Education & Training Strategy 2010 – 2013

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1.0 Executive Summary

This Education and Training Strategy has been developed by Merseyside & Cheshire Cancer Network (MCCN) in recognition of the key role education and training have in the development of a competent cancer workforce.

The strategy outlines the remit that MCCN will take within education and training as this needs to inform how MCCN will contribute to the current and emerging educational priorities within the cancer clinical pathways across the Network.

The evolving role of MCCN within Education and Training is to work with clinical organisations and colleagues throughout the Network to identify priorities in relation to education and training requirements and work to address these. This will involve recognising where cross organisational work would bring economies of scale and where there is merit in having a consensus view on aspects of training such as content, assessment strategies and quality assurance mechanisms to assure equity of provision. MCCN additionally has a role to promote the sharing of expertise, experience, and information regarding relevant education and training across the Network.

MCCN will work with NHS North West, provider organisations, PCT commissioners and HEI colleagues to inform the development of workforce strategies and to influence the development and provision of equitable training opportunities in line with Network priorities, supporting connections between PCT cancer commissioning priorities and identification of associated training and development needs.

The aims of this strategy are to:

- Influence the equitable provision of learning opportunities available within MCCN
- Work closely with the NHS North West and Higher Education Institutes’ (HEI’s) to identify new cancer education programmes along with existing programmes and resources necessary for provision
- To meet the education and training needs of a diverse and increasingly complex workforce, with new structures, roles and ways of working.

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1 This term is applied to the entire cancer pathway and includes end of life care.
2.0 Introduction

The single most important determinant of the quality of care patients receive is the quality of the frontline staff who deliver it. On a purely financial basis, workforce costs account for the majority of the NHS’s annual budget. For patients, though, it is the therapists, GPs, nurses, midwives, hospital doctors, clinic receptionists, porters, pharmacists, social care and scientists they encounter that really make the difference; they, more than anything else, determine patient experience and patient outcomes. The current phase of NHS reform will radically change the way care is configured and delivered, with major implications for workforce skills and planning.

NHS North West in its Workforce, Education Commissioning and Education and Learning Strategy (2008) recognises the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver world class services and identifies two critical factors to ensuring the NHS workforce in the North West is confident, supported, affordable and competent. These two factors are long term workforce planning and the development and embedding of a learning culture.

In support of embedding a learning culture, it states that “education and learning is the key enabler if the aspirations and plans resulting from workforce planning and education commissioning are to be realised. This highlights the imperative of ensuring that workforce and education programmes are fit for purpose, represent value for money and are delivered in such a way that they are directly informed by and responsive to employer demand. By addressing the education and learning challenges and the strategic priorities to be pursued, the required improvement in healthcare services through education and learning can and will be enabled.”

The vision is that North West NHS healthcare organisations will have modern workforce planning systems that ensure:

- **sufficient workforce capacity** - skills, knowledge, experience, intelligence, value and competence, driven by patient need
- **maximised workforce capability** – effective utilisation of the skills, knowledge and competencies to deliver efficiency, effectiveness, productivity, performance, innovation and quality outcomes
- **effective sustainability** - the agility and ability to adapt, learn and work across new organisational boundaries, care pathways and service areas.
NHS North West expects clinical networks, such as cancer to proactively review, integrate and lead on elements of this strategy in relation to their workforce group. As such we therefore have an important role to play in supporting the SHA to meet the education and training needs of a diverse and complex workforce.

The principles and priorities underpinning our vision for this education strategy are:

**Provide a world class service to our patients and staff**
- Support organisations in workforce planning - making sure there are sufficient staff with the right skills, competencies and knowledge to deliver world class cancer services.
- Align national cancer care principles and priorities to the needs of local communities.
- Support the development of clinical leaders and leadership capability within the Network
- Work in partnership internally, across sectors and geographical boundaries, increasingly involving the voluntary and independent sectors.
- Communication skills training as standard practice (advanced, Intermediate or Core communication skills training depending on role)

**Ensure organisational demand and supply needs are met**
- Support organisations in the development of strategic and operational workforce plans which inform and underpin cancer education commissioning at all levels.

**Ensure maximum efficiency and effectiveness of resource utilisation**
- Work with providers to reduce bed days & provide care closer to the patients home
- Work with Providers and Commissioners to develop oncology services to meet Cancer Reform Strategy and National Radiotherapy Advisory Group recommendations
- Implement recommendations of the National Chemotherapy Advisory Group
- Implement the recommendations of the North West End of Life Strategy
- Implementation of the NICE Supportive and Palliative Care Guidance
- Develop education packages to support organisations in increasing the skills of all staff involved in cancer care
Support economic and health regeneration across MCCN

- Work closely with the Cheshire and Merseyside Partnerships for Health (ChaMPs) and the Sexual Health Networks on agreed strategies to improve early detection and prevention of cancer
- Implement survivorship initiatives which support individuals living with and beyond cancer, this will include new methods of follow-up and vocational rehabilitation

Regional and national policy objectives all stress the need to move care closer to the patient’s home. This move in care settings does not just affect the locations in which clinicians practice. It also affects the services clinicians will be expected to deliver, the types of clinicians that will be required and the mix of skills they will need to possess. In light of these plans, many PCTs are predicting a 20-30% increase in spending in primary care settings over the next five years compared to a 10 to 20% increase in acute care spend. These estimates may, in fact, be conservative.

This strategy must therefore reflect the training and education required to support these staff and will seek to identify opportunities and needs for multi-professional education whilst acknowledging the unique uni-professional nature of some aspects of cancer care.

Education and training will underpin cancer network strategies. Changing patterns of service must be translated into programmes to meet the new demands.

Key challenges in delivering the cancer care education agenda are:

- Diversity of cancer
- Meeting the needs of the diverse cancer workforce, providing varying levels of training, depending on need
- Delivering education and training that meets the professional, educational and cancer directives (local and national)
- Working with a variety of organisations involved in cancer education
- Ensuring patient and public involvement
3.0 **Scope**

The North West Cancer Intelligence Service estimates that by 2020 almost 50,000 individuals in the North West will be diagnosed with cancer each year. This is an increase of more than 13,000 on the figures for 2003-2005. Most of this increase is due to the ageing of the population, though the age-standardised rates for several cancers continue to rise. A recently published study predicted a 33% increase for England similar to our estimate of 37%. Though these estimates are to be interpreted with caution, there is little doubt that the number of new cases of cancer will rise sharply. Additionally it is estimated that in the region of 65,000 people within MCCN are living with and beyond cancer.

This strategy sets out to outline the key challenges to ensuring that there are the right numbers of people with the right skills in the right place at the right time to meet the needs of people with cancer and requiring palliative care throughout the North West. It is written in response to a number of drivers, both national and local which identify workforce and skills shortages as limiting factors in the effective treatment of cancer.

It also reflects other national documents which refer to the need to modernise career structures to ensure that there will be a flexible, well trained workforce for the future. These reforms are occurring in conjunction with other changes such as the European Working Time Directive, reviews of professional regulations (e.g. modernising Allied Health Professions and Healthcare Science careers) and an increasing focus on clinician leadership.

**National Drivers include:**

- The Cancer Reform Strategy
- National Radiotherapy Advisory Groups Report
- National Chemotherapy Advisory Group Report
- A Cancer Plan for the North West of England to 2012
- NCEPOD: For better, for worse?
- End of Life Care Strategy
- Manual for Cancer Services
- NHS Next Stage Review
- Modernising Medical Careers
Towards A Framework for Post-registration Nursing Careers
Framing the contribution of allied health professionals: delivering high-quality healthcare
NHS Constitution

A range of factors will place additional demands on all of the staff groups and services outlined in this strategy over the next 10 – 15 years due to the anticipated 30% rise in new cases of cancer and because of factors such as:

- the ageing population
- improved patient survival (leading to treatment for longer)
- advances in diagnostics, referral rates and extended screening programmes and associated new technologies
- growth in chronic disease and long-term illness
- reduced waiting times along the patient pathway
- rapid access to services
- impact of national policies

There is no doubt that we need more staff dedicated to the care of cancer patients. The real challenge is to ensure that the workforce is also flexible enough to react to the rapid pace of change we are currently experiencing.

Today, effective diagnosis and treatment of cancer follows many different clinical pathways and relies upon the skills of several clinical specialties. Success is best achieved when these specialists work together in multi-disciplinary teams and each member of those teams brings different competencies to the mix, some which cut across professional barriers. This Strategy is based upon the premise that MCCN has a key role to work with NHS North West, provider organisations, PCT commissioners and HEI colleagues to inform the development of workforce strategies and to influence the development and provision of equitable training opportunities.
4.0 The Challenges

The following section summaries the findings & recommendations within the North West Cancer Workforce Strategy, 2009-2016

4.1 Prevention

Half of all cancers may be preventable by lifestyle changes. Awareness campaigns are being driven nationally, but there is also an organisational obligation (Cancer Reform Strategy) to support endeavours which raise public awareness of the cancer risk factors by ensuring that:

- **Health, social care and education staff** have access to ongoing learning on behaviour change to prevent cancer and awareness of early symptoms.
- **Health promotion and cancer awareness training forms** a **core** part of continuous professional development training for all health related staff and post-qualifying for social workers.
- **Health promotion and cancer awareness training** is a **core** part of pre-registration courses for all clinical groups of staff.

4.2 Early Detection

The earlier a cancer is diagnosed, the greater the chance of a cure. In addition to screening, there are other initiatives aimed at identifying people at risk and raising awareness of symptoms of cancer. In the light of this, training to raise the awareness of the early signs and symptoms of cancer should be available for all staff working at the front line, across both health and social care sectors. This should form part of pre-registration training for all clinical staff, social workers and front line social care staff.

4.3 Diagnosis

Gordon Brown pledged to offer all patients cancer tests within one week and identified £1 billion of investment over the next five years in new diagnostic equipment in order to ensure that the NHS has the capacity to fulfil this pledge. The real challenge for NHS organisations will be to have the staff in place to carry out the MRI and CT scans, ultrasound and colonoscopies that will need to be carried out to meet targets. There was also a pledge to spend money on recruiting and training staff.
4.4 Treatment

Oncology surgery: plays a key role in both diagnosing and staging of the disease. Advances in surgical techniques have allowed surgeons to successfully operate on a growing number of patients. Today, less invasive operations often can be done to remove tumours while saving as much normal tissue and function as possible. A key priority for workforce planning will be to ensure that plans for the surgical workforce include not only surgical consultants and trainee surgeons, but also an appropriately skilled wider multi-disciplinary team, including nursing and allied health professional (AHP) staff in wards and theatres, pharmacy, healthcare scientists and facilities staff.

4.5 Clinical/Medical Oncology

In 2007 The Cancer Reform Strategy predicted that this workforce will need to have grown by 32% by 2012. Around 20% of radiotherapy practice is complex and requires the higher-level skills of the clinical oncologist. The remaining 80% could be managed by non-medical, advanced or consultant practitioners. As with clinical oncologists, there are other, non-medical personnel that can help to ease the workload of the medical oncologist. Develop the role of the advanced nurse practitioner and the consultant pharmacist, both of which could prescribe from a limited formulary of drugs. The establishment of acute oncology teams in DGH's and the extension of radiotherapy provision north of the Mersey also impacts on the need to develop appropriately skilled wider multi-disciplinary teams.

4.6 Haematology

In January 2008 The Royal College of Pathology predicted that there was a requirement to increase the current number of consultants by 400 over the next 10 years (21%) to address a variety of workload issues and to meet the European Working Time Directive targets. Although haematologists do not deal exclusively with cancer, haematological oncology forms an important and significant part of their workload. Approximately 20,000 people are diagnosed with a haematological malignancy each year in the UK, accounting for one in 10 of all cancers. This may present an opportunity to explore the current skill-mix and the roles of existing clinical scientists and bio-medical scientists to determine how they may be developed within haematology services.
4.7 Oncology pharmacy

Oncology pharmacy rated only a brief mention in the NHS Cancer Plan for England, although the Plan does acknowledge that pharmacists and pharmacy technicians are essential for the preparation of chemotherapy treatments and the provision of advice on cancer medication. Historically, oncology-related duties have commonly been carried out by hospital pharmacists, and may constitute around 50% of their workload. There is currently no accredited qualification for this role. Palliative Care Pharmacy posts are also limited across the Network & will have a key role to play in the End of Life Care Strategy.

4.8 Chemotherapy nursing

Cytotoxic chemotherapy initiated in a hospital setting and continued in the patient’s home or in a primary care setting, is recommended in the NCAG report. Advantages to the patient of receiving chemotherapy in their own home are many, including the cost in time and money of travelling to and parking at major hospital sites. Patients report that the whole experience is far less stressful and less disruptive to everyday life. However, there is a knock-on effect for the workforce and will require a multi-disciplinary approach to staff development which will encompass social care staff as well as the more traditional disciplines. There is an additional requirement to embed the Network chemotherapy training programme within HEI’s & implement a structured process for annual competency reviews. Proactive follow-up post-chemotherapy also has implications for the workforce but is an important element of minimising unnecessary hospital admissions.

4.9 Cancer nurse specialists (CNS’s)

Developing individual, one-to-one relationships with patients and their families, CNS’s are on hand, not only to co-ordinate their patient’s care, but also to provide invaluable support and advice on social issues, finances, support networks available and other aspects of life that are affected by cancer via the a holistic needs assessment framework. In addition many CNS’s are performing advanced nursing roles, this will continue to expand over the forthcoming years and there is a need to ensure this workforce is appropriately trained whilst balance the need for holistic care and support for patients.
Across tumour sites the remains an inequitable provision of CNS posts and inadequate arrangements for single handed post holders which needs to be addressed.

The key worker role and holistic needs assessment are in the main undertaken by CNS’s however there is a need to extend this to appropriately trained generalist – particularly in the primary care setting.

In February 2010 the government announced that all 1.6 million people who have, or have had, cancer will be offered free one-to-one care in their homes by a specialist personal nurse. The proposals indicate a desire to shift from a focus on NHS targets to deliver personalised care tailored to the needs of individuals. The impact of this proposal is immense and given the NHS financial recession is unlikely to be developed from ‘new money’ but rather service redesign and disinvestment.

4.10 Radiotherapy workforce

Approximately 40% of cancer patients undergo some kind of radiotherapy which involves the use of beams of high-energy X-rays or particles (radiation) to destroy cancer cells. Commissioning of additional linear accelerators will lead to more than 30% more radiographers. The establishment of new, satellite centres will promote opportunities to enhance skill-mix within teams. There is therefore an opportunity to develop the consultant radiotherapist role to alleviate the shortage of clinical oncologists.

4.11 Medical physics/engineers

Therapeutic radiography services depend upon the application of ionising radiation for the treatment of cancer and the role of the medical physics teams is essential for their safe operation. Radiotherapy technical support generally requires the availability of multi skilled specialist engineers to carry out planned routine maintenance and to provide an immediate response repair service in the event of a breakdown

The Workforce Review Team has indicated that the commissioning of additional linear accelerators to meet the predicted increase in demand for radiotherapy and the establishment of new satellite treatment centres across the region would require an
increase in both equipment and workforce capacity of 50%. We therefore need to explore skill-mix reviews, such as extending the role of clinical technologists.

4.12 Psychological support

Assessment or treatment for cancer often leads to a range of reactions and assurances that these are normal emotions can be useful to the patient and family. The provision of psychological support at the palliative and end of life stages are possibly the greatest area for concern, but there are indications of the increased need for support for patients at diagnosis and through treatment as well as into the survivorship phase. It is estimated that 25% of cancer patients will require level 3/4 support in the year of diagnosis. Across the network we know that there is a deficit in the workforce at these levels.

In addition, those involve in holistic needs assessment (HNA) require additional training to undertake psychological screening and basic interventional skills. Level 2 practitioners also require regular supervision to maintain skills and competence. No formal structure is in place within the network which needs to be addressed.

4.13 Allied health professionals (AHP’s)

In July 2008 it was estimated that there were at least 2 million cancer survivors in the UK, and this number is predicted to grow by around 3.2% per year. All patients’ needs may be different, but all are likely to need rehabilitation at some stage and may continue to need some support long after treatment has concluded, especially with assessment of nutritional status, mobility, self-care, including dressing and personal hygiene, oral health, coping at home and work and leisure activities, and cancer survivors have ongoing needs for education, surveillance, screening, and support.

Work is underway to map the current provision of AHP support within the Network however we do anticipate gaps at level 4 and a need to up-skill levels 2 &3. This will be supported by the national rehabilitation pathways implementation.
4.14 Social workers

Social workers in cancer care (including palliative care) assist with psychosocial problems associated with the diagnosis, treatment and management of a cancer. They are available to assist the patient, their family and their carers and those who offer support and can refer to occupational therapy, day care, respite care and other means of social care support. However dedicated cancer posts across the network are limited & the majority of referrals are pooled to a generic pool of professionals. At a minimum there is a need to provide awareness training for all social workers supporting cancer patients or those receiving palliative care.

4.15 Specialist palliative care services

Palliative care relies upon well co-ordinated multi-disciplinary team working which involves staff from both primary and secondary care. It is well known that 'out-of-hours’ periods are a difficult time for delivery of high quality care with wide variation in service provision within the community and can be under-resourced. Other staff groups are involved in palliative care including pharmacists, community nurses, AHP’s and social care staff.

There were 38,250 deaths in hospitals in the North West in the 12 month period 2005/06; these were patients who had been admitted to hospital (public health data 2005). Too many people are dying in hospital – 60% in the North West, compared to where people want to die. Evidence suggests that the majority wish to die at home. This data supports our aim to reduce deaths in hospital by 10% and to provide enhanced provision in the community, ensuring choice and quality. Workforce development with mandatory training and education in end of life care with a particular emphasis on effective and sensitive communication should be provided for all relevant staff, (clinical/non clinical) on a continuing basis. This is fundamental to ensuring quality in end of life care and must be a key feature in local delivery plans.

5.0 MCCN Cancer Education Framework

This framework has been adapted from MCCN End of Life & Palliative Care Education Framework and reflects the three workforce groups identified in the National End of Life Care Strategy. Minimum levels of knowledge & skills identified mirror the Core competencies for end of life care which describe the competencies
needed to ensure all health & social care professionals are confident and able to work with people who are at the end of life. These cover four broad areas which are equally applicable to cancer care as to end of life care:

- **Communication Skills**
- **Assessment and Care Planning**
- **Symptom management, maintaining comfort and well being**
- **Advance Care Planning**

In addition, the following 2 areas are integral in developing the knowledge and skills of health care professional involved in cancer care:

- **Treatment & management of cancer including rehabilitation**
- **Survivorship**

The framework is not prescriptive and is intended to be used as a guide to help individuals decide the education requirements specific to their role. Using the Framework commissioners can determine the knowledge and skills they wish to see reflected in the services they fund, provider organisations can respond by scoping the education requirements of their workforce and develop their own cancer education strategy according to their workforce groupings, as within their employees there will be varying educational needs, for example ancillary staff who fit into different groups, depending on their workplace setting.

<table>
<thead>
<tr>
<th>Description of work</th>
<th>Group A</th>
<th>Group B*</th>
<th>Group C*</th>
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<tr>
<td><strong>Staff working at specialist level who essentially spend the whole of their working lives dealing with cancer and end of life care.</strong></td>
<td>Staff working as specialists or generalists within other services who infrequently have to deal with cancer and end of life care</td>
<td>Secondary care staff working in A&amp;E, acute medicine, respiratory medicine, care of the elderly, cardiology, oncology, renal medicine, long term neurological conditions, intensive care, hospital chaplains and some surgical specialities Primary care staff including GP’s, District nurses, community matrons, some care home staff, ambulance</td>
<td>All other professionals working in secondary care or community, for example, care home staff, extra housing staff, day centre and social care staff, domiciliary care and prison services staff.</td>
</tr>
<tr>
<td><strong>Oncologists, MDT Consultants (surgeons &amp; physicians), cancer &amp; palliative care nurse specialists, Level 4 allied health professionals, oncology &amp; hospice pharmacists, senior palliative care pharmacists, chaplains and all health and social care staff working in or with hospices</strong></td>
<td><strong>Oncologists, MDT Consultants (surgeons &amp; physicians), cancer &amp; palliative care nurse specialists, Level 4 allied health professionals, oncology &amp; hospice pharmacists, senior palliative care pharmacists, chaplains and all health and social care staff working in or with hospices</strong></td>
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</tr>
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| Minimum levels of knowledge & skills | All should have the highest level of knowledge, skills and understanding through specialist training as part of specialist registration or CPD including:  
- Advanced training in communication skills | Need to be supported to enable them to develop or apply existing skills and knowledge through CPD or training including:  
- Intermediate communication skills training  
- Holistic Needs Assessment  
- Bereavement support | Must have a good basic grounding in assessment of the person’s needs and preferences including:  
- Core communication skills training  
- Involvement in co-ordinated care – know when to refer or seek expert advice or help |

| Types of Course & Providers | ▪ Under and Post graduate HEI Accredited Courses  
▪ Connected Programme (National ACST Course)  
▪ Specific approved short courses/ study days  
▪ Teacher training education  
▪ Role specific developmental placements | ▪ HEI accredited courses  
- Specific approved short courses/study days  
- Communication skills training course either ACST facilitators or provided by Level 3 Staff  
- Role specific development places | Specific approved study programmes/ study days/updates/ including basic communication skills training |

* It is difficult to establish the headcounts of staff groups B & C and absolute numbers can only be determined at an organisational level. Relevant minimum levels of training in cancer care should be incorporated into the knowledge and skills framework for individual posts and staff supported to access relevant courses through normal PDP processes.

* A large percentage of the social care workforce is employed in the private and third sector. This strategy seeks to make a significant impact on the quality of cancer care provide by this workforce through the appropriate training of employees.
6.0 Patient and Carer involvement

The increasing expectations of patients and their carers and a recognition of the value of incorporating their experiences into training and education programmes has led to an increase in patient and public involvement in the development and delivery of these programmes.

Currently within MCCN patient and public involvement is focused on their contribution to service evaluation and development. Their involvement in education programmes is sporadic but increasing.

National and local patient surveys, feedback from health care professionals, along with feedback from complaints and the PALS service, provide an insight into their experiences of their cancer journey.

Across MCCN there are patient partnership groups/fora that may serve as a source for increasing user involvement in educational programmes.

To be effective in contributing to service development, patients and carers also require training to develop the skills required. This is now readily available and is actively encouraged. A key element of this strategy is to ensure that patients and public are involved in the development and delivery of new cancer and palliative care programmes and in the evaluation of existing programmes.

7.0 Recommendations

The following recommendations provide a framework across all sectors to guide cancer organisations in determining the education and training needs of its cancer workforce.

Recommendations for healthcare commissioners’
(i) Cancer services should only be commissioned from organisations that are ‘IOG’ compliant
(ii) Commissioned services will have sufficient staff with the right skills, competencies and knowledge to deliver world class cancer services
(iii) Commissioning plans should support health and social care workers to undertake relevant cancer education and training from local expert education and training providers and where possible the cost of education should be included within procurement contracts

Recommendations for Providers
(iv) All organisations should determine the cancer education and training needs of their workforce by referring to the framework (Section 5.0)
(v) Organisations should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of cancer education and workforce development.
(vi) Organisations should enable relevant members of staff to access a range of learning opportunities including e-learning programmes developed by MCCN
(vii) All staff should have access to appropriate communication skills training (as per framework)

Recommendations for Specialist Practitioners
(viii) Specialist Cancer Practitioners of all disciplines should acknowledge their expertise and contribute to the delivery of cancer education of the local generalist workforce (group B & C) as part of their role
(ix) All practitioners delivering psychological care as part of their role should have access to appropriate supervision

Recommendations for Education Providers/Commissioners
(x) Providers of cancer education and commissioners should collaborate with MCCN to develop provision of appropriate cancer education which is responsive to current and future workforce education needs

8.0 Strategy Implementation

In order to support the delivery of this strategy and to realise the benefits for our workforce, responsibility for its implementation will be needed at a number of levels:
Individual staff have a responsibility for CPD in reviewing and enhancing the competence, knowledge and skills required for their post

Employers need to commission effective education and training programmes that support staff in acquiring the necessary competences required for job roles

Employers need to maintain a commitment to investing in the recruitment and development of staff

Education and training providers must be responsive to the changing needs of the population, the requirements of professional bodies and government policy guidance.

9.0 Network Commitments

In developing this strategy the Education Network Group have considered the role of MCCN in relation to education and training and agreed that the Network Education Group will:

Work with clinical organisations and colleagues within the Network to:

- Champion the MCCN Education & Training Strategy, its content and its implementation across the Network
- Support localities in developing local education & training strategies
- Review and update the strategy in light of local/regional/national intelligence which directly impacts on the development of the cancer workforce
- Disseminate information regarding relevant education and training.
- Identify the priorities in relation to education and training requirements that exist across the network and work with clinical, educational and SHA colleagues to address these.
- Identify those educational requirements where cross organisational work would benefit from a standardised approach across the network and or bring economies of scale and sharing of resources and expertise.
- Identify and develop educational standards to underpin aspects of cancer training where there is merit in having a consensus view of aspects of training such as content, assessment strategies and quality assurance mechanisms.
- Work with clinical colleagues to develop common training standards/competencies and quality assurance mechanisms where appropriate to assure equity of service provision.
- Co-ordinate training as appropriate.
- Support the dissemination of Network expertise and experience.
- Support the professional development of Network employees to ensure they are effective within their prescribed roles.

Work with NHS North West to:

- inform the development of SHA workforce strategies and priorities, drawing on the knowledge of Network members on key developmental needs in local services and on future policy and clinical developments
- co-ordinate the development of specific training programmes within the framework of SHA strategies and priorities work with SHA, PCT commissioners, PCT Workforce Leads and HEI colleagues to influence the development and provision of equitable training opportunities in line with Network priorities.
- influence the allocation of financial resources available to support education and training

Work with PCT Provider & Commissioners to:

- inform PCT commissioners on key developmental needs within cancer services
- support key linkages between PCT commissioning priorities and their training and development needs
- advise the SHA on the intelligence received from PCTs on the needs and progress of local services
- influence the allocation of financial resources available to support education and training

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