

Specialisation in cancer care makes a real difference to patient outcomes and quality of life

Europe's debate on specialisation in cancer care is not new. But today's increased pace of research, sophisticated cancer treatments and the trend toward personalised medicine are bringing a new urgency for healthcare professionals to gain skills that are in tune with these innovations. More specialists are being trained, but their presence across all countries is uneven. To deliver optimal care, the need to ensure healthcare professions are given the opportunity required to develop specialised knowledge and expertise in oncology must be recognised and provided for.

This session explored workforce specialisation needs in cancer care. Panelists discussed the history of professional specialisation, the benefits it brings and the factors driving the need for oncology skills in the workforce. Case studies and examples were presented from oncology nursing, clinical pharmacy and the surgical profession.

Cancer treatment experts see a need for more specialised care across Europe. This is driven by the progress of research and innovation. Today's detailed knowledge of tumour biology, the advent of precision therapies, more sophisticated or combined treatments all call for new skill sets for clinicians, nurses, technicians and support staff.

The project Recognising European Cancer Nursing (RECaN), led by the European Oncology Nursing Society (EONS) and supported by the European CanCer Organisation (ECCO), is surveying how specialised cancer nursing benefits patients along their journey.

KEY MESSAGE

All national health systems need to ensure the provision of healthcare professions with specialised knowledge to truly provide the best cancer care to patients.

The RECaN project is revealing in clear terms the uneven distribution of specialised cancer nursing care across Europe. Yet the study is also demonstrating that cancer patients who do have access to specialised cancer nursing benefit from improved outcomes and higher quality of care.

Evidence from RECaN also demonstrates that care quality is increased if cancer nurses are core members of multi-professional oncology teams. For this to happen across the EU, the project calls on cancer nursing to be recognised as a specialised profession across Europe and supported by a common curriculum.

Three studies on specialised cancer nursing found that these specialists play a pivotal role in prostate cancer care – improving long-term quality of life and positive patient experiences. These nurses also contributed to increasing patients' knowledge of their conditions and improved self-management.

In the discussions, nurses were championed as the radar of what is happening in oncology wards, as they link patients' needs and feelings to the medical team. Further examples showed that nurses are more likely to build trusted relations with patients who confide in them, to advocate for patients' issues in the medical team. In these relationships patients know they are being heard.

Looking at the surgical profession, the discussion highlighted that every patient naturally wants to be treated by the best surgeon. The challenge then is how to make education and specialisation systems such that all oncology surgeons are close to being 'the best' surgeon.

The surgical oncologist combines knowledge of surgical techniques with detailed experience on tumour biology. With these special skills they handle complex and unusual presentations of cancer and coordinate multidisciplinary cancer care teams. Examples of recent studies on oncology surgery specialisation show increased quality of care for patients of gastric, breast, head and neck cancer.

The European Society of Surgical Oncology's (ESSO) recent 24 country survey found that 15 European countries have national surgical oncology societies and nine do not. To improve access to these specialists for all European cancer patients, several hurdles need to be overcome, including: a standard European approach to surgical oncology education, increased visibility for the profession, and concentrating surgical oncology skills in a small number of centres.

Summit delegates also heard how oncology specialisation for oncology pharmacists improves levels of care. This discussion showed that university studies, in respect to the initial pharmacy qualification, do not fully prepare pharmacists for the growing complexity of pharmaceutical treatment in cancer. In oncology wards, the pharmacist's first challenge is to understand how these medications work. To bridge this gap, the first European Certification Programme for Oncology Pharmacy – European Specialization in Oncology Pharmacy (EUSOP) – was created. EUSOP is a 100-hour programme of webinars, e-learning modules, an Excellence Course for Oncology Pharmacy and national training sessions. Graduates receive a certification and the title of European Pharmacist in Oncology Pharmacy.

European Certification Programme for Oncology Pharmacy. www.esop.li/eusop.php RECaN cancer nursing multi-country study. www.cancernurse.eu/research/recan.html

Specialisation in cancer care: It's a cross-border issue

Dr Andreas Charalambous, President-Elect, European Oncology Nursing Society (EONS): Overview – history of specialisation in cancer care, drivers and challenges to overcome; overview of RECaN cancer nursing multi-country study

Panel perspectives:

Prof Klaus Meier, ECCO Board Member, President of the European Society of Oncology Pharmacy (ESOP) and Chair of the ECCO Oncopolicy Committee **Prof Sergio Sandrucci**, European Society of Surgical Oncology (ESSO)

Moderators:

Emma Woodford, Chief Operating Officer of the European Oncology Nursing Society (EONS) **Anne-Marie Baird**, ECCO Patient Advisory

Committee and Lung Cancer Europe (LuCE)



