

**National Professional  
Development Framework  
for Cancer Nursing in  
New Zealand**

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Cancer Nurses section of the New Zealand Nurses Organisation



# Foreword

Cancer is a leading cause of death and disability in New Zealand. The incidence of cancer is increasing, and due to improvements in treatment, more people are surviving and living with cancer. Nurses can make a huge difference to people affected by cancer through the quality of care they provide.

As nurses, we are all aware of the multiplicity of activity intended to reduce the burden of cancer to people and communities, ranging from efforts at prevention through, for example, advice on smoking cessation to early screening and detection and on to providing quality nursing care and treatment following a cancer diagnosis. All of these interventions require a wide range of nursing skills and competencies.

Many nurses come into contact with people with cancer, and it is important they are well prepared to offer the care and support required of them. Other nurses will provide care to people at a specialist or advanced level. All nursing roles will require a set of competencies at the appropriate level.

We now know the benefits of describing the distinctive contribution of nursing within differing specialities as we seek to advance practice. Around the world, nurses are looking to articulate their increasing levels of specialised knowledge and skill within their particular practice context. An example near to home is the Australian EdCaN project with its associated publication *National Education Framework – Cancer Nursing: A national professional development framework for cancer nursing* (see [www.edcan.org](http://www.edcan.org)) that has informed this document.

Our publication builds on the generic competencies described by the Nursing Council of New Zealand and represents an initial step toward the production of a national professional development competency framework for cancer nursing in New Zealand.

The process of consultation and drafting associated with this document has stimulated a valuable exchange of ideas as to the best way to describe specialist nursing practice in cancer control and care. It is hoped that future iterations, along with similar frameworks for other specialities, will assist nurses in locating themselves on the continuum of skills and competencies required to deliver increasingly complex care in the wide range of environments in which they work.

Mark Jones  
Chief Nurse  
Ministry of Health

## Acknowledgements

The National Professional Development Framework for Cancer Nursing in New Zealand has been developed by the Palliative Care and Cancer Nurses Education Group (PCNEG) as part of the implementation of the Cancer Control Strategy Action Plan 2005–2010 (Cancer Control Taskforce 2005).

A group of cancer nurses from PCNEG incorporated sector feedback from the consultation process and finalised this document.

PCNEG would like to thank everyone who, individually or as a representative of their organisation, contributed to this document by providing feedback on its direction and content.

The organisations and individuals who provided feedback are listed in the appendix.

The PCNEG is indebted to the Australian National Cancer Nursing Education Project (EdCaN). The project's document *National Education Framework – Cancer Nursing: A national professional development framework for cancer nursing* (National Cancer Nursing Education Project 2008) informed the final form of the New Zealand framework.

Jackie Robinson  
Chair, Palliative Care and Cancer Nurses Education Group

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# Introduction

## Relationship of the framework with other frameworks, strategies and plans

The National Professional Development Framework for Cancer Nursing in New Zealand (the framework) was developed by the Palliative Care and Cancer Nurses Education Group (PCNEG) as part of the implementation of The New Zealand Cancer Control Strategy (Minister of Health 2003) and the New Zealand Cancer Control Strategy Action Plan 2005–2010 (the action plan) (Cancer Control Taskforce 2005).

The Ministry of Health established the PCNEG in 2007 to help it meet the action plan's objectives in relation to the nursing workforce. This publication and the complementary publication *A National Professional Development Framework for Palliative Care Nursing in Aotearoa New Zealand* (Ministry of Health 2008) provide a way forward for developing the palliative care and cancer nurse workforce. Both publications provide frameworks for registered nurses' professional development and describe nursing competencies that outline the practice expectations of nurses working in cancer control and palliative care.

Goal 5 of the action plan (page 91) notes the need for 'improved capacity and capability of the cancer nursing workforce' with the specific actions of:

- agreeing on appropriate establishments for nursing in cancer services
- defining the scope of senior oncology nurses
- providing resources for nurses to complete postgraduate certificates or diplomas.

The rationale for these actions is driven by the need to meet the changing requirements of people affected by cancer across different care delivery settings throughout the cancer journey. Changes in workforce characteristics and developments in treatment approaches require a well-prepared and responsive cancer nursing workforce to meet the needs of people affected by cancer. The administration of complex treatments and provision of supportive care in medical oncology, paediatric oncology, radiation oncology, malignant haematology and supportive and palliative care requires an advanced level of nursing practice. These changes will require new workforce roles for nurses practising in cancer control in New Zealand.

The framework for cancer nursing followed a workforce review on palliative care and cancer nurses' educational needs by The University of Auckland (Auckland UniServices Limited 2008) and consultation with nurses providing care for people affected by cancer across a wide range of settings.

## Structure of the framework

The framework consists of two parts (followed by the Glossary, Appendix and References).

Part 1 covers:

- the framework's purpose, aim and objectives
- the scope and context for cancer nursing in New Zealand
- a model for nursing in cancer control
- professional development for cancer nurses.

Part 2 covers:

- core cancer nursing competencies in cancer control
- specialty cancer nursing competencies in cancer care.

## Principles underpinning the framework

Seven principles underpin the framework.

- The priorities, needs and experiences of people affected by cancer and their family/whānau are central to this framework's development.
- The New Zealand Cancer Control Strategy and its action plan guide this framework's development, with the framework building on and promoting their goals, objectives and actions.
- The framework guides the professional development of nurses working in cancer control and cancer care.
- The framework assists nursing education providers in the development of generalist and specialty cancer nursing education programmes.
- The cancer nursing competencies enable nurses to articulate their practice in a way that is consistent with, and builds on, the Nursing Council of New Zealand's *Competencies for Registered Nurses* (Nursing Council of New Zealand 2007).
- The cancer nursing competencies are evidence based and can be used by registered nurses who practise in a variety of health care settings.
- 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 Māori and Pacific peoples, socioeconomically disadvantaged people, people 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.



## **Key concepts used in the framework**

The key concepts used in the framework are defined below. There is also a glossary after Part 2.

### **The New Zealand Cancer Control Strategy**

The New Zealand Cancer Control Strategy guides the development and implementation of a comprehensive and co-ordinated programme to control cancer in New Zealand (Minister of Health 2003). The strategy includes purposes, principles, goals and objectives to guide existing and future actions to control cancer and objectives and broad areas for action that should be subject to monitoring and ongoing review.

### **New Zealand Cancer Control Strategy Action Plan 2005–2010**

The New Zealand Cancer Control Strategy Action Plan 2005–2010 underpins The New Zealand Cancer Control Strategy and provides a high-level framework for reducing the incidence and impact of cancer and reducing inequalities with respect to cancer (Cancer Control Taskforce 2005). The action plan details how to achieve the objectives of the strategy.

### **People affected by cancer**

The term ‘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 and family/whānau members and significant others.

### **Cancer control**

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

### **Cancer care**

The term ‘cancer care’ refers to the care provided to people who have been diagnosed with cancer and their family/whānau to assist in meeting the total needs of the person affected by cancer (ie, physical, social, psychological, sexual, nutritional, information and spiritual).

### **Cancer journey**

The term ‘cancer journey’ refers to the individual and personal experiences of people affected by cancer throughout the course of their illness.

## **Registered nurse scope of practice**

The expression 'registered nurse scope of practice' includes registered nurses' use of nursing knowledge and complex nursing judgement to assess peoples' health needs and provide care and to advise and support people to manage their own health. Registered nurses practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses and nurse assistants. They provide comprehensive nursing assessment to develop, implement and evaluate an integrated plan of health care and provide nursing interventions that require substantial scientific and professional knowledge and skills. These practices occur in a variety of settings in partnership with individuals, families/whānau and communities. Registered nurses may practise in a variety of clinical contexts, depending on their education, preparation and experience. Registered nurses may also use their expertise to manage, teach, evaluate and research nursing practice. Conditions may be placed on the scope of practice of some registered nurses, according to their qualifications or experience to limit them to a specific area of practice (Nursing Council of New Zealand 2007).

## **Professional development**

The term 'professional development' means the learning activities and education required to maintain ongoing competence and develop knowledge and skills in the context of nurses' professional practice.

## **Performance criteria**

The term 'performance criteria' means descriptive statements that can be assessed and reflect the intent of a competency in terms of performance, behaviour and circumstance.

# Part 1: National Professional Development Framework for Cancer Nursing

## 1.1 Purpose of this document

The purpose of this document is to reduce the burden of cancer in New Zealand 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.

## 1.2 Aim of the framework

The aim of the framework is to support nurses' professional development in cancer control.

## 1.3 Objectives of the framework

The objectives of the framework are to:

- describe nursing's contribution to cancer control
- highlight the need for all nurses to participate in cancer control, irrespective of where they work
- guide nurses' ongoing professional development in cancer control
- articulate the competencies expected of nurses working with people affected by cancer
- enhance nurses' professional development, which will strengthen their abilities to care for people affected by cancer
- provide a career pathway for nurses who choose to advance their practice in cancer control
- support the development of educational programmes and resources for cancer nurses' professional development needs
- ensure that the professional development of nurses working in cancer control is consistent with nationally regulated nursing competencies for registered nurses as defined by the Nursing Council of New Zealand.

## 1.4 Scope of the framework

The scope of the framework encompasses all registered nurses who work with people affected by cancer along the cancer control continuum and is inclusive of all population groups.

The framework provides guidance for these nurses' professional development by articulating the competencies required at generalist and specialty levels of practice. These two levels of practice relate to a nurses' exposure to, knowledge of and experience in cancer control and cancer care.

Core cancer nursing competencies in cancer control are relevant to all nurses who come into contact with people affected by cancer.

Speciality competencies in cancer care are relevant to those nurses who practise predominately with people who have a diagnosis of cancer in a specialist cancer service.

## **1.5 Context for cancer nursing**

Cancer is a major health issue for New Zealand. In 2004, 19,223 people were diagnosed with cancer, and it was the leading cause of death for males and females, with 8145 people dying from cancer (Ministry of Health 2007). Of significant concern is the fact that Māori have a consistently higher rate of cancer death than that of non-Māori. In 2004, the Māori male rate of death from cancer was 60.6 percent higher than the non-Māori male rate; and the Māori female rate of death from cancer was 80.2 percent higher than the non-Māori female rate.

A reduction in the incidence and impact of cancer and known inequalities requires a planned, systematic and organised approach to a wide variety of cancer-related activities. New Zealand's response to cancer control is articulated in The New Zealand Cancer Control Strategy and has been put into operation through the strategy's action plan, which takes a planned approach to cancer along the cancer control continuum.

A diagnosis of cancer has a profound impact on individuals and their family/whānau and significant others' health and wellbeing. People affected by cancer experience varying health and support needs that are likely to change over time and require a variety of services across the primary, secondary and tertiary sectors. Throughout a person's cancer journey, their needs for specialist services vary.

Cancer nurses practise along the cancer control continuum – from health education and promotion to early detection and screening to diagnosis and treatment (eg, surgery, chemotherapy and radiotherapy) to supportive and palliative care. Care may be delivered in a variety of settings such as the person's home, the community, outpatient clinics or acute hospital settings.

Within this document, the term 'cancer nursing' is used broadly to include registered nurses working in the areas of medical oncology, paediatric oncology, radiation oncology and malignant haematology. The term encompasses the broad group of nurses working across primary health care and secondary and tertiary levels of health care, providing care to people affected by cancer and their family/whānau at every stage of their cancer journey.

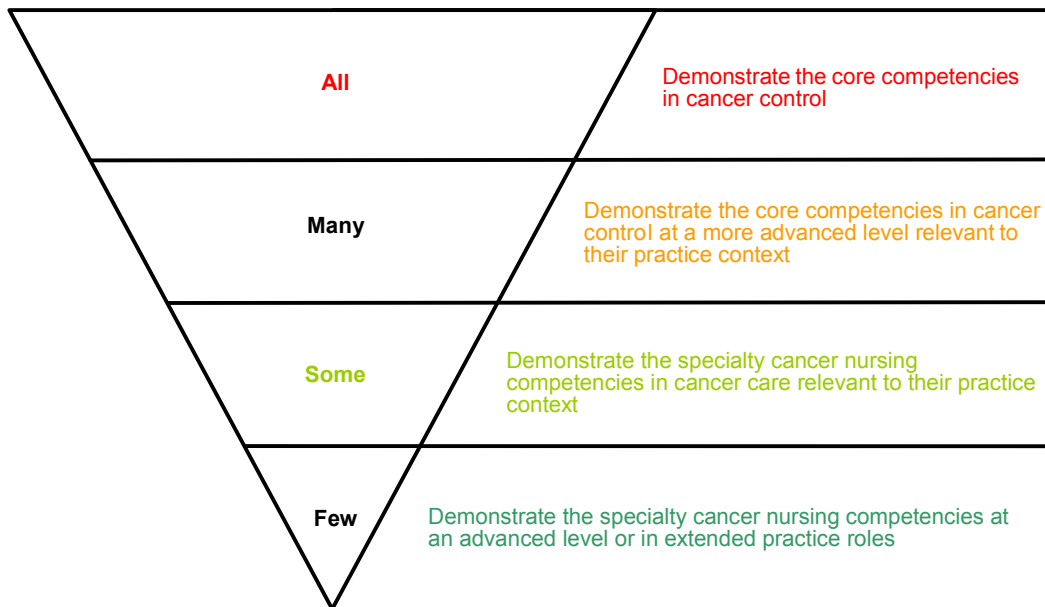
Internationally, cancer nursing is recognised as a specialty area of nursing practice (National Nursing and Nursing Education Taskforce 2006). This reflects the fact that nurses working in areas where cancer care is the primary focus need specialist skills and knowledge. They must deliver an advanced level of care to people affected by cancer through complex and intensive treatment regimens, symptom and side-effect management, psychosocial support and health education (European Oncology Nursing Society 2005). These nurses also act as key members of interdisciplinary care teams.

## 1.6 Model for nursing in cancer control

The Nursing Council of New Zealand (in accordance with the Health Practitioners Competence Assurance Act 2003) sets the registered nurse scope of practice. The council articulates expected practice at a generic level in *Competencies for Registered Nurses* (Nursing Council of New Zealand 2007). From this starting point, each nurse's practice develops over time and is influenced by factors such as the context of practice, organisational policies, the patient's needs and the nurse's education and experience.

The model in Figure 1 describes nurses' different contributions at all phases of the cancer control continuum. It outlines the competencies required of nurses working in different roles, in different settings and at different points along the continuum.

**Figure 1:** Model for nursing in cancer control



Source: Adapted from National Cancer Nursing Education Project 2008.

According to the model for nursing in cancer control outlined in Figure 1:

**All** nurses, regardless of the practice setting, are likely to have contact with people affected by cancer, and will therefore require some level of capability in cancer control. At all stages of life, 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 hospital services. 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. An understanding of these key concepts should be developed through an appropriate level of education in the undergraduate curriculum.

The core competencies for all nurses who provide services for people affected by cancer are outlined in Part 2 of this document.

**Many** nurses will participate frequently or for short, intensive periods in the care of people affected by cancer because of their expertise in addressing specific health needs. Although not in specialist cancer nursing roles, these nurses may be specialists in areas such as head and neck surgery, infection control, stomal therapy or palliative care. They may also be in primary health care or rural and remote settings where they often come into contact with people affected by cancer.

These 'many' nurses who provide care for people affected by cancer need to demonstrate the core cancer nursing competencies outlined in this framework at a more advanced level and in a way that is relevant to their particular practice context. These nurses will require access to further education in areas of cancer control that specifically apply to their role.

**Some** nurses specialise in cancer care. These nurses must achieve specialty cancer nursing competencies because their practice requires them to respond to more complex needs than non-specialist nurses need to respond to. Most specialty cancer nurses work in dedicated cancer services and may be primarily responsible for caring for people at a specific phase of their journey (eg, chemotherapy or radiotherapy) or across all phases of the cancer journey (eg, breast care). Others may work in a broader context but provide a specialist resource in cancer control to a variety of generalist providers (eg, a cancer nurse co-ordinator).

This framework specifies a set of specialty cancer nursing competencies with practice indicators that reflect the specialised knowledge and skills required to provide safe and competent care to people affected by cancer. These specialty cancer nursing competencies represent the minimum requirement for specialist cancer nurses. It is expected that as their practice advances, specialist cancer nurses will demonstrate more effective integration of theory, practice and experience and increasing degrees of autonomy in their judgements and interventions for people affected by cancer.

No accepted national educational standard exists for the specialist cancer nurse, but the development of specialty cancer nursing competencies usually requires further education in cancer control at postgraduate level.

**Few** nurses become competent to practise in an advanced and/or extended role in cancer control. These nurses advance their practice through additional experience and education at a master's level or equivalent. The practice of nurses in this group reflects a more advanced application of the specialty competencies in cancer care.

### **Nurse practitioners**

Nurse practitioners who choose cancer as their specific area of practice must meet the Nursing Council of New Zealand's competencies for nurse practitioners (Nursing Council of New Zealand 2008).

## **1.7 Professional development for cancer nurses**

Consistent with the model for cancer nursing outlined in Figure 1, nurses require access to ongoing professional development opportunities 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.

On completion of a Bachelor of Nursing programme, all nurses should have developed the core competencies for nursing people affected by cancer (as outlined in Part 2). To achieve this, all undergraduate programmes need a component of cancer control in the curriculum that prepares nurses to care for people affected by cancer at a generalist level across a variety of settings.

Part 2 defines the level of competence required for nurses working at different levels of practice. Typical learning experiences that contribute to the development of the required level of competence in cancer control include:

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

The education associated with specialty practice development is summarised in the education framework in Figure 2. The level of competence required determines the nature and scope of the learning experiences for each nurse. The education framework enables nursing education providers to orient their specialty cancer nursing education programmes to support the professional development of these nurses.

Regardless of educational level or practice role, all nurses are bound by the standards of professional practice in nursing and are expected to work with existing decision-making frameworks that guide their scope of practice.

**Figure 2:** Education framework

Education framework			
Experience and learning	<b>Bachelor</b>	Undergraduate programmes <b>All nurses</b>	Development of core competencies in cancer control
	<b>Bachelor and/or postgraduate</b>	Nurse entry to practice programmes new to cancer care specialty  Graduate Certificate (700 level) <b>Many nurses</b>  and  Postgraduate <b>Some nurses</b>	Development of core competencies in cancer control acquired in undergraduate programmes, contextualised to a specific clinical setting – generalist or specialty  Development of specialty competencies in cancer care contextualised to a specific clinical setting
	<b>Masters</b>	Postgraduate study to master's level <b>A few nurses</b>	Development of specialty nursing competencies in cancer care at an advanced level



## Part 2: Competencies for Cancer Nursing

The competencies for cancer nursing are presented alongside the four domains of the Nursing Council of New Zealand's competencies for registered nurses and are designed to be used in conjunction with these competencies. The competencies for cancer nursing are presented at the two levels of practice that relate to a nurse's exposure to, knowledge of and experience in cancer control and cancer care.

**Core competencies** in cancer control relate to all (generalist) nurses who come into contact with people affected by cancer.

**Speciality competencies** in cancer care relate to those nurses who practise predominantly with people who have a diagnosis of cancer and are in a specialist cancer service.

### 2.1 Core competencies in cancer control

**All** registered nurses must meet the Nursing Council of New Zealand's competencies for registered nurses (Nursing Council of New Zealand 2007). These competencies are developed through undergraduate education programmes that prepare nurses for entry to practise. The core competencies in cancer control have been derived by applying these competencies to the care of people affected by cancer. They are relevant to all nurses who practise in generalist or non-specialist settings where they come into contact with people and their family/whānau who are affected by cancer.

The '**many**' nurses group, because these nurses participate more frequently or for short, intensive periods in the care of people affected by cancer, must demonstrate these core competencies at a more advanced level that is specific to their practice context.

The Nursing Council of New Zealand's four domains of nursing practice provide an organising framework for aligning the core competencies in cancer control required of all nurses (Nursing Council of New Zealand 2007).

The four domains of nursing practice are as follows.

- Domain 1: Professional responsibility – competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include nurses' being able to demonstrate knowledge and judgement and being accountable for their actions and decisions while promoting an environment that maximises clients' safety, independence, quality of life and health.
- Domain 2: Management of nursing care – competencies that relate to client assessment and the management of client care that is responsive to clients' needs and is supported by nursing knowledge and evidence-based practice.
- Domain 3: Interpersonal relationships – competencies that relate to interpersonal and therapeutic communication with clients, other nursing staff and inter-professional communication and documentation.

- Domain 4: Inter-professional health care and quality improvement – competencies to demonstrate that the nurse, as a member of the health care team, evaluates the effectiveness of care and promotes a nursing perspective within the team’s inter-professional activities.

### Domain 1 – Professional responsibility

Domain 1 contains competencies that relate to professional, legal and ethical responsibilities and cultural safety and includes being able to demonstrate knowledge and judgement and being accountable for one’s actions and decisions while promoting an environment that maximises clients’ safety, independence, quality of life and health.

**Table 1:** Core competencies in domain 1 – professional responsibility

Nursing Council competency	Core competency in cancer control
1.1 Accepts responsibility for ensuring their nursing practice and conduct meet the standards of the professional, ethical and legislative requirements.	Applies legal and ethical decision-making principles in planning and delivering care for people affected by cancer.  Practices within their scope of practice when involved with providing cancer therapies and seeks assistance if they have a gap in their knowledge or skills.
1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/ Te Tiriti o Waitangi to nursing practice.	Demonstrates a holistic model of care for people affected by cancer, encompassing the Māori philosophy of health and wellbeing.  Is aware of health disparities in relation to the incidence and impact of cancer in Māori and non-Māori.
1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that nurse assistants, enrolled nurses and others provide.	Understands and works alongside other nursing professionals to appropriately direct, monitor and evaluate nursing care.
1.4 Promotes an environment that enables client safety, independence, quality of life and health.	Understands the impact a diagnosis of cancer has on a client, their family/whānau and the wider community and provides support to assist the client’s decision-making.  Understands the activities that contribute to reducing the risks of people developing cancer and that promote the early detection of cancer.
1.5 Practises nursing in a manner that the client determines as being culturally safe.	Provides culturally appropriate care that demonstrates respect and understanding for people’s beliefs and preferences regarding cancer and its treatment.

## Domain 2 – Management of nursing care

Domain 2 contains competencies that relate to client assessment and the management of client care, are responsive to clients' needs and are supported by nursing knowledge and evidence-based practice.

**Table 2:** Core competencies in domain 2 – management of nursing care

Nursing Council competency	Core competency in cancer control
2.1 Provides planned nursing care to achieve identified outcomes.	Plans and delivers nursing care that incorporates physical, psychological, social, cultural and spiritual aspects or knowledge relevant to the care of people affected by cancer.
2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.	Applies evidence-based principles to the assessment and management of common disease and treatment-related symptoms experienced by people affected by cancer.
2.3 Ensures documentation is accurate and maintains confidentiality of information.	Accurately documents a nursing assessment, management plan and evidence of ongoing evaluation of clinical outcomes.  Maintains clear, concise, timely, accurate and current documentation within a legal and ethical framework.
2.4 Ensures the client has adequate explanation of the effects of, consequences of and alternatives to proposed treatment options.	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.
2.5 Acts appropriately to protect themselves and others when faced with unexpected client responses, confrontation, personal threats or other crises.	Understands emergency procedures, plans and lines of communication to maximise effectiveness in a crisis.  Recognises changes in health-related status and seeks appropriate assistance.
2.6 Evaluates the client's progress toward expected outcomes in partnership with the client.	Determines the effectiveness of nursing interventions on clinical outcomes through the regular and ongoing assessment of the person affected by cancer.
2.7 Provides health education appropriate to the client's needs within a nursing framework.	Provides an appropriate level of information and education that enables self-management, as appropriate, in the care of people affected by cancer.
2.8 Reflects on, and evaluates with peers and experienced nurses, the effectiveness of nursing care.	Uses reflective practice to identify areas for further learning.  Accesses evidence-based resources and expert advice to support the care of people affected by cancer.
2.9 Maintains professional development.	Acknowledges personal and team members' needs for professional development and support to meet the needs of people affected by cancer.

### Domain 3 – Interpersonal relationships

Domain 3 contains competencies that relate to interpersonal and therapeutic communication with clients, other nursing staff and inter-professional communication and documentation.

**Table 3:** Core competencies in domain 3 – interpersonal relationships

<b>Nursing Council competency</b>	<b>Core competency in cancer control</b>
3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with the client.	Communicates effectively in the context of the client's social and emotional response to living with cancer.
3.2 Practises nursing in a negotiated partnership with the client where and when possible.	Plans and delivers evidence-based nursing care in a variety of settings relevant to the person affected by cancer.  Actively encourages a partnership model of care for people affected by cancer and their families/whānau, acknowledging and clarifying the client's goals, priorities and choices in care.
3.3 Communicates effectively with clients and members of the health care team.	Demonstrates effective communication skills, collaborating with the interdisciplinary team to achieve the best possible outcome for a person affected by cancer and their family/whānau.

### Domain 4 – Inter-professional health care and quality improvement

Domain 4 contains competencies to demonstrate that the nurse, as a member of the health care team, evaluates the effectiveness of care and promotes a nursing perspective within the inter-professional activities of the team.

**Table 4:** Core competencies in domain 4 – inter-professional health care and quality improvement

<b>Nursing Council competency</b>	<b>Core competency in cancer control</b>
4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and co-ordinate care.	Communicates and networks with interdisciplinary specialist cancer care teams when planning and delivering care for the person affected by cancer.
4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.	Demonstrates knowledge of how to access and refer to specialist care services as needed.
4.3 Participates in quality improvement activities to monitor and improve standards of nursing.	Understands the principles of quality improvement and evidence-based practice.

## 2.2 Speciality competencies in cancer care

The specialty competencies in cancer care are intended for those nurses who choose to work in a specialist cancer service, working predominantly with people who have a diagnosis of cancer. In addition, these nurses have a role in supporting generalist providers in caring for people affected by cancer who have less complex needs by acting as educators and specialist resources.

The specialty competencies represent the minimum standard required for specialty practice. As these nurses' practices advance, they will demonstrate more effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgements and interventions for people affected by cancer.

The Nursing Council of New Zealand's four domains of practice are used here as the organising framework for the specialty competencies in cancer care. However, whereas the core competencies are presented beside the relevant generic nursing council competencies, the specialty competencies are set out with performance criteria for each competency.

### Domain 1 – Professional responsibility

Domain 1 contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for one's actions and decisions, while promoting an environment that maximises clients' safety, independence, quality of life and health.

**Table 5:** Specialist competencies in domain 1 – professional responsibility

Specialty competency in cancer care	Performance criteria
1.1 Demonstrates an understanding of the context of cancer nursing: how cancer affects individuals and society and the influence of cultural and socioeconomic factors, including the role of prevention, early detection, health promotion and education in reducing the burden of cancer on society.	<p>Describes the main principles of The New Zealand Cancer Control Strategy as they apply to their work area.</p> <p>Identifies issues related to access and equity of cancer services in New Zealand.</p> <p>Discusses factors that contribute to the over-representation of Māori in cancer statistics and how cancer control strategies are addressing these factors.</p> <p>Discusses the importance of using culturally sensitive approaches in the care of people with cancer and their families/whānau.</p> <p>Identifies the different contexts in which cancer care is delivered.</p> <p>Identifies common causes, signs and symptoms of cancer, and explains how their recognition and early diagnosis influence morbidity.</p> <p>Describes how attitudes, values and beliefs in relation to cancer influence the care that cancer patients and their families/whānau receive.</p> <p>Outlines the principles of cancer nursing practice and explains how health care is organised through the cancer journey.</p>

<p>1.2 Demonstrates an understanding of the biological basis of cancer development and the role of prevention and early detection, as well as the principles and processes of diagnosis and staging.</p>	<p>Outlines the pathophysiology, epidemiology and aetiology of cancer and the role of the immune system and genetics in cancer formation.</p> <p>Describes approaches to health promotion and prevention and early detection of cancer and can make explicit their role in this area, for example, by:</p> <ul style="list-style-type: none"> <li>• applying <i>Implementing the ABC Approach for Smoking Cessation</i> (Ministry of Health 2009)</li> <li>• describing approaches to the diagnosis and staging of cancer and the nurse's role in this area.</li> </ul>
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## Domain 2 – Management of nursing care

Domain 2 contains competencies that are related to client assessment and the management of client care, which is responsive to clients' needs and is supported by nursing knowledge and evidence-based research.

**Table 6:** Specialist competencies in domain 2 – management of nursing care

Specialty competency in cancer care	Performance criteria
<p>2.1 Demonstrates knowledge and skills to undertake a comprehensive and holistic assessment of the person with cancer, including the use of appropriate assessment tools to identify individual patient and family needs.</p>	<p>Describes potential communication barriers related to cancer illness, age, ethnicity or disability.</p> <p>Recognises and interprets signs of normal and changing health and ill health, distress or disability in a person with cancer.</p> <p>Provides evidence of appraising and using frameworks and tools for assessing people with cancer.</p> <p>Explains the principles of holistic assessment in cancer care.</p>
<p>2.2 Demonstrates knowledge and clinical skills in cancer treatment delivery and the care of clients undergoing cancer therapies.</p>	<p>Describes and/or demonstrates safe and effective administration of cancer treatments (relevant to the specific practice context), for example, by:</p> <ul style="list-style-type: none"> <li>• administering cytotoxic medicines and other therapies safely (eg, biological therapies and immuno-therapy)</li> <li>• practising principles of health and safety, including radiation protection, cytotoxic disposal, infection control and essential emergency procedures</li> <li>• promoting clients' self-awareness of potential treatment effects by providing education and information.</li> </ul> <p>Explains the principles and application of commonly used treatment modalities, including potential treatment side effects and toxicities and their management.</p> <p>Describes oncology emergencies and appropriate responses to each emergency.</p>

<p>2.3 Demonstrates the knowledge and skills required to effectively manage symptoms and treatment side effects of cancer as a disease or as a result of cancer treatment through appropriate nursing interventions, including the provision of supportive care and end-of-life care.</p>	<p>Implements nursing care in a safe and effective manner throughout the cancer trajectory.</p> <p>Provides evidence of planning and implementing evidence-based nursing interventions for the treatment and prevention of symptoms and side effects of cancer treatment.</p> <p>Describes the role of supportive care, both physical and psychosocial, in the rehabilitation process.</p> <p>Discusses their own and societal attitudes and beliefs towards end-of-life care and models of bereavement support.</p>
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### Domain 3 – Interpersonal relationships

Domain 3 contains competencies that relate to interpersonal and therapeutic communication with clients, other nursing staff and inter-professional communication and documentation.

**Table 7:** Specialist competencies in domain 3 – interpersonal relationships

Specialty competency in cancer care	Performance criteria
<p>3.1 Demonstrates an understanding of how a cancer diagnosis affects the client and their family/whānau, and how this changes through the course of the disease from diagnosis to active treatment to survivorship or palliative and end-of-life care.</p>	<p>Assesses the actual and potential impact of cancer and its treatments on people diagnosed with cancer</p> <p>Describes the impact of cancer on families/whānau and the wider community.</p> <p>Explains the challenges of surviving and living with a cancer diagnosis and the transition between active treatment, survivorship and palliative and end-of-life care.</p>
<p>3.2 Demonstrates the knowledge and skills required for effective communication with cancer patients and their families/whānau, including patient advocacy and education.</p>	<p>Identifies the theories of communication in nursing and cancer care, for example:</p> <ul style="list-style-type: none"> <li>• counselling skills</li> <li>• challenging behaviour.</li> </ul> <p>Analyses and interprets information for people affected by cancer from diagnosis and treatment to survivorship or advanced disease and palliative care.</p> <p>Applies the principles of teaching and learning to client education.</p> <p>Discusses theories of advocacy and disclosure in cancer care.</p>

## Domain 4 – Inter-professional health care and quality improvement

Domain 4 contains competencies to demonstrate that the nurse, as a member of the health care team, evaluates the effectiveness of care and promotes a nursing perspective within the inter-professional activities of the team.

**Table 8:** Specialist competencies in domain 4 – inter-professional health care and quality improvement

Specialty competency in cancer care	Performance criteria
4.1 Demonstrates effective team work and communication within the inter-professional team.	<p>Works and communicates collaboratively and effectively with all cancer health care staff.</p> <p>Describes the role of multidisciplinary team members and multi-professional agencies in supporting people with cancer, including primary health care organisations and non-government organisations.</p> <p>Discusses strategies for facilitating learning in adult learners.</p>
4.2 Participates in risk management and quality assurance.	<p>Discusses the relative merits of quality standards.</p> <p>Provides evidence of involvement in quality improvement initiatives in the workplace.</p> <p>Explains the principles of risk assessment in cancer care.</p> <p>Provides evidence of initiating risk minimisation in the workplace.</p>
4.3 Demonstrates an ability to apply ethical and legal principles to patient care issues and the allocation of nursing resources.	<p>Demonstrates an understanding of the legal, political and ethical issues in cancer care and can discuss the implications of these issues for nursing practice.</p> <p>Discusses ethical issues in relation to data protection, confidentiality and security of data and records.</p> <p>Describes the principles of cancer clinical trials and the nurse's role in best clinical practice in this area.</p>
4.4 Demonstrates a commitment to ongoing personal professional development within the specialty of cancer nursing and can retrieve and/or generate evidence to support practice development.	<p>Explains how previous learning experience can inform and enrich new knowledge and skills gained for the practice of cancer nursing.</p> <p>Undertakes training in, and can demonstrate knowledge of, technology and health care informatics.</p> <p>Analyses different sources of information and applies them as appropriate to practice. Provides evidence of enhancing practice through research.</p> <p>Discusses the contribution of research to cancer nursing and demonstrates research utilisation skills. Provides evidence of a critical review of local nursing practice and subsequent practice development.</p>



# Glossary

<b>burden of cancer</b>	The impact of the disease, including its incidence, morbidity rate, mortality rate and financial impact on the individual and broader community.
<b>cancer care</b>	The care provided to people with a diagnosis of cancer and their family/whānau to assist in meeting their total needs (ie, physical, social, psychological, sexual, nutritional, information and spiritual needs).
<b>cancer control</b>	Actions to reduce the burden of cancer on individuals and the community, including research, prevention, early detection, screening, diagnosis and treatment, support and rehabilitation, palliative care, and the monitoring of cancer outcomes.
<b>cancer journey</b>	The individual and personal experience of cancer patients throughout the course of their illness.
<b>chemotherapy</b>	The treatment or control of cancer using anti-cancer drugs.
<b>competence</b>	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
<b>competency</b>	A defined area of skilled performance.
<b>evidence-based practice</b>	Practice based on scientific evidence that demonstrates effectiveness.
<b>health inequalities</b>	Differences in health that are unnecessary, avoidable and unjust.
<b>incidence</b>	The number of new cancer cases.
<b>indicators</b>	Key generic examples of competent performance. They are not comprehensive or exhaustive. They help the assessor when using their professional judgement to assess nursing practice, and they further curriculum development.
<b>interdisciplinary team</b>	A group of health care providers with distinct disciplinary training who work together for a common purpose.
<b>morbidity</b>	Illness.
<b>mortality</b>	Death.
<b>New Zealand Cancer Control Strategy, The</b>	A comprehensive and co-ordinated programme to control cancer in New Zealand (Minister of Health 2003).
<b>New Zealand Cancer Control Strategy: Action Plan 2005–2010, The</b>	A high-level framework underpinning The New Zealand Cancer Control Strategy to reduce the incidence and impact of cancer and reduce inequalities with respect to cancer (Cancer Control Taskforce 2005).

<b>nurse practitioner</b>	A registered nurse who is educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The Nursing Council of New Zealand's competencies for the nurse practitioner's scope of practice describe the skills, knowledge and activities of nurse practitioners.
<b>oncology</b>	The study, diagnosis, treatment and management of cancerous tumours.
<b>people affected by cancer</b>	All people affected by all types of cancer, including those at risk of developing cancer, people living with cancer, cancer survivors, carers, and family/whānau members and significant others.
<b>performance criteria</b>	Descriptive statements that can be assessed and reflect the intent of a competency in terms of performance, behaviour and circumstance.
<b>professional development</b>	The learning activities and education to maintain ongoing competence and develop knowledge and skills in the context of nurses' professional practice.
<b>Professional Development and Recognition Programme (PDPR)</b>	A programme that provides structured support, learning and feedback to help nurses develop the knowledge and skills required to ensure their ongoing competency within their scope of practice.
<b>registered nurse scope of practice</b>	A registered nurse's use of nursing knowledge and complex nursing judgement to assess peoples' health needs, provide care and advice and support people to manage their health. Registered nurses practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses and nurse assistants. Practice occurs in a variety of settings in partnership with individuals, families/whānau and communities. Registered nurses may practise in a variety of clinical contexts, depending on their education, preparation and experience. Registered nurses may also use their expertise to manage, teach, evaluate and research nursing practice. Limits may be placed on the scope of practice, according to a nurse's qualifications or experience.
<b>whānau</b>	The extended family, which is recognised as the foundation of Māori society.

# **Appendix: Development of the National Professional Development Framework for Cancer Nursing in New Zealand**

## **People involved in the framework's development**

The following people were involved in the development of the National Professional Development Framework for Cancer Nursing in New Zealand.

### **Members of the Palliative Care and Cancer Nurses Education Group**

Christine Cumming, nurse educator, District Nursing Service, MidCentral District Health Board

Daria Martin, portfolio manager, Clinical Training Agency

Dianna Gunn, director of nursing, Canterbury District Health Board

Dolly Rewha, nēhi kaiārahi/Māori nurse leader, Te Kupenga o Hoturoa

Jackie Robinson, chair of the Palliative Care and Cancer Nurses Education Group and palliative care nurse practitioner, Auckland District Health Board

Kathy Holloway, associate dean, Whitirea Community Polytechnic and member of the National Association of Nurse Education in the Tertiary Sector

Paulette Taylor, community nurse, Hospice South Auckland and member of Te Rununga o Aotearoa

Sarah Hunter, doctoral student, The University of Auckland

Siloma Masina, manager, Pacific Health Service, Hutt Valley

Sue Edgcombe, regional cancer treatment service nursing and service leader, MidCentral District Health Board

Trish Clark, unit manager, Southland Hospital Oncology Service and chair of the Cancer Nurses section of the New Zealand Nurses Organisation

Wayne Naylor, senior analyst, palliative care, Cancer Control Council of New Zealand

Yvonne Boyes, nursing manager, Ngāti Awa Social and Health Services, Eastern Bay of Plenty Primary Health Organisation

Yvonne Bray, academic co-ordinator, Goodfellow Unit, The University of Auckland

### **Members of the Sector Capability and Innovation Directorate, Ministry of Health**

Christine Andrews, senior policy analyst – nursing team

Nick Polaschek, senior project manager

Pamela Lee, senior analyst

## Consultation process

In September 2008, the draft of this document was sent electronically to a variety of organisations and individuals whose comments and feedback was sought. The email message accompanying the draft document is reproduced below.

Dear Colleagues

This information is being sent to you either as representative for the group named below or personally. Please distribute it to your group or to any other interested party.

Please find enclosed a draft document, *A National Professional Development Framework for Cancer Nursing in New Zealand*, which has been developed by the Palliative Care and Cancer Nursing Education Group. This group was formed in 2007 to assist in meeting the objectives in relation to the nursing workforce in *The New Zealand Cancer Control Strategy Action Plan 2005–2010*. The draft has been peer reviewed by several nurse experts, enabling improvements in wording and clarity of formulation of the ideas.

This professional development framework has been designed to fit within existing national frameworks such as the NZ Nursing Council Domains of Practice and the District Health Board's Professional Development Recognition Programmes (PDRP). They are intended to complement and supplement documents currently available by specifically outlining the specialty nursing skills and knowledge required to care for those patients and families with cancer.

In addition the professional development framework can also serve as a description for funders and providers of the specific contribution that nurses make within this specialty.

So overall we believe that developing a nationally agreed professional development framework for cancer nursing has the potential to positively impact on improving the profession's ability to actively contribute to effective care for patients and families.

As part of the consultation process you have been sent this draft document to distribute within your organisation and share with colleagues. We are inviting people to provide comment in terms of clarity, relevance and accuracy in reflecting the required skills in cancer nursing.

In your feedback we ask you to please respond to each of the following (*please copy the set of questions and add your answers*):

1. Overall how well does the document describe the nursing skills and knowledge required to provide cancer care (regardless of clinical setting) in terms of the different levels of competency?
2. Please outline any areas of competency that you consider are missing from the document.
3. Please outline how any areas of competency in the document which need to be altered to improve focus or clarity.
4. How easy will the document be to use for nurses' professional development in the clinical setting?

If you have specific comments you want to make on the text, please provide these as a tracked changes version of the text.

Thank you.

Yours sincerely

Jackie Robinson, Chair, Palliative Care and Cancer Nursing Education Group

## Feedback received

Feedback on the draft document was received from the following individuals and organisations.

Ann Brinkman, professional nurse advisor, New Zealand Nurses Organisation

Becky Hickmott, nurse co-ordinator – Professional Development and Recognition Programme (PDRP), National Nursing Committee PDRP

Christine Andrews, senior policy analyst – nursing team, Ministry of Health

Desma Dawber, oncology nurse, South Canterbury District Health Board

Di Roud, nurse advisor, professional development, Auckland District Health Board

Glynis Cumming, clinical nurse specialist, Christchurch Hospital

Grace Wong, nursing, AUT University; Nurses for a Smokefree Aotearoa/New Zealand

Jan Millar, executive committee, Paediatric Oncology Steering Group

Jenny Humphries, director of nursing and midwifery (interim), Southland District Health Board

Jim Green, lead chief executive, Nursing and Midwifery Workforce Strategy Group, District Health Boards of New Zealand

Nannette Ainge, nurse consultant – postgraduate education, Canterbury District Health Board

North Shore Hospice, Takapuna: Jo Hathaway, education and training co-ordinator; Carey Fletcher, clinical manager; Claire Hatherell, community liaison and education facilitator; Sandra Notley, community team leader

Sandi Haggart, palliative care nurse specialist, Waikato District Health Board

Sandra Sheene, clinical nurse specialist palliative care, Waitemata District Health Board

School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland: Ann McKillop, senior lecturer; Natalie James, lecturer; Pip Brown, clinical lecturer; Noelle Farrell, nurse educator, Oncology Service Auckland District Health Board

Sheree East, director of nursing, Nurse Maude Foundation

Simon Allan, clinical director, Central Cancer Network, Cancer Control Council of New Zealand

Sophie Adamson, student nurse, New Zealand Nurses Organisation student representative, Northtec

Sue Edgecombe, regional cancer treatment service nursing and service leader, MidCentral District Health Board

Sue Wood, interim chair, lead nurses – New Zealand; Director of Nursing, Midcentral District Health Board

Trish Clark, chair, Cancer Nurses section of the New Zealand Nurses Organisation, and unit manager, Southland Hospital Oncology Service

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