



Mātauranga

Building of Knowledge and
Skills for Cancer Nursing

Preamble

The Knowledge and Skills Framework for Cancer Nursing (KSFCN) has been auspiced by the National Cancer Programme, New Zealand Ministry of Health.

We would like to thank everyone who, individually or as a representative of their organisation, contributed to this framework by providing feedback and suggestions for its direction and content. People affected by cancer, cancer nurses, regional cancer networks, and organisations – including the Cancer Nurses College, National Consumer Advisory Group on Cancer, Nursing Council of New Zealand, Office of Chief Nurse (Ministry of Health), Cancer Society New Zealand, Health Workforce New Zealand and the National Nursing Consortium – have all provided valuable feedback on this framework.

We would also like to acknowledge that the development of this framework has drawn on a number of key frameworks

from other national and international cancer nursing groups. In particular, we would like to acknowledge the Australian cancer nursing framework, *A National Professional Development Framework for Cancer Nursing*, published by the National Cancer Nursing Education Project (2009). We also acknowledge the Canadian Association of Nurses in Oncology's Practice Standards and Competencies for the Specialised Oncology Nurse (2006); the *Irish National Cancer Control Programme's A Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland* (2012); the *New Zealand Ministry of Health's National Professional Development Framework for Cancer Nursing in New Zealand* (2009); and the *New Zealand Nephrology Nursing Knowledge and Skills Framework* by the Nursing Advisory Group, Renal Society of Australasia (2012).

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Introduction

Cancer is New Zealand's leading cause of death (responsible for 29 percent of all deaths) and a major cause of hospitalisation. Most New Zealanders will have some experience of cancer, either personally or through a relative or friend.

The incidence of cancer is 20 percent higher for Māori than for non-Māori, but cancer mortality is nearly 80 percent higher for Māori. Māori are also more likely than non-Māori to have their cancer detected at a later stage of disease. Residents of more socioeconomically deprived areas are more likely to develop cancer, are less likely to have their cancer detected early, and have poorer survival rates than residents of less deprived areas.²

The key principles of the New Zealand Cancer Control Strategy are to: reduce the incidence and impact of cancer; and reduce inequalities with respect to cancer. The Cancer Control Taskforce was established to produce the New Zealand Cancer Control Strategy Action Plan 2005–2010, which described in detail how the objectives of the Strategy were to be achieved.³

The National Cancer Programme brings together the work of the Ministry of Health (the Ministry), district health boards (DHBs), regional cancer networks, primary health organisations, non-government organisations and consumer groups to implement the Government's priorities for cancer.

The National Cancer Programme Work Plan is organised under four focus areas: Wait times; Access; Quality; and Financial sustainability.² These areas align with the Government's vision of Better, Sooner, More Convenient Health Care.

In the National Cancer Programme Work Plan 2012/13, the key initiative of Wait times: all people get timely services included the development of a new model of care for medical oncology to ensure services can effectively, equitably and sustainably meet future demand, given workforce and resource trends.

The priority areas were:

- workforce (senior medical officers and nursing)
- service configuration (assessing the new model against current service provision)
- quality standards across tumour streams.²

The shortages in the specialist medical oncology workforce and the constraints on treatment capacity and funding, which are both experienced now and expected in the future, necessitate a change in the current service model in order to sustainably meet demand for future treatment.⁴

‘It is essential that all nurses caring for People with cancer and their family/whanau have the knowledge and skills to provide optimum care throughout the cancer journey from diagnosis through treatment, survivorship, palliative care and end of life care. The Knowledge and Skills Framework for Cancer Nurses provides the foundation for all nurses, including those in advanced roles, to define the competencies required and have the knowledge and skills to enable safe evidence based care for People with cancer in all settings.’

National Reference Group, Knowledge and Skills Framework for Cancer Nursing 2014

Background to the Framework

It is essential that, to care for cancer patients, cancer nurses working in a variety of clinical settings are professionally prepared with the required skills to meet evolving trends in cancer treatment.

Furthermore, the New Models of Care for Medical Oncology (2011) describes the importance of national consistency across the sector in all aspects of delivery of care, including workforce development and ongoing education of cancer nurses. Internationally, cancer nursing is developing as an area of specialty nursing practice (EdCan, 2009). It has been identified that cancer nurses need to have specialist skills and knowledge to work with people affected by cancer. Cancer nurses use evidence-based practice, professional knowledge and skill to optimise health outcomes for people affected by cancer by using comprehensive assessments to develop, implement and evaluate an integrated plan of health care.

In addition, the Health Practitioners Competence Assurance Act 2003 requires registered or enrolled nurses to prove their competence annually via an annual practising certificate. The Knowledge and Skills Framework for Cancer Nursing (KSFCN) has been developed to provide a framework of learning for cancer nurses in a variety of clinical settings to demonstrate specific cancer nursing competencies. Furthermore, the KSFCN articulates the essential knowledge and skills for a nurse to progress to an expert cancer nurse. The nurse working in any specialist cancer area, including paediatrics, can adapt this framework to their area of specialty practice and within their

scope of practice. Palliative care is an integral part of cancer care and its principles are integrated into all the competencies of the framework.

The KSFCN defines and describes the development of cancer nurse practice, providing national consistency across the country. In addition, the framework will give patients and health professionals the confidence that cancer nurses are educated to practise at an advanced level.

The following documents underpin this framework.

In the New Zealand Cancer Control Strategy 2007–2010 Action Plan, Goal 5 identified the need for 'Improved capacity and capability of the cancer nursing workforce'. It set out 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 goals was driven by the need to meet the changing requirements of people affected by cancer across different care delivery settings throughout the cancer care continuum. 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 the provision of supportive care in medical oncology, radiation oncology, paediatric oncology, malignant haematology and palliative care require an advanced level of nursing practice. These changes provide emerging workforce roles for nurses practising in cancer in New Zealand.³

The New Models of Care for Medical Oncology (2011) was commissioned by the National Cancer Programme in 2009/2010. The final report, published in 2011, was the catalyst for identifying the need for innovative change and has been applied to a wide variety of cancer care practices, including cancer nursing. The recommendations from the report have contributed to the development and implementation of the Government's Cancer Programme. 'They have also addressed the limited national training and lack of national standards for cancer nurses. Cancer nurse training has been developed locally by regional cancer centres, which has led to duplication of efforts and lack of national consistency. The Ministry of Health adopted many of the report's recommendations and embarked on ambitious new initiatives. As part of the ongoing work and commitment to achieve a sustainable cancer workforce, the Cancer Programme has expanded from oncology to include all cancer disciplines.

In 2007, the Ministry commissioned the Palliative Care and Cancer Nurses Education Group (PCNEG) to develop the National Professional Development Framework for Cancer Nursing in New Zealand. With the aim of providing a way forward for developing the cancer care nurse workforce, this publication set out a framework for registered nurses' professional development

and described nursing competencies that outline the practice expectations of nurses working in cancer control. The Knowledge and Skills Framework for Cancer Nursing builds on the work of PCNEG and expands the Professional Development Framework document.⁶

The National Cancer Workforce Programme for 2013/14, in conjunction with the Cancer Nurses College and other interested parties in cancer nursing, supported the development of a knowledge and skills framework for cancer nurses. For nurses caring for people affected by cancer, national standards for education and training will include:

- specific nursing activities/skills and competencies at each stage of the patient journey
- an education programme for cancer nursing.²

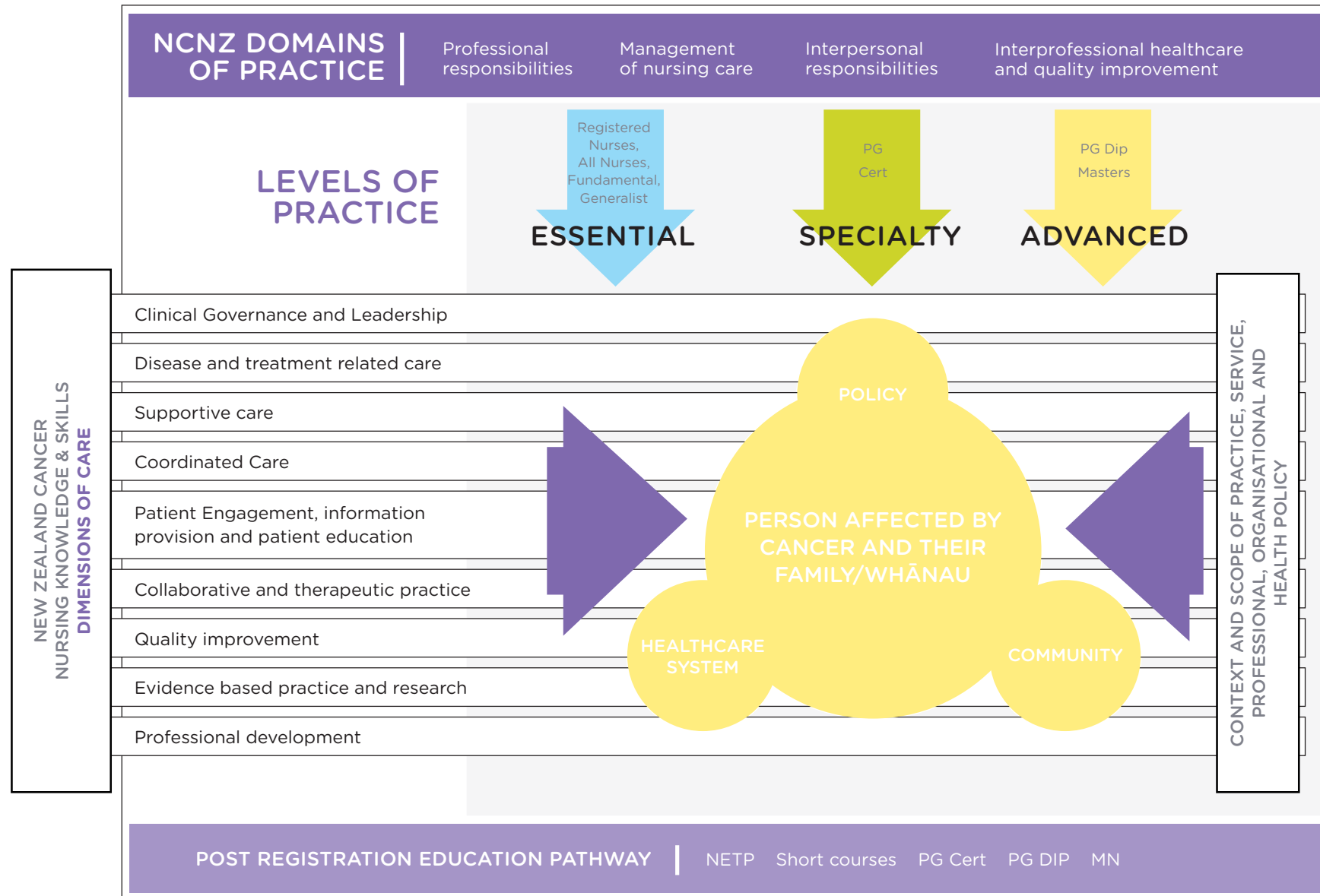
Figure 1. (overleaf)

Shows the proposed education and career pathway for a cancer nurse's progression to specialist nurse and expanded practice.



Figure 1

New Zealand Cancer Knowledge & Skill Framework for Registered Nurses



Development of the framework

The aim of the KSFCN was to establish national standards for education and training for nurses caring for people with cancer.

International evidence supports the development and use of a structured strategic framework to define the competencies required by nurses in caring for people affected by cancer. A number of frameworks – including the Australian⁷, Irish⁴, and Canadian⁸ cancer frameworks – were reviewed as part of the development and consultation process. In addition, the previous *National Professional Development Framework for Cancer Nursing in New Zealand*⁶ and the *New Zealand Nephrology Nursing Knowledge and Skills Framework*⁹ were reviewed and used in the consultation process.

Consultation workshops

In collaboration with the regional cancer networks and DHBs, the Nurse Lead held consultation workshops from May to August 2013. In total, 125 nurses working across all areas of cancer nursing and all types of practice settings attended the six workshops. A shorter workshop was also conducted for the National Consumer Advisory Group in October 2013.

This group is made up of consumer, Māori and Pacific Island representation from the four national cancer networks.

The workshops covered two main areas: the content and layout of the knowledge and skills framework; and the development of future roles in cancer nursing. All the feedback from each of the workshops was captured in a report and has provided valuable input for the ongoing development of the framework. The general feedback from the consultation workshops was that there was strong support to adopt and adapt the Australian model. Some specific aspects from the other frameworks were also identified at the workshops and incorporated.

Through the Cancer Nurses College's *Cancernet* newsletter, at the workshops, and from other interested cancer nurses, expressions of interest were sought from those who would like to join a reference group to help guide the development of the framework document. A group of 23 nurses representing all the regional cancer networks and different areas of cancer nursing responded and formed the Reference Group for the development of the KSFCN. A list of the members of the Reference Group is provided in Appendix 1.

National Nursing Consortium Specialty Standards Endorsement: The KSFCN will be submitted to the consortium for endorsement in August 2014.

Principles underpinning the development of the framework

The following principles underpin the framework:

- The priorities, needs and experiences of people affected by cancer are central to the development of cancer care programmes.
- Nursing must have self-determination in the ongoing development of this framework.
- Efforts to reduce the burden of cancer in our community require a population-based approach to health service planning and delivery.
- People affected by cancer often have complex needs throughout their cancer journey which requires a coordinated, multidisciplinary approach.
- Nurses are essential to a coordinated, multidisciplinary approach to cancer care and are important in meeting the needs of people affected by cancer at all stages of their cancer journey.
- The impact that nurses' contributions have on outcomes for people affected by cancer must be visible.

Nurses' involvement in cancer care is governed by the values, guidelines and principles set out by the regulatory and professional bodies, taking into account current evidence, population health needs and the New Zealand Government's priorities in cancer care.

- Nurses need to be responsive to the needs of people affected by cancer by incorporating new practice areas and capabilities that are within their scope of practice.
- Nurses working in cancer care need to continually develop and update their knowledge and skills through evidence-based practice that contributes to improved outcomes for people affected by cancer and can be incorporated into a broader model of health.

Professional nursing practice and specialist cancer nursing

‘NZ needs a sound network of nursing service provision which includes a mix of generalist, specialist nursing roles and Nurse Practitioners.’¹



The New Zealand Council of Nursing and Midwifery provides nurses and organisations with guidance around making decisions on scope of practice. Each nurse's scope of practice is defined and influenced by factors such as the context of practice and organisational policies, the needs of consumers, and the practitioner's education and experience. Nurses may practise in a variety of clinical contexts depending on their expertise to manage, teach, evaluate and research nursing practice. Nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements, and are supported by appropriate standards.¹¹

This KSFCN is intended to provide further guidance when making decisions about scope of practice and defining competency expectations of the specialty of cancer nursing when practising in the context of cancer care.

The model presented in Figure 1 describes nurses' varying contributions at all phases of the cancer care 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 the practice setting, are likely to have contact with people affected by cancer and will therefore require some level of capability in cancer care. **SOME** nurses

will, however, require specialised and advanced competencies in cancer care, as their practice requires them to respond to the particular health and support needed by people affected by a cancer diagnosis.⁷

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, this framework defines three broad groups of nurses involved in cancer care. 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 for nurses working in different contexts at different times along the cancer care continuum. The framework also acknowledges that within each of the three groups, nurses may function at varying levels of competence from the beginning through to the advanced levels, which are characterised by more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgements and intervention.

Additionally, the framework assumes it is necessary for nurses in all groups to collaborate so that people affected by cancer get the best care. It advocates for collaborative, universal services for all people affected by cancer; many of those services may be provided by nurses working in non-specialist practice settings and augmented

continued

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.

Here is a brief description of the four broad groups of nurses in cancer care as defined in Figure 2. The descriptions provide examples of the scope of practice and associated competency standards and are a guide for professional development and career progression through the Professional Development and Recognition Programme (PDRP).

1. 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, and at several points across the cancer care 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, through survivorship or at end of life. When in contact with people affected by cancer, **ALL** nurses need to be capable of applying core 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; conceptualisation of the meaning of cancer; and basic understanding of carcinogenesis. As these competencies are fundamental to **ALL** nurses, they have not specifically been included in this framework.

2. 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 practice context. Although not identified as working in a cancer specialty, some of these nurses will be specialists in areas such as head and neck or breast surgery, infection control, stomal therapy or palliative care. Such nurses may also work in primary care 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 contexts in which they practise. They will require access to further education in areas of specialist cancer care 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; however, the predominant focus of their practice is not within specialist cancer care.

3. SOME nurses will choose to become specialists in cancer care. 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 chemotherapy treatment), or across all phases of the cancer journey (for example, specialist breast care nursing or colorectal nurse specialists). Others may work in a broader context but provide a specialist resource in cancer care to a range of generalist providers (for example, a cancer nurse coordinator or cancer support nurse role).

4. FEW nurses will become competent and authorised to practise in an advanced and/or extended role in cancer care, including those endorsed to practise as a nurse practitioner. Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions including: differential diagnoses; ordering, conducting and interpreting diagnostic and laboratory tests; and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners may choose to prescribe medicines within their specific area of practice.

Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities and local and national policy development. The Nursing Council of New

Zealand's *Competencies for the Nurse Practitioner Scope of Practice* describes the skills, knowledge and activities of nurse practitioners.

These nurses will build on the competencies through additional experience and education at the master-degree level or equivalent. The practice of nurses in this group reflects competencies at the advanced level.⁷

The KSFCN 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 Nursing Council of New Zealand's *Competencies for Registered Nurses* and the Professional Development Reward and Recognition Programme competencies. The essential competencies are a minimum standard and apply to the **ALL** and **MANY** groups of nurses. They include enrolled nurses who choose to practise in cancer care. It is expected that as practice advances, nurses working in the specialty of cancer demonstrate more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgements and interventions for people affected by cancer.

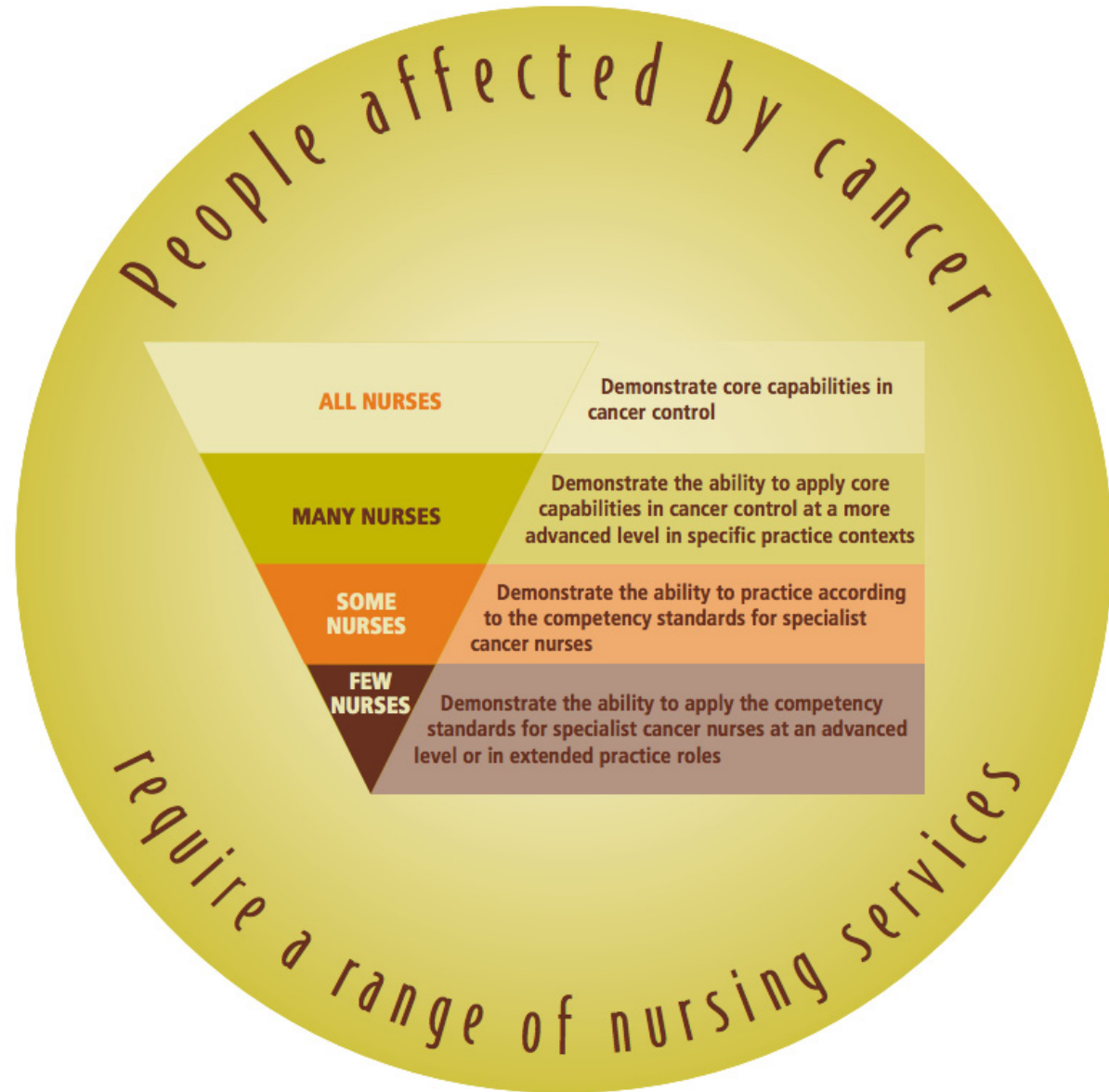
There is currently no accepted national educational standard for specialist cancer nurses. However, development of competency standards such as those specified in the KSFCN would normally require further education in cancer care at postgraduate level (see Figure 1).

All nurses, regardless of practice settings, are required to work collaboratively with the person and / or whānau as determined by the person. This model of care aligns to the Whānau Ora approach and Māori value of 'Mana Tupuna' the role of the whānau in decision making as determined by the person.

Figure 2

Professional development model for nursing in cancer control

We would like to acknowledge the EdCan model which has been adapted for this framework.



Purpose, aim and objectives of the framework

Purpose

To provide a framework to guide the development of a flexible and sustainable cancer nursing workforce capable of providing high-quality services that meet the emerging demands and changing needs of all people affected by cancer in Aotearoa New Zealand.

Aim

To support cancer nurses' professional development to improve overall cancer outcomes for people and their families and whānau affected by cancer.

Objectives

The objectives of the KSFCN are to:

1. define cancer nursing's scope of practice and its contribution to the overall improvement of cancer outcomes
2. highlight the need for all nurses to have core competencies in cancer care
3. guide cancer nurses' ongoing professional development to enhance their contribution to the overall improvement of cancer outcomes
4. articulate the knowledge, skills and capabilities expected of cancer nurses
5. provide a national standard for curriculum and professional development programmes aimed at strengthening cancer nursing capacity to enhance the experience of people affected by cancer and improve overall outcomes
6. guide and support the development of cancer nursing roles that contribute to the development of innovative models of cancer care
7. To develop culturally safe and responsive models of care, that will reduce the current inequalities with respect to cancer, for vulnerable population groups.
8. To utilise culturally safe and responsive models of care, that will reduce the current inequalities with respect to cancer, for Māori and vulnerable population groups.

How to use the framework

Consistent with the model for cancer nursing outlined in Figure 1, nurses will require access to ongoing professional development opportunities to develop the level of competence in cancer care required to meet the changing needs of the populations they serve and the context of their practices.

The second part of this document defines the level of competence required for nurses working at these differing levels of practice.

Potential uses by different stakeholders

The following are potential ways in which different groups involved in cancer care could use the framework.

For the individual nurse

Use the competency standards as a tool for:

- > determining your professional development needs
- > developing a professional development plan within the PDRP framework
- > evaluating different postgraduate programmes in cancer nursing.

Use the framework to plan your career path.

Use the recommended learning resources to undertake self-directed learning.

For the educator or manager

Use the framework:

- > as part of professional development planning processes to establish and negotiate practice progression pathways within the PDRP framework.
- > Use the framework to develop recruitment and retention and workforce plans.
- > Use the framework to evaluate position descriptions for nurses working in cancer specialty practice roles.

Use the competency standards:

- > to review orientation and annual competency programmes and requirements.
- > to review your organisation's short course/ inservice programmes to focus their content on guiding nurses to meet the competencies relevant to their scope and level of practice.
- > to develop curriculum and inservice programmes, as well as learning experiences for generalist areas to improve their capability to meet the competencies for nurses in cancer care.
- > Use the competency standards to identify opportunities for ongoing quality improvement and audit.

For the academic

Use the competency standards:

- > to map the applied competencies for cancer nurses to your current entry to practice curriculum and integrate the learning resources within your curriculum to support students to meet these standards.
- > to review your postgraduate cancer nursing programmes and integrate the learning resources to support students to meet these standards.
- > to assess prior learning programmes 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 the framework.

For the health service planner or policy maker

Use the framework:

- > to define workforce capabilities in different practice settings and regions, according to population needs.
- > to allocate resources to support preparation of the workforce to match required service expansion capabilities.

Develop new and innovative service models that support the principles inherent in the framework, including person-centred care, continuity of care, multidisciplinary practice, and partnerships between nurses and other member

For any professionals dealing with consumer of cancer services

Use the framework:

- > develop an understanding of the various roles of nurses in the delivery of cancer care.
- > in advocacy efforts to improve cancer care outcomes and service delivery.
- > to enhance consumers' understanding of what they should expect when engaging with specialty



Key performance indicators

The KSFCN will provide significant opportunities for individuals and organisations to evaluate improvements in the 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.

For cancer nursing services

to identify opportunities to contribute to consumer information and resources that aim to improve the overall patient experience for people affected by cancer.

Health service performance indicators

- > The proportion of nurses working in specialty cancer practice who can demonstrate meeting the competency standards.
- > 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 programmes that help them meet the framework competencies of a nurse as applied to cancer care.
- > The proportion of position descriptions for nursing roles in specialty cancer practice areas that are mapped to the competency standards.

Education provider performance indicators

- > The proportion of postgraduate clinical practice assessments clearly supporting students to meet the competency standards.
- > The proportion of entry to practice students who have the opportunity to access the cancer learning resources through classroom content or assessment tasks.
- > The proportion of non-specialist postgraduate students who are offered learning activities drawing on the education resources (EdCAN and eVIQ).⁷

Structure of the framework

This competency framework recognises that the Nursing Council of New Zealand's Domains of Competence are applicable to all nurses, either enrolled or registered, who maintain an annual practising certificate.¹¹

Each of the four core domains of practice for the registered nurse has provided an organising framework for applying the competency standards to cancer control. This application is relevant to **ALL** nurses who work in non-specialist cancer settings, such as primary care settings, medical/surgical units, or in other practice settings where the people receiving services may have a diagnosis or be at risk of developing cancer.¹¹

The framework is divided into three colour-coded sections representing each of the different levels of knowledge and skills associated with cancer nursing practice, as follows.

Essential skills

These core competencies are for the **ALL** and **MANY** nurses who provide care to people who have been affected by cancer and their families and whānau but usually outside a specialty cancer practice.

Specialty skills

The framework for this group of nurses describes the core competencies *at a more advanced specialty level*. This reflects the skills and knowledge required for nurses working within a cancer specialty area but not necessarily within a specialist role.

Advanced skills

These competencies are for nurses who have specialised within the cancer field and are practising at an advanced level. It is expected that most of the nurses reflecting practice at an advanced level are working in specialist roles; this includes the scope of nurse practitioner.

The framework for specialty and advanced skills identifies nine dimensions of care for **SOME** nurses who choose to work in dedicated cancer services and to develop specialist cancer nursing practice. These dimensions are:

- ❖ **clinical governance and leadership**
- ❖ **disease and treatment-related care**
- ❖ **supportive care**
- ❖ **coordinated care**
- ❖ **information provision and education**
- ❖ **collaborative and therapeutic practice**
- ❖ **quality improvement and clinical audit**
- ❖ **evidence-based practice and research**
- ❖ **professional development.**

Each of these aspects of care has standard criteria and examples of performance indicators for each standard. The list of indicators is not meant to be exhaustive nor comprehensive. Rather, its purpose is to provide examples to assist the nurse working in specialty cancer practice to identify evidence of their competence.

Figure 3

THE BONDY ASSESSMENT TOOL

<i>Scale Label</i>	<i>Score</i>	<i>Standard of Procedure</i>	<i>Quality of Performance</i>	<i>Level of Assistance Required</i>
Independent	5	Safe Accurate Achieved intended outcome Behaviour is appropriate to outcome	Proficient Confident Expedient	No supporting cues required
Supervised	4	Safe Accurate Achieved intended outcome Behaviour is appropriate to outcome	Proficient Confident Reasonably expedient	Requires occasional supportive cues
Assisted	3	Safe Accurate Achieved most objectives for intended outcome Behaviour generally appropriate to context	Proficient throughout most of performance when assisted	Required frequent verbal and occasional physical directives in addition to supportive cues
Marginal	2	Safe only with guidance Not completely accurate Incomplete achievement of intended outcome	Unskilled Inefficient	Required continuous verbal and frequent physical directive cues
Dependent	1	Unsafe Unable to demonstrate behaviour Lack of insight into behaviour appropriate to context	Unskilled Unable to demonstrate behaviour and procedure	Required continuous verbal and physical directive cues
x	0	Not observed		
Recognition of Prior Learning	Certifications gained, demonstration, oral presentation, and/or challenge test may be used as evidence			

Source: Bondy, K.N. (1983). "Criterion-Referenced Definitions for Rating Scales in Clinical Evaluation. Journal of Nursing Education, 22(9), 376–382.



Part 2

Knowledge and Skills Framework

Essential skills and knowledge for ALL and MANY nurses

**Self-assessment
rating scale**

1 = Independent
2 = Supervised
3 = Assisted
4 = Marginal
5 = Dependant

Domain	Practice standard	Essential	Rating	Comments
1.1 Professional responsibilities	<i>Competencies that relate to professional, legal and ethical responsibility and cultural safety. These include the ability to demonstrate knowledge and judgement and be accountable for own actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.</i>	<ul style="list-style-type: none"> • Applies legal and ethical decision-making principles in planning and delivering care for people affected by cancer. • Practises within their scope of practice when involved with providing cancer therapies and seeks assistance if they have a gap in their knowledge or skills. • Is aware of health disparities in relation to the incidence and impact of cancer in Māori and other vulnerable population groups. • Understands the impact a diagnosis of cancer has on a person, their family and whānau, and the wider community, and how to access support. • Provides culturally appropriate care that demonstrates respect for and understanding of people's beliefs about cancer and its treatment. • Demonstrates knowledge of and accesses policies and guidelines that have implications for practice, when involved with providing care for the person affected by cancer. • Provides delegation and direction to enrolled nurses and health care assistants when caring for people affected by cancer. • Demonstrates the principles of 'Te Tiriti o Waitangi' in everyday practice. The principles of partnership, participation, and protection set the framework that transcends across all people. • Identifies ethical issues in relation to the response to cancer of an individual, family or whānau, as well as their main concerns, feelings, fears, goals and understanding of prognosis, and initiates referrals to a multidisciplinary team. 		
1.2	Recognises the stressors of caring for people affected by cancer and the importance of maintaining therapeutic professional relationships.	<ul style="list-style-type: none"> > Demonstrates the ability to reflect on own practice and to examine own thoughts, feelings, actions and beliefs and the pressures and demands that may impact on self when caring for people with cancer and their family and whānau. > Demonstrates an ability to recognise in self and others the need for support, mentorship and/or clinical supervision and takes appropriate action. > Seeks peer feedback on own performance by actively engaging with colleagues and other professionals as appropriate > Promotes and supports the development and maintenance of a healthy and supportive work environment and culture. Actively contributes to finding cooperative solutions to conflicts and disagreements within teams. 		

2. Management of nursing care	<i>Competencies related to assessing and managing health consumer care, which is responsive to the consumer's needs and is supported by nursing knowledge and evidence-based research.</i>	<ul style="list-style-type: none"> • Demonstrates a basic understanding of the principles of carcinogenesis, and the pathophysiology of cancer. • Plans and delivers holistic nursing care to people affected by cancer. • Applies evidence-based principles related to the care of people affected by cancer. • Ensures people affected by cancer have adequate access to information about their cancer diagnosis and treatment, while respecting their beliefs and preferences. This aligns to the Māori Quality Standard of Te Whai Mana Painga (empowerment) and Rangatiratanga (enabling the person and / or whānau to exercise control over their own health and well being. Rangatiratanga is evident in practice when staff incorporate the values in daily practice and are able to articulate and provide clear descriptions to ascertain their understanding. Manākitanga is also evident, to care and nurture • Recognises changes in cancer-related health status and seeks appropriate assistance from nurse in specialty cancer practice. • Determines the effectiveness of nursing interventions in achieving clinical outcomes through the regular and ongoing assessment of the person affected by cancer in collaboration with specialised cancer services. • Uses evidence-based resources and consults with specialty/advanced cancer nurses for advice to maintain practice. 	Rating	Comments
3. Interpersonal and inter-professional care	<i>Competencies that relate to interpersonal and therapeutic communication with clients, other nursing staff and inter-professional communication and documentation.</i>	<ul style="list-style-type: none"> • Demonstrates effective communication skills, collaborating with the multidisciplinary specialised cancer teams to achieve the best possible outcome for individuals and their family and whānau. • Actively encourages a partnership model of care for individuals and their family and whānau, acknowledging and clarifying the patient's goals, priorities and choices in care. 		
4. Quality improvement and professional development	<i>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.</i>	<ul style="list-style-type: none"> • Communicates and collaborates with the multidisciplinary specialised cancer teams when planning and delivering care for the person affected by cancer. • Demonstrates knowledge of how to access and refer to specialised cancer services as appropriate and needed. • Provides an appropriate level of information, support and education that enhances self-care management, when caring for people affected by cancer. • Demonstrates a knowledge of the community cancer services and resources and is able to actively support people affected by cancer get access to them¹¹ 		

Practice Standards

All Domains

**Self-assessment
rating scale**

1 = Independent
2 = Supervised
3 = Assisted
4 = Marginal
5 = Dependant

Domain 1: Professional Responsibility

Dimension of Care: Clinical Governance and Leadership

This dimension comprises competency standards that reflect the leadership capabilities of the nurse in specialty cancer practice, at the clinical, professional and systems levels of health and cancer care. It includes the knowledge and skills required to lead and develop a strategic vision and direction that aims to improve outcomes for patients and address the disparity and inequality that exist in cancer control in New Zealand.

Patient outcome: Cancer nurses will provide professional leadership and support the voice of people affected by cancer to identify and be involved in solutions which address the disparity and inequality within the health system in New Zealand.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
1.1 Leads and contributes to informed critique of cancer control strategy; in addition, exerts influence at the clinical, professional and systems levels of health and cancer care.	<ul style="list-style-type: none"> Articulates the role of the nurse in cancer practice. Describes the main principles of the New Zealand Cancer Control Strategy as they apply to the nurse's context of cancer practice. Identifies issues related to access to and inequality of cancer services in Aotearoa New Zealand. Demonstrates the principles of 'The treaty of Waitangi' in everyday practice. The principles of partnership, participation, and protection set the framework that transcends across all people. Identifies 'Te Tiriti o Waitangi' articles, Kawangatangā, Rangatiratanga, Oritanga, and Tikangatangā, and the impact they have as a Tiriti document when engaging and caring for our Māori population. Discusses factors that contribute to the over-representation of Māori in cancer statistics, and how cancer control strategies are aiming to address these factors. 		<ul style="list-style-type: none"> To exert influence at clinical, professional and systems levels of health and cancer care. Demonstrates an understanding of national and global trends in cancer control. Contributes to the development and implementation of innovative systems to improve the care for people affected by cancer, their families and whānau. Maintains current knowledge of the financial constraints within the health care environment, including access to and delivery of care and treatments. Leads initiatives that aim to reduce inequality and disparity within cancer services and patient outcomes. Understands the impact of health and organisational policy on the delivery of cancer services. Influences cancer-related health care policy and practice through leadership and active participation in the workplace, and with professional organisations at both local and national levels. Contributes to initiatives within the workplace, cancer consumer groups, the profession, multidisciplinary teams and health care systems aimed at enhancing cancer control efforts. 		

Practice standard	Specialty	Rating	Advanced	Rating	Comments
	<ul style="list-style-type: none"> Describes how attitudes, values and beliefs related to cancer influence the care that cancer patients and their families and whānau receive. Identifies and discusses the use of culturally sensitive approaches in the care of people affected by cancer. Identifies and is familiar with the different contexts in which cancer care is delivered. Articulates the impact of the cancer diagnosis and treatment continuum for people affected by cancer. 		<ul style="list-style-type: none"> Articulates and promotes the contribution of nursing to outcomes for the person affected by cancer. Engages with Iwi to work in partnership with the cancer team to develop relevant strategies that ensure culturally sensitive initiatives are implemented and evaluated. Contributes to the development of initiatives in cancer care delivery. Challenges existing ways of working and leads the development and implementation of innovative systems to improve the care for people affected by cancer. 		
1.2 Leads and contributes to strategies to promote the role of prevention and early detection.	<ul style="list-style-type: none"> Demonstrates a thorough understanding of cancer epidemiology, risk factors, genetics and prevention strategies. Describes approaches to health promotion, prevention and early detection of cancer. Can also explain their role in this area, for example, the <i>Implementing the ABC Approach for Smoking Cessation</i> (Ministry of Health 2009). Identifies common causes, signs and symptoms of cancer. 		<ul style="list-style-type: none"> Participates in the development and evaluation of the strategic goals of prevention and early detection and direction for the service, ensuring on-going commitment to improvements for patient outcomes and experience. Leads clinical practice/service development within own area of expertise, acting as a resource to others. Demonstrates a range of leadership and change management skills to achieve the desired aim, acting as a role model to others. Effectively communicates the strategic direction for the service to secure support and commitment across the organisation and from other key stakeholders. Analyses results to lead or influence changes in practice at local, regional, national and global levels to achieve key priority areas. 		

Continued

Practice standard	Specialty	Rating	Advanced	Rating	Comments
1.3 Practises in accordance with legislative, professional and ethical standards for nursing and cancer care	<ul style="list-style-type: none"> Recognises own abilities and level of professional competence. Practises in accordance with the Nursing Council of New Zealand's scope of practice frameworks and local and national policies and guidelines. Demonstrates awareness of and observes boundaries of practice in accordance with professional and organisational role descriptions, guidelines and standards for nurses working in cancer and cancer care. Demonstrates awareness of Ministry of Health tumour standards. Demonstrates awareness of national working groups that influence cancer care. Practises in a way that acknowledges the impact of cancer on the culture, dignity, values, beliefs and rights of people affected by cancer. 		<ul style="list-style-type: none"> Critically analyses situations to identify potential ethical issues, applying an ethical framework to support decision making by patient, family and whānau and accesses resources to assist as required. Actively influences and contributes to national working groups that influence cancer care. 		

Domain 2: Management of nursing care

Dimension of care: *Disease and treatment-related care*

This dimension sets competency standards for the nurse in specialty cancer practice to conduct a timely and comprehensive assessment of the health and supportive care needs of the individual with cancer and their family and whānau across the cancer care continuum, using a systematic approach that is sensitive to language, culture and literacy. The nurse in specialty cancer practice considers the situational context and the needs and responses of the individual, family and whānau in determining the scope and depth of the assessment.

Patient outcome: Nursing care is provided with compassion, care and empathy underpinned with exemplary cancer skills and knowledge, which people affected by cancer determine as being culturally sensitive and appropriate to their needs and situation.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
2.1 Demonstrates understanding of the disease process, diagnosis, disease complications, and treatment pathway of cancer.	<ul style="list-style-type: none"> • Demonstrates an understanding of the aetiology, epidemiology, risk factors, prevention strategies, screening, hereditary factors, genomics and pathophysiology of cancer. • Discusses various treatment options available and the rationale for each option. Is able to provide information to assist in decision making. • Educates people affected by cancer about diagnosis, proposed treatment and side effects. In partnership, develops strategies for managing side effects. Prepares people affected by cancer for diagnostic procedures and treatment of their cancer. • Assesses the ongoing response of people affected by cancer to the cancer diagnosis, and monitors for toxicity and effects of treatments, and other relevant co-morbid conditions. This aligns to the Māori values of Te Whai Mana Painga (empowerment) and Rangatiratanga (enabling the person and / or whānau to exercise control over their own health and wellbeing. Manākitanga is evident when care and nurturing is demonstrated. 		<ul style="list-style-type: none"> • Demonstrates an in-depth understanding of the aetiology, epidemiology, risk factors, prevention strategies, screening, hereditary factors, genomics and pathophysiology of cancer. • Initiates and responds promptly to high suspicion of cancer referrals in collaboration with the health care team, according to the clinical needs and preferences of the people affected by cancer. • Knowledgeably discusses the various treatment options available and the rationale and decision making behind them • Provides evidence-based information and education to individuals and groups regarding cancer risk factors, screening and preventative strategies. • Demonstrates an advanced understanding of the risks and benefits of participating in cancer clinical trials as a treatment option for patients. • Provides support and information while monitoring people affected by cancer when they are undergoing cancer screening and diagnostic procedures and treatment. 		

Continued

2.2 Understands the importance of common staging and diagnosis requirements.	<ul style="list-style-type: none"> Identifies potential signs and symptoms of cancer complications and ensures that these are followed up. Describes the specific staging requirements and how the information impacts on diagnosis, prognosis and mortality. 	Rating	<ul style="list-style-type: none"> Assesses and plans appropriate interventions/management in collaboration with the multidisciplinary team and monitors ongoing response. Identifies potential signs of cancer complications and ensures that symptoms are investigated and appropriate interventions and referrals are initiated. Analyses and interprets the results of clinical assessment 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. 	Rating	Comments
2.3 Demonstrates knowledge and skills in the delivery of treatment and care of people undergoing cancer treatments, including the provision of specialised nursing interventions, and supportive, survivorship and palliative care.	<ul style="list-style-type: none"> Demonstrates an understanding of the different treatment modalities across the cancer care continuum. Treatment modalities may include surgery, chemotherapy, radiation therapy, participating in clinical trials, supportive care, active surveillance and complementary and alternative therapies. Demonstrates competent administration of cancer treatments. Identifies the most common toxicities related to various cancer treatment modalities. Demonstrates an understanding of the potential late effects of the different treatment modalities. 		<ul style="list-style-type: none"> Demonstrates advanced skills in physical assessment, diagnostic reasoning and care planning. Role models and mentors competent treatment delivery. Contributes to the development of guidelines and treatment protocols. Role models and demonstrates leadership to ensure comprehensive and timely assessment and management of treatment-related toxicities. Exhibits an advanced level of knowledge of the mechanisms of action and expected side effects and toxicities of cancer treatments. Contributes to the development of supportive resources. Assesses and manages the late effects of treatment. 		

Continued

<p>2.4 Understands the oncologic emergencies of:</p> <ul style="list-style-type: none"> • cardiac tamponade • disseminated intravascular coagulation (DIC) • febrile neutropenia • hypercalcaemia • septic shock • spinal cord compression • superior vena cava syndrome • syndrome of inappropriate antidiuretic hormone secretion (SIADH) • tumour lysis syndrome. 	<ul style="list-style-type: none"> • For relevant oncological emergencies, the nurse will be able to: • Identifies people at increased risk for oncologic emergencies. • Discusses and recognises the potential signs and symptoms. • Uses appropriate and evidence-based assessment tools. • Demonstrates understanding of the underlying pathophysiologic processes. • Demonstrates understanding of the diagnostic tools, tests and therapeutic interventions. • Provides support and education to junior colleagues in managing oncologic emergencies. <ul style="list-style-type: none"> • Educates people affected by cancer regarding the potential complications/risks and provides advice about how to recognise, assess and report the onset of complications. <ul style="list-style-type: none"> • Continually evaluates and modifies nursing interventions to improve the patient outcomes resulting from an oncologic emergency. 	<p>Rating</p>	<ul style="list-style-type: none"> • Demonstrates autonomy in clinical decision making regarding assessment, interventions, referral and service provision in more complex or unstable situations of people affected by cancer who present with oncologic emergency. • Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures and treatments and in using new technology. • Uses critical thinking skills, assessment and best evidence-based knowledge to anticipate, plan, implement and evaluate nursing interventions aimed at restoring optimum health in all its dimensions throughout the cancer care continuum. <ul style="list-style-type: none"> • Exhibits an advanced level of knowledge of the mechanisms of action and expected side effects and toxicities of cancer treatments and supportive resources available for the management of people affected by cancer. <ul style="list-style-type: none"> • Selects appropriate prescribed medication, including dosage, routes and frequency pattern, based on evidence and accurate knowledge of characteristics and concurrent therapies for people affected by cancer. • Integrates evidence-based pharmacological and non-pharmacological interventions into the care plan in consultation with the person affected by cancer and the multidisciplinary team. • Demonstrates comprehensive knowledge of, and adherence to, treatment-related protocols and clinical guidelines, including non-pharmacological treatments. 	<p>Rating</p>	<p>Comments</p>
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Dimension of care: *Supportive care*

This dimension comprises competency standards that reflect the ability of the nurse in specialty cancer practice to identify multiple needs across all domains of health throughout the cancer care continuum, including palliative and end-of-life care. 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.

Patient outcome: The nurse will ensure that people affected with cancer participate in the development of the mutually agreed goals and outcomes of treatment and be involved in decision making that may impact on their ability to fully engage with their cancer care. This may involve the development of an individualised person centred care plan that takes into account the person with cancer's understanding, needs, and personal goals.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
2.5 Demonstrates knowledge and skills appropriate to the complex needs of a person affected by cancer throughout the continuum of care.	<ul style="list-style-type: none"> • Demonstrates an understanding of the impact a cancer diagnosis and treatments, including short- and long-term side effects, can have on quality of life of the affected people. • Routinely assesses people affected by cancer for psychological risk factors and distress. • In partnership with people affected by cancer, initiates appropriate referrals within the multidisciplinary team. • Demonstrates awareness of end-of-life issues for people affected by cancer and be able to initiate discussion on issues. • Is able to identify the need for referral for additional supports appropriate to the needs of the person affected by cancer, and to initiate such referrals in partnership. 		<ul style="list-style-type: none"> • Assesses the individual's understanding of common psychological reactions and responses to the cancer experience, and provides information about effective coping strategies, referring on when appropriate. • Demonstrates comprehensive knowledge of supportive care guidelines and evidence in the context of cancer. • Continuously evaluates the individual's needs for interventions and responses to those interventions, and modifies interventions when necessary to achieve optimal health outcomes. • Discusses with the patient and their family and whānau issues about survivorship specific to stage and need, and the resources available to support them throughout the cancer journey. • Demonstrates confidence in discussing end-of-life care, and assists and encourages patients to develop an advance care plan where appropriate. 		

Dimension of care: *Coordinated care*

This dimension incorporates competencies reflecting the ability of the nurse in specialty cancer practice 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.

Patient outcome: People affected by cancer will be supported throughout the treatment care pathway by appropriate skilled health professionals within the multidisciplinary team in a timely way that incorporates the Treaty of Waitangi Principles of Partnership, Participation and Protection.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
2.6 Coordinates implementation of care across different phases of the cancer journey and health care settings, to facilitate continuity of care and effective use of health care resources.	<ul style="list-style-type: none"> Ensures that the person affected by cancer has access to information and resources that enable links across the health care sector. Demonstrates an awareness of the issues surrounding navigation of the health system for people affected by cancer. Demonstrates understanding of the needs of people facing long-term survival after treatment. 		<ul style="list-style-type: none"> Contributes to the development of resources and networks that enable links across the health care sector. Promotes the efficient exchange of information between care providers and across health care settings regarding the clinical, supportive care needs, preferences and shared care plans for people affected by cancer. Demonstrates a comprehensive knowledge of health services and community resources relevant to cancer care across the continuum. Applies knowledge to assist people to navigate the health care system, anticipating gaps and challenges they may encounter. Identifies and manages late effects of cancer and cancer therapies. 		

Continued

Dimension of care: *Information provision and education*

This dimension incorporates competencies reflecting the ability of the nurse in specialty cancer practice to engage with and provide individualised information and education to the person affected by cancer about cancer and its physical and psychological effects, treatment approaches and self-care strategies. The dimension also reflects that the provision of such information and education is based on best practice educational strategies that are evidence based and are consistent with the individual's clinical circumstances, preferences, literacy, and self-care needs.

Patient outcome: People affected by cancer will articulate a clear understanding of the agreed treatment, alternative treatment options, effects, side effects and have a plan to follow in the event of untoward side effects. This includes identifying staff members and contact details to call in the event of any concerns or problems.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
2.7 Facilitates the provision of information in a coordinated manner with other members of the health care team.	<ul style="list-style-type: none"> Demonstrates knowledge of information resources for the person affected by cancer and facilitates access to resources relevant to their needs and preferences. 		<ul style="list-style-type: none"> Adjusts teaching and coaching to address factors that impact on learning, such as life stage, culture, health literacy, education and family styles of decision making and communication. Demonstrates ability to address common concerns/myths relevant to the person affected by cancer. Contributes to the development of resources and tools to ensure a consistent approach to information. Collaborates with other members of the health care team to ensure a coordinated approach to providing consistent and timely information to people affected by cancer, avoiding duplication and addressing gaps where required. Clarifies and interprets information about cancer and its management that the person affected by cancer has obtained from different sources. 		

Domain 3: Interpersonal and inter-professional care

Dimension of care: Collaborative and therapeutic practice

This dimension comprises competencies reflecting the ability of the nurse working in a cancer specialty to develop therapeutic relationships with people affected by cancer. These therapeutic relationships will help to maximise health outcomes, and establish a partnership approach to working effectively as part of an multidisciplinary team across the cancer care continuum. The competencies include recognition of the critical interdependence between the role of the nurse working in a cancer specialty and other health professionals and organisations, and the establishment of partnerships with people affected by cancer to maximise health outcomes.

Patient outcome: People affected by cancer will have knowledge of the role and function of each member of the multidisciplinary team as appropriate and know who to contact in the event of any concerns or problems.

3.1 Demonstrates a thorough understanding of how a cancer diagnosis affects the person and their family and whānau and how this can change throughout the course of the illness from diagnosis to active treatment, survivorship, or palliative and end-of-life care.	<ul style="list-style-type: none"> Champions and fosters a culture that emphasises the importance of a person-centred approach to care (pertains to the Māori values of, Kaitiakitanga, Rangatiratanga, and Te Mahitahi). Works in partnership with the person with cancer and their family and whānau to explore and record their preferences throughout the cancer journey. Demonstrates an understanding of decisions and goals regarding care and treatment and of the transitions between active treatment, survivorship, palliative and end-of-life care (aligns with the Māori values of Te Mahitahi, as well as utilising the Whaana Ora approach). 	Rating	<ul style="list-style-type: none"> Demonstrates skills to establish and assess the impact of cancer and its treatments on people affected by cancer and the wider community. Promotes and leads activities that will enhance the ability of the person with cancer and their family and whānau to participate in decision making and self-care according to their own and family and whānau preferences, as well as cultural and spiritual beliefs, recognising that these may change over time. 	Comments
3.2 Demonstrates the knowledge and skills required for effective communication with cancer patients and their family and whānau.	<ul style="list-style-type: none"> Identifies, and is able to demonstrate, the use of effective communication skills; for example, the use of empathy, active listening, using open-ended questions, awareness of non-verbal communication, respect, encouragement, negotiation and observational skills. Explains and assesses understanding of the information given to people affected by cancer from diagnosis and treatment (neo-adjuvant, adjuvant or advanced treatment intent) to survivorship and palliative care. Demonstrates an understanding of health literacy and applies the principles of adult learning and/or is mindful of the development age of the child when initiating teaching. 			

Continued

3.3 Role models advanced communication skills within the multidisciplinary team to communicate particularly complex and potentially distressing information to people affected by cancer.	<ul style="list-style-type: none"> Communicates collaboratively and effectively with all cancer multidisciplinary team members when planning and delivering care for the person affected by cancer. Describes the role of multidisciplinary team members and multi-professional agencies, including primary health care organisations and non-government organisations, in supporting people affected by cancer. Demonstrates knowledge of how to access and refer to specialist cancer care services as needed. 	Rating	<ul style="list-style-type: none"> Demonstrates a wide range of advanced communication skills and an ability to handle challenging conversations, explore uncertainty (particularly in relation to prognosis) and discuss end-of-life issues. Uses advanced communication skills that can address the complex needs of people affected by cancer. Acts as a role model and resource for knowledge, support and training in interpersonal and communication skills for other members of the nursing and health care team. Develops and sustains effective collaborative partnerships within teams that transcend organisational and professional boundaries to plan and implement strategies to meet the needs of the people affected by cancer. Provides professional leadership and uses advanced skills and knowledge to evaluate care and negotiate patient goals within the multidisciplinary team. Participates in and leads multidisciplinary and interagency evaluation and audit, using the outcomes to effect change and improve the quality of care and patient experience. 	Comments
3.4 Recognises the ongoing stressors of working in cancer care (in self and others) and the importance of maintaining therapeutic professional relationships.			<ul style="list-style-type: none"> Promotes and supports the development and maintenance of a healthy and supportive work environment and culture. Actively contributes to finding cooperative solutions to conflicts. 	

Continued

Domain 4: Quality improvement and professional development

Dimension of care: *Quality improvement and clinical audit*

This dimension comprises competency standards that reflect the ability of the nurse in specialty cancer practice to use professional knowledge and judgement to coordinate, manage and **develop the provision of high-quality, evidence-based, cost-effective care for people affected by cancer.**

Patient outcome: People affected by cancer will have an understanding and confidence that the cancer nurse is using knowledge and evidence based treatment that is recognised as the gold standard of care and will have the opportunity to seek information and clarification if they have any questions or concerns about their care.

Practice standard	Specialty	Rating	Advanced	Rating	Comment
4.1 Participates in risk management and quality improvement activities.	<ul style="list-style-type: none"> Identifies the key quality indicators for cancer care within their service. (Relates to the Māori value of Te Mahitahi, Rangatiratanga, and utilisation of the Whānau Ora approach). Demonstrates understanding and provides evidence of involvement in continuous quality improvement and audit initiatives. Explains the principles of risk assessment and risk management in cancer care. (Aligns with the Māori values of Te Whai Mana Painga, and Rangatiratanga). Aligns with the Māori values of Te Whai Mana Painga, and Rangatiratanga. 		<ul style="list-style-type: none"> Assesses and critically analyses cancer care outcomes against established benchmarks, standards and guidelines. Identifies potential or actual gaps in quality cancer care and works collaboratively with the multidisciplinary health care team to improve them. Leads and manages change, and monitors the effectiveness and impact of change in relation to cancer nursing practice. Acts as a facilitator to assist others to develop their knowledge and skills in quality improvement processes and methods. Facilitates the team in learning from significant events, including through root cause analysis if relevant. Develops, implements and evaluates action plans to support team learning, leading to improved patient outcomes. 		

Continued

Dimension of care: *Evidence-based practice and research*

This dimension comprises competency standards that reflect the commitment of the nurse in specialty cancer practice to continually developing and updating knowledge of best practice, research evidence and policy initiatives relevant to caring for people affected by cancer to promote and develop effective, evidence-based care.

Patient outcome: People affected by cancer will have confidence that the cancer nurse (and team) has the knowledge and skills based on research and best practice to deliver optimum treatments and care in a holistic way.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
4.2 Demonstrates an ability to apply ethical and legal principles to cancer care and the allocation of resources.	<ul style="list-style-type: none"> Demonstrates an understanding of the legal and ethical issues in cancer care and can discuss the implications of these issues for nursing practice. 		<ul style="list-style-type: none"> Identifies and critiques research relevant to improving the health outcomes of people affected by cancer. Disseminates and integrates relevant research findings into clinical decision making and practice. Develops and contributes to the ongoing establishment and review of best practice guidelines for cancer and cancer nursing. Demonstrates a high level of skill in the use of information technology relevant to cancer nursing and the continuing development of practice. 		
4.3 Leads and contributes to clinical research.	<ul style="list-style-type: none"> Demonstrates an understanding of the principles of cancer clinical trials; and the role of best clinical practice in relation to clinical research. 				
4.4 Demonstrates a commitment to ongoing personal and professional development to advance the specialty of cancer nursing at local, regional and national levels.	<ul style="list-style-type: none"> Identifies and supports the professional development of colleagues involved in the care of the person affected by cancer. Analyses different sources of information, research and evidence, using resources as appropriate to improve patient outcomes and enhance nursing practice. 	Rating	<ul style="list-style-type: none"> Advocates to enhance health education policy that ensures ongoing opportunities for cancer nurse education. 	Rating	Comments

Continued

Dimension of care: *Professional development*

This dimension comprises competency standards that reflect the ability of the nurse in specialty cancer practice to maintain and develop professional knowledge and practice by participating in lifelong learning, personal and professional development for self and with colleagues through supervision, appraisal and reflective practice.

Patient outcome: People affected by cancer will have an understanding that the nurse has undergone cancer training and is skilled and proficient in his/her practice.

Practice standard	Specialty	Rating	Advanced	Rating	Comments
4.5 Demonstrates commitment to lifelong learning to ensure that practice incorporates the best available evidence and emerging developments in specialist cancer nursing and cancer care.	<ul style="list-style-type: none"> Engages in reflective practice; is able to identify level of competence and learning needs within the specialty of cancer nursing. 		<ul style="list-style-type: none"> Identifies, assesses and implements emerging developments in the practice of the specialty cancer nurse. Demonstrates knowledge of relevant professional development resources and activities in cancer nursing. Regularly participates in various educational activities to expand cancer nursing knowledge. Leads and develops educational initiatives in cancer care locally and nationally. Actively participates in professional associations and organisations that promote cancer care and advance the cancer nursing profession. 		

Continued

Practice standard	Specialty	Rating	Advanced	Rating	Comments
4.6 Mentors and advises nursing colleagues, members of the multidisciplinary team, and others involved in cancer care to ensure optimal standards of care.			<ul style="list-style-type: none"> Acts as a cancer nursing resource, mentor and clinical supervisor to nursing colleagues, students and colleagues in other disciplines. Develops and contributes to education and staff development activities within the organisation and service relevant to cancer care. Works in partnership with education providers to influence the development of cancer education programmes. Provides advice and professional support to nursing colleagues and others involved in cancer care about clinical management and professional issues in cancer nursing. 		
4.7 Uses appropriate mechanisms for monitoring own performance and competence as a nurse working in a cancer specialty.	<ul style="list-style-type: none"> Actively seeks feedback from people affected by cancer and other members of the health care team about the effectiveness of the nursing intervention and responds constructively to address areas for improvement. Recognises own abilities and level of professional competence. Practises in accordance with the scope of practice frameworks in addition to other local and national policies and guidelines. 		<ul style="list-style-type: none"> Participates in professional clinical supervision and/or other peer review processes for monitoring the appropriateness of personal and professional practice and behaviour. 		

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Glossary of Māori values

That pertain to this document

Te Whai Mana Painga: ETe Whai Mana Painga: Empowerment of knowledge, skills and resources, to make an informed choice of care and treatment.

Rangatiratanga: Taking the lead to enable Whānau, hapu, iwi, and Māori to exercise control over their health and wellbeing. Eg: Self- management of health condition, making an informed choice of care and treatment. Participating in the development of their own care plan, with the involvement of whānau as determined by the person.

Te Mahitahi: Working together in collaboration, partnership, intersectoral collaboration, effective communication, with the purpose of Patient and Whānau centred care.

Kaitiakitanga: To be responsible for taking care of yourself, others and the environment. To act in a supportive role.

Manākitanga: To nurture and care for. To practice hospitality, respect and the sharing of resources. Manākitanga is practiced by the sharing of knowledge and resources in a collaborative effort which is valued by all involved.

Mātauranga: Knowledge, skills learnt, education.

Te Tiriti o Waitangi Articles:

Kawanatanga – Governorship, ot Mana (Sovereignty).

Rangatiratanga – Chieftainship, leaders of their 'Taonga' – health, te reo.

Oritetanga – same rights as British, rights and protection.

Tikangātanga – protection of Māori customs, spirituality, religion.

The Treaty of Waitangi principles:

Partnership – working together, in collaboration for a common goal.

Participation – inviting and involving those to participate in a shared plan / goal.

Protection - maintaining confidentiality, providing advocacy, to ensure the person and whānau are safe eg: empowered with knowledge to make an informed choice of care.

Māori models of Health:

Durie – Te Whare Tapa Wha

Pere – Te Wheke

Durie – Te Pae Mahutonga

Pitama – Meihana

Barton & Wilson – Te Kapunga Putohe (Restless hands)

Wilson – Ngā Kairaranga

Whānau Ora approach: Whānau inspired, to enable self- management of their own health as determined by the person and whānau, empowered with knowledge, resources and support to make an informed choice of care / treatment, that is culturally responsive, while working together in partnership, using an intersectoral collaborative approach through a Te Ao Māori perspective

Whakatauki

Kia whai kaha, Whai mana painga,
kia ngā kawenga, oranga iwi ki tua o rangi.
Whānau inspired, enabled, resourced
and in control of their own health



Glossary of terms

Assessment A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.

Burden of cancer The impact of cancerous disease, including its incidence, morbidity, mortality rates and financial impact on the individual and the broader community.⁷

Client An individual, family, whānau, significant other, group, community or population that is a consumer of nursing service.

Competence The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.

Competency A defined area of skilled performance.

Competent Having competence across all domains of competencies applicable to the registered nurse, at a standard that is judged to be appropriate for the level of nurse being assessed.

Cancer care 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 whānau, and monitoring cancer outcomes. Cancer care 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 The entire trajectory of the cancer care experience of people affected by cancer.

Culture The beliefs and practices common to any particular group of people.¹⁵

Cultural safety The effective nursing practice of a person, family or whānau from another culture, as determined by that person or family. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief, and disability. The nurse delivering the nursing care will have undertaken a process of reflection on their own cultural identity and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any action that diminishes, demeans or disempowers the cultural identity and well-being of an individual.¹⁵

Domain An organised cluster of competencies in nursing practice.

Domains of health The physical, psychological, emotional, cultural, social, practical, spiritual and informational aspects of a person's health and well-being.

Family An identified group of individuals who are bound by strong ties to the person diagnosed with cancer.⁷

Indicators Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

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.⁷

Multidisciplinary team A team of health care providers from a number of different disciplines including medical, nursing and allied health services. Team members have individual roles and meet to share information and expertise.⁷

Nursing Council of New Zealand The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act 2003. The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration which ensures safe and competent care for the public of New Zealand. As the statutory authority, the Council is committed to enhancing professional excellence in nursing.

Nurse practitioner An expert registered nurse who works within a specific area of practice incorporating advanced knowledge and skills. A nurse practitioner practises both independently and in collaboration with other health care professionals to promote health, prevent disease and diagnose, assess and manage people's health needs.

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.⁷

PDRP Professional Development and Recognition Programme

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

Performance criteria Descriptive statements that can be assessed and that reflect the intent of a competency in terms of performance, behaviour and circumstance.

Registered nurse A nurse registered under the registered nurse scope of practice.

Treaty of Waitangi The founding document for Aotearoa New Zealand signed in 1840 by the Māori people and the British Crown.

Whānau Extended family

KSF Reference Group

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