trials for an individual's care.</li><li>• Undertakes a comprehensive and timely health assessment of the effects of cancer, its treatment and treatment-related toxicities using a systematic, evidence-based approach and appropriate diagnostic investigations and tools.</li><li>• Requests investigations that are relevant to the health needs and clinical circumstances of the person affected by cancer across the disease continuum.</li><li>• Synthesises and interprets the results of clinical assessments and investigations to identify risk factors and health needs across all domains, and the potential adverse and unanticipated events associated with cancer and its treatments.</li></ul>



## ANMC competency standards

## Application of ANMC competency standards to cancer control

### Competency 1.2

Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments and interventions that are evidence-based and informed by specialist knowledge.

Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments and interventions that are evidence-based and informed by an advanced understanding of the biology of cancer and cancer diagnostic and therapeutic responses.

#### Performance indicators

- Consistently demonstrates a thoughtful and innovative approach to effective clinical management planning in collaboration with the patient/client.
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to a specific field of clinical practice.
- Selects/prescribes appropriate medication, including dosage, routes and frequency pattern, based upon accurate knowledge of patient characteristics and concurrent therapies.
- Is knowledgeable and creative in selection and integration of both pharmacological and non-pharmacological treatment interventions into the management plan in consultation with the patient/client.
- Rapidly and continuously evaluates the patient's/client's condition and response to therapy and modifies the management plan when necessary to achieve desired patient/client outcomes.
- Is an expert clinician in the use of therapeutic interventions specific to, and based upon, their expert knowledge of specialty practice.

#### Performance indicators

- Exhibits a comprehensive knowledge of the mechanisms of action and expected side effects and toxicities of cancer treatments and supportive agents used in management of people with cancer.
- Selects/prescribes appropriate medication, including dosage, routes and frequency pattern, based upon accurate knowledge of characteristics and concurrent therapies for the individual affected by cancer.
- Integrates evidence-based pharmacological and non-pharmacological agents into the multidisciplinary care plan in consultation with the person affected by cancer.
- Demonstrates an advanced understanding and undertakes a comprehensive assessment of the person's use of complementary and alternative health-care practices and possible interactions with standard therapies across the cancer continuum.
- Continuously evaluates the responses of and outcomes for the person affected by cancer to cancer treatments and supportive therapies in a timely manner.



## ANMC competency standards

## Application of ANMC competency standards to cancer control

### Competency 1.2 cont.

- Collaborates effectively with other health professionals and agencies and makes and accepts referrals as appropriate to specific model of practice.
- Evaluates treatment/intervention regimes on completion of the episode of care, in accordance with patient-/client-determined outcomes.
- Modifies the advanced practice management plan when necessary to achieve optimal health outcomes for people affected by cancer.
- Effectively uses therapeutic interventions specific to, and based upon expert knowledge of, the biology of cancer and cancer diagnostic and therapeutic responses.
- Collaborates at an advanced level with people affected by cancer and other members of the health-care team in planning and implementing care and therapeutic interventions to prevent, minimise and manage the complex acute and delayed chronic effects of having cancer and its treatment.

### Competency 1.3

Has the capacity to use the knowledge and skills of extended practice competencies in complex and unfamiliar environments.

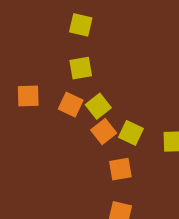
#### Performance indicators

- Actively engages community and public health assessment information to inform interventions, referrals and coordination of care.
- Demonstrates confidence and self-efficacy in accommodating uncertainty and managing risk in complex patient care situations.
- Demonstrates professional integrity, probity and ethical conduct in response to industry marketing strategies when prescribing drugs and other product.

Has the capacity to use the knowledge and skills of extended cancer nursing practice competencies in complex and unfamiliar environments.

#### Performance indicators

- Uses advanced knowledge of cancer's epidemiology, risk factors, genetics, prevention, diagnosis and treatments to inform the multidisciplinary care plan, referrals and coordination of care.
- Confidently manages and communicates at an advanced level with the person affected by cancer with regard to clinical uncertainty and risk factors for adverse outcomes.



## ANMC competency standards

## Application of ANMC competency standards to cancer control

### Competency 1.3 cont.

- Uses critical judgment to vary practice according to contextual and cultural influences.
  - Confidently integrates scientific knowledge and expert judgment to assess and intervene to assist the person in complex and unpredictable situations.
- Adapts and prioritises practice according to an advanced understanding of cultural, spiritual and social contexts and the implications of these for cancer care.
  - Uses expert clinical judgment to prevent, anticipate, monitor and intervene at an advanced level in response to expected and changing health needs across all domains, and potential adverse and unanticipated events associated with cancer and its treatments.

### Competency 1.4

Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others.

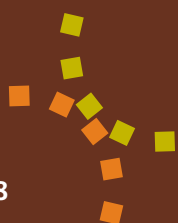
#### Performance indicators

- Critically appraises and integrates relevant research findings in decision-making about health-care management and patient interventions.
- Demonstrates the capacity to conduct research and quality audits as deemed necessary in the practice environment.
- Demonstrates an open-minded and analytical approach to acquiring new knowledge.
- Demonstrates the skills and values of lifelong learning and relates this to the demands of extended clinical practice.

Demonstrates skills in accessing established and evolving knowledge in cancer clinical and social sciences, and the application of this knowledge to care of the person affected by cancer and the education of others.

#### Performance indicators

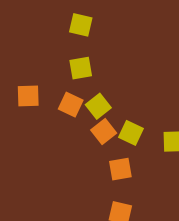
- Critically appraises and integrates research findings relating to cancer control in decision-making about health-care management and interventions for the person affected by cancer.
- Demonstrates the capacity to conduct research and quality initiatives to contribute to improvements in cancer-care outcomes.



## Domain 2: Professional efficacy

The domain comprises the competencies required to structure a practice within a nursing model and to enhance the practice through autonomy and accountability.

ANMC competency standards	Application of ANMC competency standards to cancer control
<b>Competency 2.1</b>	
<p>Applies extended practice competencies within a nursing model of practice.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"> <li>• Readily identifies the values intrinsic to nursing that inform nurse practitioner practice and a holistic approach to patient/client and community care.</li> <li>• Communicates a calm, confident and knowing approach to patient care that brings comfort and emotional support to the client and their family.</li> <li>• Demonstrates the ability and confidence to apply extended practice competencies within a scope of practice that is autonomous and collaborative.</li> <li>• Creates a climate that supports mutual engagement and establishes partnerships with patients, carers and families.</li> <li>• Readily articulates a coherent and clearly defined nurse practitioner scope of practice that is characterised by extensions and parameters.</li> </ul>	<p>Applies extended practice competencies within a nursing model of practice relevant to cancer control.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"> <li>• Uses advanced communication skills to establish and maintain therapeutic relationships with people affected by cancer throughout the cancer journey.</li> <li>• Collaborates with the person affected by cancer and the multidisciplinary team in care planning and implementation to establish therapeutic goals and extended practice interventions consistent with the person's needs and decisions.</li> </ul>
<b>Competency 2.2</b>	
<p>Establishes therapeutic links with the patient/client and community that recognise and respect cultural identity and lifestyle choices.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"> <li>• Demonstrates respect for the rights of people to determine their own</li> </ul>	<p>Establishes therapeutic links with the person affected by cancer and their community that recognise and respect cultural identity and lifestyle choices.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"> <li>• Actively promotes and advocates the ability of the person affected by cancer</li> </ul>



## ANMC competency standards

## Application of ANMC competency standards to cancer control

### Competency 2.2 cont.

journey through a health/illness episode while ensuring access to accurate and appropriately interpreted information on which to base decisions.

- Demonstrates cultural competence by incorporating cultural beliefs and practices into all interactions and plans for direct and referred care.
- Demonstrates respect for differences in cultural and social responses to health and illness and incorporates health beliefs of the individual and community into treatment and management modalities.

to participate in care decisions and self-management of their health needs according to their preferences and resources.

- Uses advanced skills in educating and informing people affected by cancer to ensure the person has the capacity to participate in decisions about their treatment and care at all stages of the cancer continuum (including participation in clinical trials), according to their preferences.

### Competency 2.3

Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice.

#### Performance indicators

- Establishes effective, collegial relationships with other health professionals that reflect confidence in the contribution that nursing makes to client outcomes.
- Readily uses creative solutions and processes to meet patient-/client- and community-defined health-care outcomes within a frame of autonomous practice.
- Demonstrates accountability in considering access, clinical efficacy and quality when making patient-care decisions.
- Incorporates the impact of the nurse practitioner service within local and national jurisdictions into the scope of practice.
- Advocates for expansion to the nurse practitioner model of service that will improve access to quality, cost-effective health care for specific populations.

Is proactive in conducting clinical service for the person affected by cancer that is enhanced and extended by autonomous and accountable practice.

#### Performance indicators

- Demonstrates an advanced understanding of the roles of the various members of the multidisciplinary cancer-care team, including cancer nurse practitioners, in achieving optimal outcomes for people affected by cancer.
- Actively promotes the exchange of information about care needs and fosters multidisciplinary clinical partnerships for planning, implementing and documenting extended practice interventions.
- Participates effectively in teams to plan and implement extended practice strategies to meet the needs of the person affected by cancer.

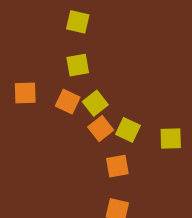




## Domain 3: Clinical leadership

The domain of clinical leadership incorporates competencies that influence and progress clinical care, policy and collaboration through all levels of health service.

ANMC competency standards	Application of ANMC competency standards to cancer control
<b>Competency 3.1</b>	
<p>Engages in and leads clinical collaboration that optimises outcomes for patients/clients and communities.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"> <li>• Actively participates as a senior member and/or leader of relevant multidisciplinary teams.</li> <li>• Establishes effective communication strategies that promote positive multidisciplinary clinical partnerships.</li> <li>• Articulates and promotes the nurse practitioner role in clinical, political and professional contexts.</li> <li>• Monitors their own practice as well as participating in intra- and interdisciplinary peer supervision and review.</li> </ul>	<p>Engages in and leads clinical collaboration that optimises outcomes for people affected by cancer.</p> <p><b>Performance indicators</b></p> <ul style="list-style-type: none"> <li>• Actively participates as a senior member and/or leader of the multidisciplinary cancer-care team.</li> <li>• Articulates and promotes the cancer nurse practitioner role in clinical, political and professional contexts.</li> </ul>



## ANMC competency standards

## Application of ANMC competency standards to cancer control

### Competency 3.2

Engages in and leads informed critique and influence at the systems level of health care.

Engages in and leads informed critique and influence at the systems level of cancer control.

#### Performance indicators

- Critiques the implication of emerging health policy on the nurse practitioner role and the client population.
- Evaluates the impact of social factors (such as literacy, poverty, domestic violence and racial attitudes) on the health of individuals and communities and acts to moderate the influence of these factors on the specific population/individual.
- Maintains current knowledge of financing of the health-care system as it affects delivery of care.
- Influences health-care policy and practice through leadership and active participation in workplace and professional organisations and at state and national government levels.
- Actively contributes to and advocates the development of specialist, local and national health-service policy that enhances nurse-practitioner practice and the health of the community.

#### Performance indicators

- Critiques the implication of emerging cancer-control policy on the nurse practitioner role, nursing service delivery and people affected by cancer.
- Understands factors which contribute to disparities in cancer outcomes and acts to moderate the influence of these factors at the population and individual level for people affected by cancer.
- Maintains current knowledge of financing of the health-care system as it affects access to and delivery of cancer care and treatments.
- Influences cancer-control policy and practice through leadership and active participation in workplace and professional organisations and at state and national government levels.
- Actively contributes to and advocates the development of specialist, local and national cancer-control policy that enhances nurse-practitioner practice and improves cancer outcomes.



# Glossary of terms

**Burden of cancer:** the impact of cancerous disease, including its incidence, morbidity, mortality rates and financial impact on the individual and broader community.

**Cancer:** a range of diseases in which abnormal cells proliferate and spread out of control. Other terms for cancer are tumours and neoplasm, although these terms can also be used for non-cancerous growths.<sup>17</sup>

**Capability:** the ability of a person or organisation to perform confidently in both familiar and unfamiliar situations. More than just skills and knowledge, it also involves utilising values, judgment, self-confidence to take risks, and an ability to reflect on and learn from practice.<sup>18</sup>

**Certification:** the process by which a non-governmental agency or association awards an individual when they have met pre-determined qualifications as specified by that agency or association. This includes registration and licensing processes for enrolled (Division 2) and registered nurses as well as for nurse practitioners.

**Competence:** the ability to fulfil the nursing role effectively, recognising that there are various levels of competence which reflect knowledge, experience and responsibilities. Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession or occupational area.<sup>15</sup>

**Competency:** an attribute of a person which results in effective performance.<sup>19</sup>

**Competency standards:** expected levels of knowledge, attitudes, skills and behaviours of a nominated role.

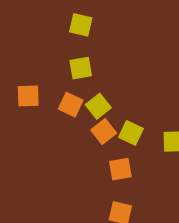
**Credentialing:** a process used by an organisation (governmental or non-governmental) to verify qualifications, experience and scope of practice to ensure the clinician is able to provide safe, high-quality health-care services within her or his organisation.

**Enrolled nurse (or Division 2 nurse):** a nurse who is licensed under the relevant state or territory legislation to practise in that jurisdiction. The minimum educational requirement for an enrolled nurse is a one-year diploma from a vocational education and training institution or the equivalent from a recognised hospital-based program.<sup>20</sup>

**Family:** an identified group of individuals who are bound by strong ties to the person diagnosed with cancer.

**Interdisciplinary care:** the care provided by an interdisciplinary team. The interdisciplinary team members jointly evaluate or develop a plan of care.<sup>21</sup> Members of an interdisciplinary team operate synergistically rather than in parallel to pool their knowledge in the process of optimising patient care.<sup>22</sup>

**Interdisciplinary team:** a team of health-care providers with distinct disciplinary training working together for a common purpose.<sup>23</sup>



**Multidisciplinary care:** an integrated team approach to cancer care. This occurs when medical, nursing and allied health professionals involved in a patient's treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.<sup>24</sup>

**Multidisciplinary team:** a team of health-care providers from a number of different disciplines including medical, nursing, occupational therapy, social work and other allied health services.<sup>25</sup> Team members have independent roles and meet to share information.

**Nurse practitioner:** a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role.<sup>13</sup>

**Palliative care:** care provided for people of all ages who have a life-limiting illness, with little or no prospect of cure, and for whom the primary treatment goal is quality of life.<sup>26</sup>

**Registered nurse:** a nurse who is on the register maintained by the state or territory nurses' board or nursing council to practise nursing in that state or territory. The minimum educational requirement for a registered nurse is a three-year bachelor or postgraduate degree in nursing or the equivalent.<sup>20, p. 1</sup>

**Scope of practice:** '... the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform'.<sup>1, p. 4</sup> Professional scope of practice is set by legislation and normally articulates expected practice at a beginning level.

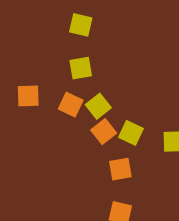
**Survivorship:** generally understood to refer to a person who has undergone cancer treatment and is deemed to be free of cancer, usually for a suggested timeframe such as five years. Survivorship, however, is a dynamic process as there is no clear 'end' to the cancer illness and it is artificial to consider survivorship as a sequential stage in a cancer journey. Instead, survivorship issues need to be addressed throughout the illness experience.<sup>27</sup>



# Acronyms and abbreviations

The following list contains common acronyms and abbreviations used in an Australian context in the fields of nursing and cancer control.

AACR	Australasian Association of Cancer Registries	DoHA	Department of Health and Ageing (Australian Government)
ACCCN	Australian College of Critical Care Nurses	EdCaN	National Cancer Nursing Education Project
ACN	Australian Cancer Network	EN	Enrolled nurse
AIHW	Australian Institute of Health and Welfare	NBOCC	National Breast and Ovarian Cancer Centre
AMA	Australian Medical Association	NCCI	National Cancer Control Initiative (1997–2006)
ANF	Australian Nursing Federation	NENA	National Enrolled Nurses Association
ANMC	Australian Nursing and Midwifery Council	NHPAC	National Health Priority Action Council
APNA	Australian Practice Nurses Association	NP	Nurse practitioner
ARNM	Australian Rural Nurses and Midwives	NSIFC	National Service Improvement Framework for Cancer
ANZCCN	Australia and New Zealand Council of Chief Nurses	PCA	Palliative Care Australia
BCNA	Breast Cancer Network Australia	PCFA	Prostate Cancer Foundation of Australia
CA	Cancer Australia	PNA	Principal Nurse Adviser
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses	RCNA	Royal College of Nursing, Australia
CCA	Cancer Council Australia	RN	Registered nurse
CCORE	Collaboration for Cancer Outcomes Research and Evaluation	SCN	Specialist cancer nurse
CDNM	Council of Deans of Nursing and Midwifery		
CNO	Chief Nursing Officer		
CNSA	Cancer Nurses Society of Australia		
COSA	Clinical Oncological Society of Australia		
CRANA	Council of Remote Area Nurses of Australia		



# Members of the EdCaN National Steering Committee

## **Chairman**

Dr Ian Roos OAM - University of Melbourne

## **Representing Cancer Nurses**

Ms Elizabeth Zwart - Cancer Nurses Society of Australia (CNSA) (January 2006-May 2007)

Ms Linda Barrett - Cancer Nurses Society of Australia (CNSA) (from May 2007)

## **Representing Rural and Regional Nurses**

Dr Jennifer Critchley - Rural Nursing & Midwifery Faculty, RCNA (formerly ARNM)

## **Representing State & Territory Health Departments**

Associate Professor Violet Platt - WA Health Department

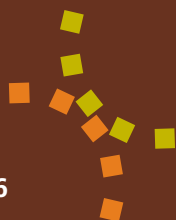
## **Representing Consumers**

Ms Jane Cruickshank - Cancer Voices Australia (January 2006 - May 2006)

Ms Leonie Young - Cancer Voices Australia (from June 2006)

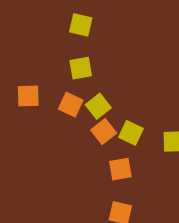
## **Representing Cancer Institute NSW**

Ms Philippa Cahill - (from August 2007)



# References

1. Australian Nursing and Midwifery Council (ANMC). *A national framework for the development of decision-making tools for nursing and midwifery practice*. Dickson, ACT: ANMC; 2007.
2. Clinical Oncological Society of Australia, Cancer Council of Australia, National Cancer Control Initiative (NCCI). *Optimising cancer care in Australia*. Melbourne: NCCI; 2002: pp. 1–122.
3. National Health Priority Action Council. *National service improvement framework for cancer*. Canberra: Department of Health and Ageing (Australian Government); 2006.
4. Fitch M. Supportive care for cancer patients. *Hospital quarterly*. 2000; 3(4): pp. 39–46.
5. Australian Institute of Health and Welfare (AIHW), Australasian Association of Cancer Registries. *Cancer in Australia: an overview, 2008*. From *Cancer series no. 46*. Canberra: AIHW; 2008.
6. National Health Priority Action Council. *National chronic disease strategy*. Canberra: Department of Health and Ageing (Australian Government); 2006.
7. Raphael B. *A population health model for the provision of mental health care*. Canberra: Commonwealth of Australia; 2000.
8. Queensland Nursing Council (QNC). *Scope of practice framework for nurses and midwives*. Brisbane: QNC; 2005.
9. Hicks C M, Fide C J. The educational needs of non-specialist breast care nurses. *Nurse education today*. 2003; 23(7): pp. 509–521.
10. Cunningham S M et al. Pre-registration nursing students' experience of caring for cancer patients. *European journal of oncology nursing*. 2006; 10(1): pp. 59–67.
11. National Breast Cancer Centre (NBCC). *Specialist breast nurse competency standards and associated educational requirements*. Camperdown, NSW: NBCC; 2005.
12. Australian Nursing Federation (ANF). *Competency standards for the advanced registered nurse*. A Adrian (ed). Melbourne: ANF; 2006.
13. Australian Nursing and Midwifery Council (ANMC). *National competency standards for the nurse practitioner*. Deakin, ACT: ANMC; 2006.
14. Shaw T, Connolly G, Ross J. *Recognition of specialist cancer nursing: a scoping project*. Sydney: Office of Postgraduate Medical Education, University of Sydney; 2009.
15. Australian Nursing and Midwifery Council (ANMC). *National competency standards for the registered nurse*. 4th edn. ANMC, 2006: Dickson, ACT.
16. Australian Nursing and Midwifery Council, *National competency standards for the enrolled nurse*. Dickson, ACT: ANMC; 2002.
17. Australian Institute of Health and Welfare (AIHW), Australasian Association of Cancer Registries. *Cancer in Australia: an overview, 2006*. From *Cancer series no. 37*. Canberra: AIHW; 2007.
18. Stephenson J, Cairns L. Capability, work and training: how capability moves beyond competence—an international perspective. Montreal: American Education Research Association 1999 Annual Meeting; 1999.
19. Australian Nursing Council (ANC). *Principles for the assessment of national competency standards for registered and enrolled nurses*. Deakin, ACT: ANC; 2002.
20. Australian Institute of Health and Welfare (AIHW). *Nursing and midwifery labour force 2005*. From *National health labour force series 39*. Canberra: AIHW; 2008.
21. Warren M, Houston S, Luquire R. Collaborative practice teams: from multidisciplinary to interdisciplinary. *Outcomes management for nursing practice*. 1998; 2(3): pp. 95–98.
22. Slack M, McEwen M. The impact of interdisciplinary case management on client outcomes. *Family and community health*. 1999; 22(3): pp. 30–48.
23. McCallin A M. Interdisciplinary practice—a matter of teamwork: an integrated literature review. *Journal of clinical nursing*. 2001; 8: pp. 6–14.
24. Cancer Australia. *Cancer Australia Annual Report 2007–08*. Dickson, ACT: Cancer Australia (Australian Government); 2008.
25. National Breast Cancer Centre (NBCC), National Cancer Control Initiative (NCCI). *Clinical practice guidelines for the psychosocial care of adults with cancer*. Camperdown, NSW: NBCC, NCCI; 2003: pp. xii, 242.
26. Palliative Care Australia (PCA). *Standards for providing quality palliative care for all Australians*. 2nd edn. Deakin West, ACT: PCA; 2005.
27. Wells M, MacBride S. Rehabilitation and survivorship. *Nursing patients with cancer principles and practice*. Kearney N, Richardson A (eds). Edinburgh: Elsevier; 2006: pp. 799–819.











**Australian Government**  
Cancer Australia



**CANCER LEARNING**

[cancerlearning.gov.au](http://cancerlearning.gov.au)