

Below is presented the feedback from the workshop discussions during the advisory council meeting November 17th .

1. Enhancing the cancer workforce: migration/ workforce redesign/ skills and education for nurses

(Chair Sara Faithfull)

1. The group began by exploring some of the problems nurses in Europe had in undertaking further education and training. These were identified as:
 - Lack of recognition of specialist cancer nursing roles which, led to the inability of managers to see benefit in giving time release or support for nurses continuing professional development.
 - Lack of career development or direction. Mentoring individual nurses to develop their skills and provide role models. This linked to continuing professional development but often nurses were unsure as to what skills or competencies they need to gain for development of practice roles
 - Attracting and keeping good nurses within the cancer profession, mobility of nurses across speciality and that often as people develop they are lost from clinical practice into management or as educators.
 - Time and funding, education was considered costly and for many nurses was not a priority and many had low motivation to attend courses.
 - Focus on education as oncology nurse as a generalist or the specialist tumour specific nurse. Discussion was around the tension between roles and needs for the future. That much of the education provided in updates and satellites was tumour specific and that nurses also needed general skills in oncology. Problem with education to provide both these areas, i.e. bridging foundations to advanced practice within continuing professional development.

2. In relation to these areas discussion was around whether mentoring for clinical areas would be a way of helping nurses work with other nurses and who could provide role models. This could be linked to professional development of nurses earlier in their career.

3. Following on from the theme of the lecture there was also discussion on how we improve the "signal" enhancing the value of cancer nursing within the European context. It was thought that the cancer curriculum was important in setting standards and its currency as an up-to-date document was important. Also identifying competencies for cancer nurses and having these validated in some form at EU level was also suggested.

4. In relation to strengthening understanding of EU professional and work practice legislation, discussion of the breast specialist guidance was used, which was

referenced in the lecture, as an example of where at a national level NONS were unaware of these policy changes and how they might impact on cancer nursing workforce. It was recommended that one of the functions of EONS was to provide relevant policy analysis of such EU regulations for the NONS to interpret the complex policy situation at a European level.

5. Discussion also took place about working with patient groups to highlight educational needs of nurses and where gaps remain in practice support or knowledge. It was recognised they have a powerful voice in the EU parliament and that there may be benefits in such partnerships. Gaps identified were in survivorship, prevention and screening and psychological care. Developing continuing professional education in these areas was seen as a matter of priority.

Summary points:

- Create mentor grants for clinical practitioners.
- Need to identify where education is being undertaken in Europe and how EONS curriculum is being utilised as a standard.
- Need to further explore competencies at both basic and advanced levels
- Enhance both specialist and generalist continuing professional development
- Need to analyse EU policies in relation to cancer nursing and provide summaries of implications for NONS.

2. Action for change: Leadership /health care managers/organisational change

(Chair Sultan Kav)

Question: What is the common understanding about leadership among nurses in their country?

- Taking the lead
- Be brave to shake out your head
- Being a manager, push things, represent nurses
- "Take out the stars and make them glittering"
- Role example, show to others how/ what to do
- Responsibility to get it done

Can be on all level, "Be born to be a leader or learn to be a leader"

How can EONS support managers and leadership among cancer nursing in Europe?

1. EONS can provide "short courses" on leadership. ISNCC leadership program experience was given an example by Jan.
 - Focus on "general/common problems"

- Share experiences
 - Important to follow-up benefits
 - Shape network
2. Master class in leadership could be a kind of model
 3. Should recognize leaders in oncology nursing in Europe, (i.e Distinguish Merit Award, which has not been given since 2003) in case of there is no nominee/application, EONS board can nominate.
 4. Represent EONS leaders in National conferences

3. Planning for future cancer care provision: Developing the evidence base / social issues, communication

(Chair: Yvonne Wengström)

1. The group begun by exploring what evidence issues should we be considering? The relevance of policy, such as EU directives suggesting how cancer services should be delivered (such as the breast care directive) was one example. However, there is also a need for consensus on the outcomes that should be used to evaluate the contribution of cancer nurses across Europe. A meta-analysis of published evidence on the impact of cancer nursing was a suggestion that could be taken forward.

2. In relation to the earlier lecture there was also discussion on the contribution of nursing in early detection and screening within the European context. It was thought that (some) national societies may be able to contribute to such an exercise. A starting point may be to create national profiles of what is happening where and to produce a baseline assessment of nursing activity.

3. In relation to social issues there was some discussion on the topic of health inequalities and the need to share good practice. However, the status and position of nursing in different countries needs to be better understood - perhaps in tandem with the meta-analysis suggestion.

In many countries the nursing contribution is invisible and is not costed within health insurance costs. Research and political action are both needed to question the profile of nursing in this situation. However, it will not be possible to do so without looking first at how cancer nurses (at all levels) are trained and educated.

In some countries specific role criteria and education opportunities exist (e.g. in the UK), in others generic nurse training is common with specialisation occurring via clinical experience alone. With specialist roles, however, there is also the danger of career cul de sacs and burnout to be considered.

Discussion also took place about education approaches, the need for better access to IT in some settings, preferred learning models and the risks facing universities at present. Many of these points could be explored further in the Education meeting planned for June 2008.

Summary points:

- Need to review evidence base on the contribution of cancer nursing using meta-analysis.
- Need to conduct baseline assessment of status of cancer nursing in Europe
- Need to explore further the outcomes used to measure the contribution of nursing
- Need to identify funding opportunities to conduct these and related projects- possibly via EONS/ EU matched funding.