

# Connecting Nurses to Nurses

A model for best practice care  
of skin cancer in Australia



# Executive Summary

## Australia's cancer

Whether it's a day at the beach, a game of cricket or a camping trip, sun exposure goes hand in hand with some of Australia's most popular pastimes. Unfortunately, the combination of our proximity to the equator and the high proportion of fair skinned people in the population means that time spent outdoors comes with a risk of harmful exposure to high levels of UV radiation. This is why skin cancer, which includes both melanoma and non-melanoma skin cancer, is our most commonly diagnosed cancer. The health, social and economic impacts of skin cancer are substantial. Australia has the highest incidence of skin cancer in the world, with a staggering two in three people receiving a skin cancer diagnosis before age 70. Sadly, we also have one of the highest mortality rates with approximately 2,000 Australians losing their lives to skin cancer each year.

Despite making substantial gains in skin cancer prevention through sun protection campaigns, the incidence of skin cancer in Australia continues to rise. In fact, it is forecast to grow by up to 40 percent in the next 10 years. This increase, coupled with the fact that more people survive a skin cancer diagnosis than ever before, signals that demand for high quality skin cancer care and support will grow.

It is time to act to ensure that our healthcare system is prepared to support the wide-ranging clinical, psychological, and other support needs of skin cancer patients throughout their journey – from early detection and diagnosis to treatment, survivorship and, in some cases, palliation.

## The essential role of specialist skin cancer nurses

The evidence shows that one of the best models to improve health outcomes and reduce avoidable skin cancer deaths is to provide targeted and ongoing support for patients throughout their skin cancer journey.

At the front line of patient care, Melanoma and Skin Cancer Nurses (MSCNs) can make an immense difference to patients' experience of support and care. With their specialist knowledge of skin cancer treatments and years of experience supporting patients, MSCNs can provide essential psychological support, clinical support, and patient education. It is important to acknowledge that not all patients will require the services of a MSCN. Patients more likely to require ongoing support include patients with melanoma or non-melanoma skin cancers who require systemic treatment.

The benefits of specialist nurses for cancer patients are well documented. The McGrath Foundation's Breast Cancer Nurse (BCN), the Prostate Cancer Foundation of Australia Prostate Cancer Nurse (PCN) and the Lung Foundation Australia's Lung Cancer Nurse (LCN) models have demonstrated that patients highly value clinical, supportive, survivorship and palliative care from nurses who deeply understand the realities of navigating cancer. In addition, access to specialist nurses for cancer has shown improvements in patient outcomes and reduction in use of acute health services.

Yet there remains a critical shortage of MSCNs in Australia, with only 12 specialist nurses nationwide to support many patients living with advanced melanoma and non-melanoma skin cancer.

The Melanoma & Skin Cancer Nurses Organisation (MSCNO), established in 2020, has come together in recognition of a gap in resources and support for melanoma and skin cancer nurses nationally. They acknowledged the need to build knowledge and an understanding of the complex treatment landscape. There are currently 13 members in the MSCNO steering committee, based in hospitals around Australia. The group is focused on supporting health care delivery to ensure optimal patient care and outcomes for Australians diagnosed with both melanoma and non-melanoma skin cancer.

## Towards a national nurse-to-nurse model for skin cancer care

To address the shortage of specialist MSCNs, the Melanoma & Skin Cancer Advocacy Network (MSCAN) and MSCNO have partnered with Evohealth to explore the benefits of a national nurse-to-nurse (N2N) model for skin cancer care. Under a N2N model, MSCNs would provide education and knowledge sharing with their generalist nursing colleagues to enable them to deliver specialised care and support for skin cancer patients, in line with best practice (Figure 1).

The expected benefits of a N2N model are significant, including:

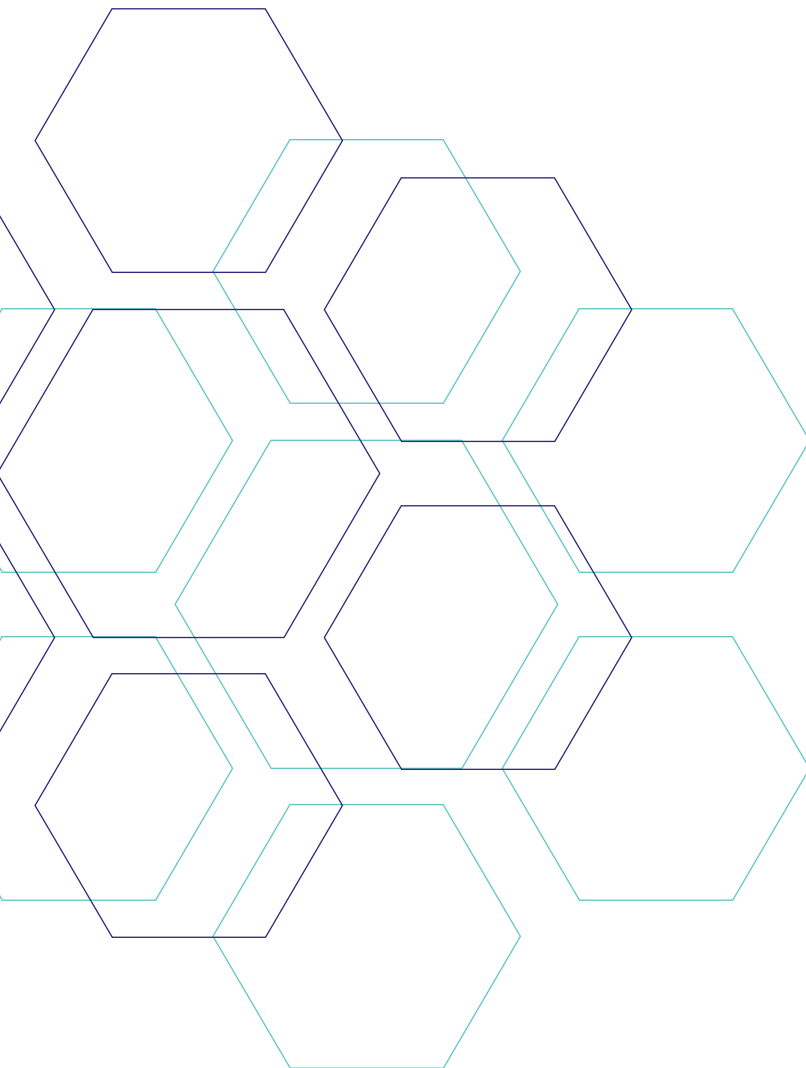
- Better patient access to specialist skin cancer care and support for more patients.
- Greater support for patients to process a diagnosis and navigate treatment options.
- Better patient access during treatment as well as post-treatment support to manage survivorship or palliation.
- Improved nurse engagement, wellbeing, and professional development opportunities (particularly in regional and rural Australia).
- A pathway towards more specialist MSCNs across Australia.

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A N2N model presents an enormous opportunity to improve patient experience and expand and nurture the critical nursing workforce in Australia. It will create a defined career pathway and scope for MSCNs, increase access to speciality trained nurses and result in better patient outcomes and reduced burden on the health system.

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This white paper provides a high-level design for a national N2N model for skin cancer care and explores the potential benefits of such a model for patients, nurses, and the broader healthcare system.



# A NURSE-TO-NURSE (N2N) MODEL FOR SKIN CANCER SUPPORT

**VISION:** All patients diagnosed with skin cancer in Australia will have access to targeted and specialised nurse-led support across all stages of their skin cancer journey

## PURPOSE

To accelerate the professionalisation of skin cancer nursing by equipping and empowering nurses through peer-to-peer learning.

## DESIGN PRINCIPLES

**National reach, inclusive focus:** A N2N model should be accessible to all nurses across Australia supporting patients with any type of skin cancer.

**Expert led:** A N2N model should set and ensure minimum standards for specialist nurses to provide educational support to generalist nurses.

**Centrally owned, flexibly delivered:** A N2N model should be centrally designed and managed by a credible skin cancer organisation, whilst retaining flexibility to tailor education delivery across sites.

**Sustainable resourcing:** A sustainable N2N model will keep light the impost of time, effort and cost.

## CORE FUNCTIONS



## PARTICIPANT ACCESS

- Online platform that is inclusive, flexible and accessible to all nurses across Australia
- Option for scaling up to face-to-face support through mentoring and on the job learning

## PATIENT ACCESS

- Skin cancer patients receiving hospital-based care will benefit from care and support from nursing staff that participate in the N2N training model

## KEY BENEFITS

- Better access to specialist skin cancer care and support.
- More support to process a diagnosis and navigate treatment options.
- Access to post-treatment support to navigate survivorship or palliation.
- Improved nurse engagement and wellbeing.
- Greater support for nurses in regional and rural Australia.
- More specialist skin cancer nurses across Australia.

## KEY ENABLERS OF SUCCESS

**Government funding** to design, establish and scale a N2N model pilot

**Qualified SCNs** to lead & oversee education delivery

**Admin resources** to manage & facilitate learning

**IT platform** as a central portal for learning & networking

**Willing cohort** of generalist nurses as pilot participants

**Advocacy network** to support establishment and growth

**Protected time** from employers for nurses to participate

**Clear standards & requirements** to be a specialist MSCN

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# Abbreviations

Abbreviation	Description
<b>BCC</b>	Basal Cell Carcinoma
<b>BCN</b>	Breast Cancer Nurse
<b>CNC</b>	Clinical Nurse Consultant
<b>CPD</b>	Continuing Professional Development
<b>EN</b>	Enrolled Nurse
<b>GP</b>	General Practitioner
<b>HCP</b>	Health Care Professional
<b>LCN</b>	Lung Cancer Nurse
<b>mAb</b>	Monoclonal Antibody
<b>MSCAN</b>	Melanoma and Skin Cancer Advocacy Network
<b>MSCN</b>	Melanoma and Skin Cancer Nurse
<b>MSCNO</b>	Melanoma and Skin Cancer Nurses Organisation
<b>NMSC</b>	Non-Melanoma Skin Cancer
<b>NP</b>	Nurse Practitioner
<b>PBAC</b>	Pharmaceutical Benefits Advisory Committee
<b>PCN</b>	Prostate Cancer Nurse
<b>RN</b>	Registered Nurse
<b>SCC</b>	Squamous Cell Carcinoma

# Skin cancer in Australia

With our proximity to the equator, high proportion of fair skinned people and enjoyment of the great outdoors, exposure to harmful UV rays is a daily risk for many Australians. It is little surprise then that Australia has the highest rates of skin cancer in the world, with more than two in three people receiving a skin cancer diagnosis before the age of 70 (1).

## What is skin cancer?

Skin cancer is a serious condition that involves the growth of abnormal skin cells, primarily as a long-term consequence of exposure to UV rays.

- Melanoma is a serious form of skin cancer that can spread rapidly to other parts of the body if it is not treated quickly. It accounts for approximately 3 percent of skin cancer cases, but 65% of skin cancer deaths.
- Non-melanoma skin cancers include all other forms of skin cancer, with the most common subtypes being basal cell carcinomas (BCC) and squamous cell carcinomas (SCC).

There are a range of proven and promising treatments available for skin cancer. Surgical excision, immunotherapy and sometimes radiotherapy are first line of treatments for localised skin cancers, while novel immunotherapies and targeted therapies can be used to treat more advanced skin cancers.

Skin cancer prevention and early detection are critical to preventing serious adverse health outcomes.

Box 1: Melanoma Institute Australia (2)

# Burden of disease

Globally, Australia has the highest incidence of melanoma and non-melanoma skin cancers (36.6 per 100,000 compared to the global average of 4.4 per 100,00) (3). When it comes to comparable countries, Australia has the second highest mortality rates with approximately 2,000 Australians losing their lives to skin cancer each year (4) (Figure 2).

In 2020, approximately 500,000 Australians were diagnosed with skin cancer of which 97 per cent were non-melanoma skin cancers (5). Whilst non-melanoma skin cancer is most commonly diagnosed, melanoma accounts for 65 percent of all skin cancer deaths (2). It is predicted that the incidence of melanoma alone will grow by 40 per cent between now and 2030, with regional and rural Australians bearing approximately 50 percent of this burden (2).

Australia has a history of effective public health campaigns to prevent skin cancer. Notable campaigns include 'Slip Slop Slap' in the 1980s and the SunSmart program for primary schools ('no hat no play' and provision of shade for high-risk spaces) (2). For every \$1 invested in these national programs, there has been a return of \$3.30 in benefits. However, despite these benefits, research suggests that without further investment in prevention and management, the cost of skin cancer in Australia could reach \$8.7 billion by 2030 (2).

It is important to acknowledge that there are many effective treatment options available for patients with skin cancer. In particular, new immunotherapies and targeted therapy have doubled five-year survival rates for melanoma and led to improved patient outcomes including quality of life and increased life expectancy (2). In the last decade, the 5-year survival rate for patients with advanced melanomas has increased from less than 10 percent to greater than 50 percent (6).

Skin cancer epidemiology in Australia and comparable countries

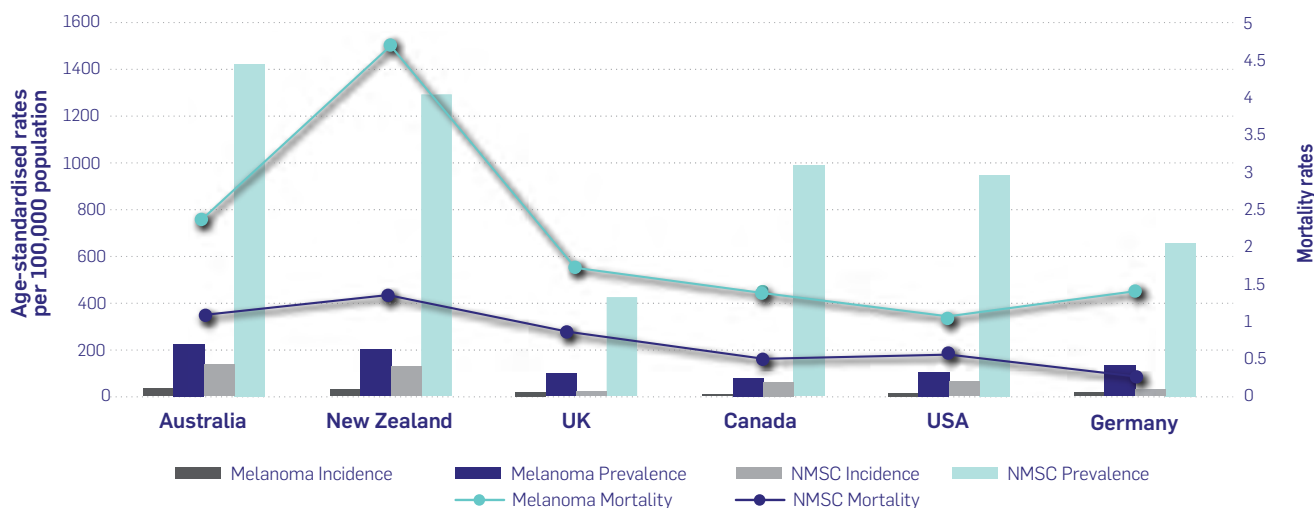


Figure 2: Skin cancer epidemiology in Australia and comparable countries (3)

# The case for change

## Facing a skin cancer diagnosis

As with all types of cancer, a skin cancer diagnosis is confronting. In the wake of a new diagnosis, patients may experience a range of emotions from fear and worry to overwhelm and grief. In parallel, they must contend with various choices of treatment options – each with its own set of pros and cons.

Skin cancer treatment can be gruelling. Localised skin cancers typically require the removal of abnormal tissue through surgical excision, freezing or burning, and radiotherapy can be used to prevent the development or worsening of cancerous and pre-cancerous cells (3). Removal of abnormal tissue can impact self-esteem due to changes to appearance (5).

Skin cancers that are further advanced are treated with targeted therapy or new immunomodulating medicines such as monoclonal antibodies (mAbs) (2). Both sets of treatment approaches can cause significant side effects and symptoms that require support to manage. For example, common side effects of medicines used to treat melanoma include diarrhoea, joint pain, fatigue, and skin rashes (2). Patients undergoing treatment for melanoma also report psychosocial impacts of anxiety and depression (2).

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Both melanoma and NMSC patients report loss of productivity in their daily lives and loss of income due to the disease (2, 5).

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Critically, a skin cancer patient's journey does not end on completion of treatment. Survivorship requires patients to engage in preventative health measures and to engage in regular follow-ups with their healthcare team. Sadly, many patients will face the prospect of palliation if treatment is unsuccessful.

## The unmet support needs of skin cancer patients

In addition to high quality medical care, a skin cancer diagnosis can trigger a range of support needs for patients including:

- Psychological support to come to terms with a new diagnosis.
- Patient education on cancer and cancer treatment options.
- Symptom management.
- Survivorship planning including preventative health measures.
- Palliative care planning.

However, there is growing evidence of significant gaps in the Australian healthcare system's capacity to provide skin cancer patients with the support that they need (2). For example, one in five recently surveyed melanoma patients reported that they did not receive adequate support during treatment and 50 per cent felt they did not receive adequate support after completion of treatment (2).

Cancer support services make an important contribution to assisting patients in navigating the challenges of skin cancer. However, there is a shortage of resources within clinical settings to provide ongoing management and support that is specific to skin cancer (2). With rates of skin cancer diagnosis and survivorship continuing to rise, there is a window of opportunity to intervene now to prepare the system for the challenges ahead.

## Harnessing the potential of the nursing workforce

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The increasing incidence of skin cancers coupled with increasing survival rates will contribute to greater demand in the health care system. Nurses have an important role in mitigating this burden and improving health outcomes for Australians.

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As demonstrated with other cancers, such as breast cancer, one of the best models to improve outcomes and reduce avoidable deaths is to provide ongoing support for patients diagnosed with skin cancer (7). Nurses, at the front line of care, are well suited to play this role.

The Melanoma Institute of Australia (MIA) has identified several ways for nurse-led care to address the significant gaps in clinical, psychological, and post-treatment support for skin cancer patients. For example, MIA has recommended a national nurse melanoma support service with mandated survivorship plans for all patients to ensure that patients receive adequate support during and after treatment (2). MIA has also developed a 5-point action plan to reduce skin cancer deaths which includes several activities that nurses could deliver (2):

- Improved public awareness of skin cancer risks and prevention;
- Improved diagnosis and treatment through national clinical care standards;
- Advice on navigating the healthcare system to ensure all people, regardless of geographical or economic status, have equitable access to best practice skin cancer care; and
- Provision of a national melanoma nurse service to deliver patient-centric care and survivorship care plans.



These examples highlight the significant potential for nurses to contribute to a clear service gap for Australian patients with skin cancer, from diagnosis through their treatment journeys and beyond.

## Proven benefits of specialist nursing

There has been increasing investment in programs to provide specialist nursing care that is targeted to specific patient populations. The value of specialist nurses to provide supportive, survivorship and palliative care for cancer patients has been demonstrated through the McGrath Foundation's Breast Cancer Nurse (BCN), the Prostate Cancer Foundation of Australia Prostate Cancer Nurse (PCN) and the Lung Foundation Australia's Lung Cancer Nurse (LCN) models (11-13).

For example, an evaluation of the McGrath Foundation's BCNs found that specialist nurses improved the experience for patients and clinicians and resulted in cost savings of \$1527 per new breast cancer patient (8). International evidence further supports the roles of PCNs and LCNs with improving patient's quality of life and reducing non-acute hospital admissions by 90 per cent (9, 10).

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Specialist nursing roles, such as BCNs, have demonstrated both economic and health benefits.

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## Critical shortages in specialist nursing care

Despite the favourable outcomes of specialist nursing care for patients and the healthcare system alike, there is a shortage of specialist nurses in Australia – especially for skin cancer (Table 1).

Currently, there are only eight melanoma and skin cancer clinical nurse consultants (CNCs), one Nurse Practitioner (NP) in skin cancer, two NPs with a specialist interest in skin cancer and one oncology CNC specialist (11). These nurses have varying roles and responsibilities and there is currently no credentialing for MSCNs in Australia. There is a clear lack of specialist nurses to service newly diagnosed skin cancer each year, let alone the hundreds of thousand Australians living with skin cancer (5, 12).

Specialty area	Number of specialist nurses	2020 Incidence
<b>Breast cancer</b>	177	19,535
<b>Lung cancer</b>	12	12,817
<b>Prostate cancer</b>	82	19,508
<b>Skin cancer</b>	12	Melanoma 17,000 NMSC 483,000

Table 1: Number of specialty nurses and epidemiology of cancer in Australia (7, 12-14)

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There is a shortage of specialty nurses to meet the needs of cancer patients throughout their cancer journey from diagnosis to survivorship or palliative care planning.

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## Expanding the pool of specialist skin care nurses

The gap in skilled workforce is clearly having a direct impact on skin cancer patients and their cancer journey. This gap in the system must be addressed to not only improve patient care and experience, but also to reduce the burden of this disease on the Australian health system.

One strategy to improve access to best practice cancer care and addressing the unmet needs of patients is to increase the number and distribution of skilled MSCNs. Specialist nursing has never been more important. The fast-moving pace of advances in treatment for skin cancer have dramatically changed the landscape of patient care. Support is needed for nurses to be able to keep pace with change and provide high quality support that addresses patient needs.

The next chapter of this paper will explore options for a nurse-to-nurse (N2N) model, aimed at leveraging existing skills and experience within the nursing community, to upskill nurses and significantly increase the number of educated and experienced skin cancer nurses across Australia.

## What could a nurse-to-nurse (N2N) model look like?

The evidence is clear that specialist MSCNs have an important role to play in improving health outcomes for people living with skin cancer. However, MSCNs are rare and the number of Australians requiring their care is on the rise. One way to bridge this gap for a priority health area is by exploring ways nurses can support each other to build expertise in skin cancer care and support.

The N2N model for skin cancer conceptualised by MSCAN and MSCNO aims to improve patient access to specialist nursing care for skin cancer. It does so by engaging MSCNs to deliver or facilitate peer-to-peer education and training with their generalist nursing colleagues. As a result, the N2N model then increases the pool of staff available to provide the suite of supports (e.g. patient education, psychological support, symptom management, survivorship planning) that are much needed by skin cancer patients.

N2N models are an Australian first, representing a significant innovation in the healthcare setting. Equipping generalist nurses with skills, knowledge and best practice care for skin cancer would be a significant step towards increasing the accessibility of targeted, disease-specific care for skin cancer patients.

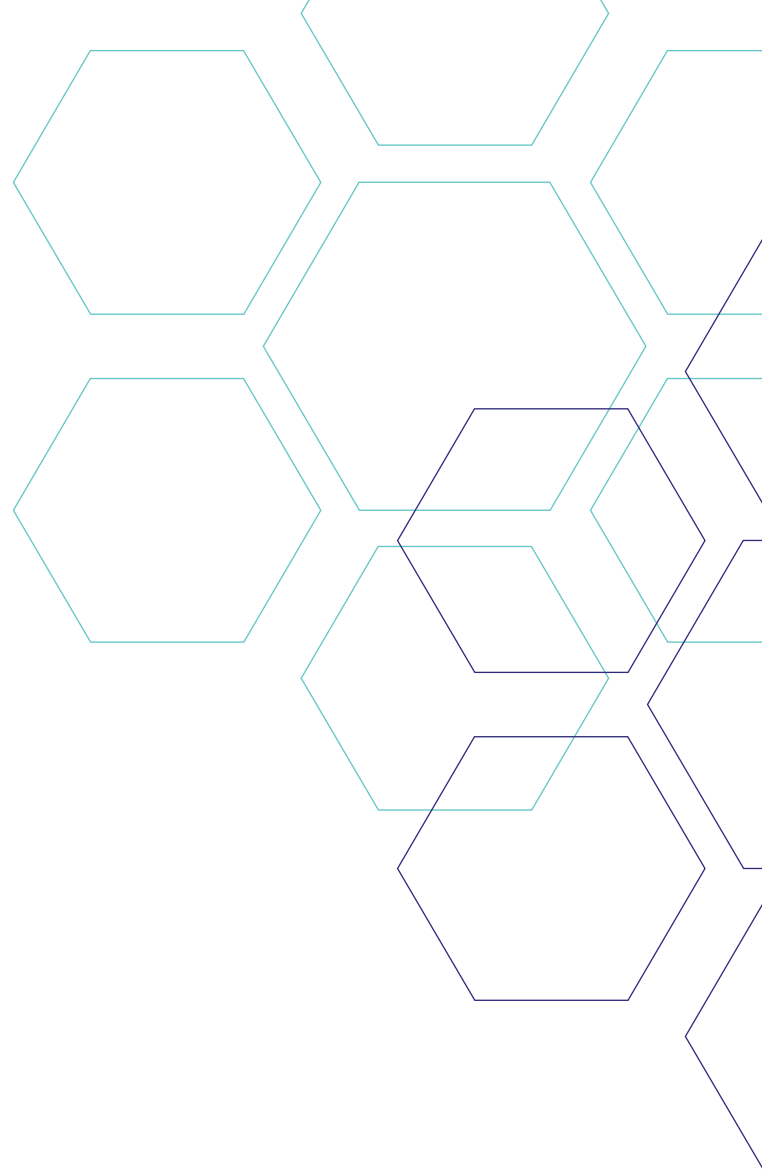
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The overarching vision for a national N2N model is to ensure that every skin cancer patient who needs it in Australia can access targeted and specialised nurse-led support across all stages of their skin cancer journey.

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## Designing a N2N model for skin cancer

Through comprehensive research and interviews with key stakeholders in skin cancer and nursing care across Australia, Evohealth has worked in collaboration with MSCAN and MSCNO to develop a high-level design for a national N2N model for skin cancer care in Australia (Figure 3). The following sections outline the key design considerations and expected features for a N2N model for skin cancer, in line with best practice in nursing education and stakeholder insights.



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## Objectives of a N2N model

The key rationale for establishing a N2N model for skin cancer care is to make progress towards ensuring that all patients with any skin cancer type have access to a nurse with disease-specific expertise in prevention, screening, management, treatment, survivorship planning and palliative care planning for skin cancer.

A N2N model with national reach, led by a network of suitably qualified MSCNs, would be a significant step in the right direction towards improving the accessibility of targeted skin cancer support. Patients without access to a MSCN will benefit from the N2N model through the diffusion of targeted disease-specific knowledge from MSCNs to non-specialist nurses who can subsequently provide the care patients need.

## Design principles

As N2N models are a relatively new concept, there is limited empirical evidence to inform optimal design. However, our review of other nursing and clinician education models, targeted interviews with clinicians in skin cancer care and analysis of healthcare system constraints indicates that four design principles should be prioritised for a N2N model:

- **National reach, inclusive focus:** An N2N model should be accessible to all nurses across Australia. In practical terms, this means that the N2N model would need to be cross jurisdictional, with capacity for MSCNs employed by state health authorities to support the development of generalist Registered Nurses in a range of locations and employment scenarios. In addition, an N2N model should have a broad and inclusive focus on supporting patients with any type of skin cancer (melanoma and non-melanoma subtypes) so that no patients are left behind.
- **Expert led:** For a N2N model to be perceived as credible and beneficial, it is critical that the training and knowledge sharing program is led, facilitated, and overseen by suitably qualified experts in skin cancer care. A N2N model will therefore need to set minimum standards for specialist MSCNs to provide educational support to generalist nurses. Creation of practice standards for skin cancer care would support high-quality and consistent clinical practice, as well as ensuring the appropriate skill set for the educator role.
- **Centrally governed, flexibly delivered:** A N2N model should be centrally designed and managed by a professional, independent, national and credible skin cancer organisation who can provide leadership and coordination. In parallel, the N2N model will need to retain flexibility to tailor education delivery across sites where face-to-face approaches are being taken. For example, a N2N model could be informed by the empowering education model developed for in-service training for nurses, which allows for the tailoring

of education in a flexible learning environment (20). The empowering model requires learners to design their own educational pathway with a focus on improving clinical skills and problem-solving. This model involves a combination of both self-directed learning and practical learning, and requires the learner to be motivated and in charge of their learning (20). Overall, professional practice models need clinical governance and management support to include the educational model in the organisational culture. This model needs long-term clinical governance and organisational change and typically work best when implemented at the beginning of a program (21).

- **Sustainable resourcing:** A sustainable N2N model will keep light the impost of time, effort, and cost. Online and virtual support models are more sustainable in terms of resourcing than face-to-face education delivery and mentoring. In the early stages of piloting a N2N model, it is therefore anticipated that the majority of training would occur virtually, with face-to-face support accommodated where feasible.

## Core functions

The core functions of a N2N model for skin cancer would be to provide education, develop resources, and share knowledge to equip generalist nurses to provide targeted care and support to skin cancer patients (Figure 4).



Figure 4. Key functions of a N2N model for skin cancer.

**On the job training:** Where feasible, a N2N model should ensure that participants have access to timely and targeted on the job training. For example, participating MSCNs could work with mentee nurses at their place of work to discuss approaches to care or facilitate exposure to new treatments or clinical

practices. If face-to-face training is not feasible, the model will support virtual training. The training will be delivered as per the agreed training curriculum and will be tailored to meet the specific information needs of the mentee nurse and their specific knowledge gaps.

**Peer mentoring:** The model will facilitate two-way peer-to-peer mentoring across the N2N model participants with the view to mutual knowledge and skills transfer. Mentoring may occur through a one-on-one relationship or via a small group. The model will facilitate flexible and informal mentoring arrangements suited to the needs of the individual participants. The aim of the mentoring function will be to facilitate knowledge and skills transfer in a less formal environment which will eliminate any perceived power imbalance between the more experienced MSCNs and the RNs who are new to the skin cancer world.

**Online learning:** In line with contemporary research on education delivery in nursing and stakeholder feedback, the support resources for a N2N model will include a virtual portal to access education materials, webinars, chat room and clinical mentorship (15-17). The portal will be a dynamic environment and be maintained so as to reflect the latest guidance and advice. As more resources become available, the N2N model can be reinforced and provide more comprehensive support for non-specialist nurses such as face-to-face mentorship. Virtual and online training has many benefits including:

- Reducing overhead costs associated with face-to-face delivery.
- Facilitate ease of access for nurses in regional and rural areas.
- Supporting flexible learning that enables nurses to engage with training around their rostered hours and personal commitments.
- Widens the community of practice of current and future MSCNs.

**Knowledge sharing:** The model will facilitate formal and informal knowledge sharing among peers and from experienced MSCNs. This will be supported by the virtual portal described above which will act as a dynamic repository of contemporary guidance and information as well as facilitate virtual meetings.

**Clinical resources:** The N2N model will collect, coordinate, develop and distribute a range of clinical resources, including clinical guidelines, treatment pathways, educational materials, patient stories and more. The repository of information will be accessible to all participants and updated regularly to ensure it is contemporary and reflective of the latest evidence.

**Community of practice:** Finally, the model will establish a community of practice to feed into the other core functions of the model outlines above. The community of practice will support collaboration across the network of nurses to connect people

and generate knowledge in a structured way. The community of practice will promote best practice across the network work to ensure that everyone has access to innovative information that will support them in delivering best practice care to their patients.

## Participant and patient access

It is important to acknowledge that not all patients with skin cancer require ongoing treatment and therefore may not require the services of a specialist MSCN. However, for those with unmet care or support needs, a N2N model would connect specialist MSCNs with generalist nurses to ensure that all skin cancer patients requiring support to navigate treatment, survivorship or in palliative care can experience best practice nursing care (Figure 5).

To do so, the N2N model would need to leverage the existing network of MSCNs across Australia to educate and support nurses practicing in both tertiary health centres and generalist nurses working in rural and remote health services. This has the potential to improve health outcomes and reduce health care burden like that for breast, lung, and prostate cancer patients (8-10).

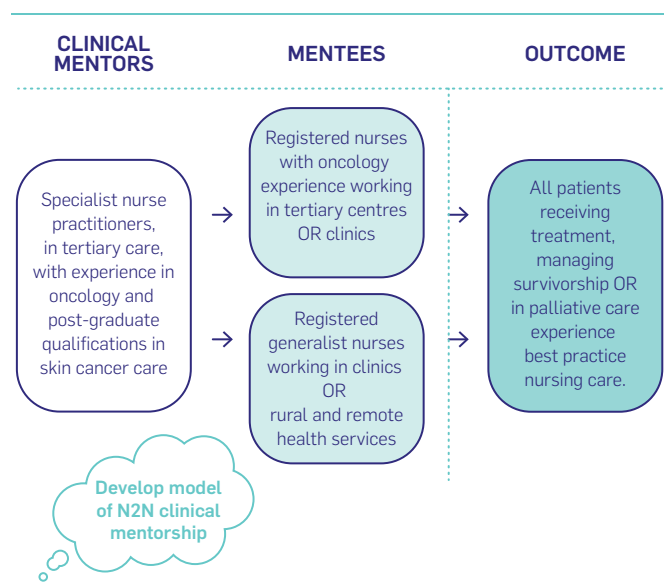


Figure 5. A N2N model would connect experienced MSCNs with generalist nurses to upskill them in treatment and post-treatment support for patients with skin cancer.

While this white paper focuses on the training and knowledge sharing elements of a N2N model, it is acknowledged that further work will be needed to facilitate patient access. A collaborative design effort will be needed involving skin care organisations, the acute care and primary care networks and patient advocacy groups to design a feasible service delivery pathway to ensure that all eligible patients are able to access, and benefit from, the pool of upskilled nurses.

# Enablers of success for a N2N model

For the successful introduction of a N2N model for skin cancer, there are several feasibility considerations that must be addressed.

## Funding and resourcing

The feasibility and sustainability of the N2N will largely depend on the success of advocacy for funding to support the implementation of the model.

A successful N2N model will need a range of clinical and professional resources to support upskilling in skin cancer care. This may include, but is not limited to, human resources (e.g., experienced skin cancer nurses as mentors), educational resources (e.g., training materials) and administrative resources (e.g., online training platforms, coordination of activities).

Whilst a wide variety of models exist, the N2N model must balance availability of resources with meeting stakeholder needs. The most feasible N2N model is likely to be a virtual support model with a component of clinical mentoring. This model of virtual support allows for a flexible learning platform, opt-in for participants and clinical mentorship without being too burdensome in set-up or sustainability.

## Advocacy network

The growing burden of skin cancer, the rising number of survivors and shortage of MSCNs means many Australians will be missing out on best practice cancer care and support. The introduction of a N2N model has the potential to make significant progress towards addressing this shortfall, although funding and support will be required – likely from external sources (e.g. governments, cancer and/or nursing organisations).

In establishing a N2N model with a national scope and that is focused on all types of skin cancers, it will be crucial to ensure the early development of an advocacy strategy that is collaborative, inclusive and considers key players and stakeholders across both the skin cancer organisations and clinical domains.

The strengths of the N2N model include its grounding in scientific evidence and stakeholder views AND its alignment with both Government and MIA recommendations for improving skin cancer care in Australia, through nursing support services and improved access to nurses in rural and remote areas (2, 18).

The strengths of this model should be used to advocate for a nationally collaborative skin cancer network to support the

implementation of the N2N model. A nationally collaborative advocacy network inclusive of all stakeholders will strengthen the influence for government support.

## Willing cohort of pilot participants

To promote take-up of a N2N model, it is important that participants (namely MSCN mentors and generalist nurse mentees) and stakeholders can see the value in the model and can access it within their workplace settings. The most successful mentorship models depend on a collective understanding of both mentor and mentee roles (24).

For the N2N model, stakeholder needs will differ according to the place of clinical practice. Registered Nurses working in large tertiary referral centres may not require as much support as those working in smaller tertiary referral centres or regional health centres simply due to the availability of experienced clinicians. Similarly, the cohort of patients that a Registered Nurse cares for will differ according to place of clinical practice. Traditionally, more complicated patients are seen in the larger tertiary referral centres whilst more stable or patients entering survivorship may rely more on local clinicians than their treating specialist.

For success, the roles and responsibilities of mentors and mentees should be clearly articulated and structured around the education needs of the mentee.

## Clear standards and requirements

In Australia, there is little clarity on what it means to be a specialist cancer nurse, nor the qualifications and experience required to be recognised as one. Stakeholders informed us that the lack of agreed professional standards for MSCNs has led to professional uncertainty on how to specialise in skin cancer care.

To enable a successful N2N model for skin cancer care, there needs to be clear articulation of what criteria a Registered Nurse needs to be qualified as an MSCN to ensure the N2N model is supported by the right skill set.

With respect to the current pool of MSCNs in Australia and examples from other cancer-specific nurse specialist models, a suitable minimum standard may be:

- Registered Nurse
- Post graduate certificate in cancer care or equivalent
- At least two years' experience in skin cancer care



Nurses taking on educator or mentor roles must ensure they have the relevant clinical experience, confidence and problem-solving skills to meaningfully contribute to the role [\(19\)](#).

Structures to support the embedding of the N2N model into clinical practice will rely on clear articulation of core MSCN roles and responsibilities in the clinical setting together with the expectations of participants in the N2N model.

## Protected time

Evidence shows that the most successful models of health professional support and education include protected time for the educator. Regardless of the intensity of the support (e.g., from face-to-face teaching to online mentoring) all models recommended that the educator has protected time to undertake this role independent of their clinical duties [\(20, 21\)](#). Without this enabler, participants do not feel supported and can disengage from the model and the profession [\(21, 22\)](#). As part of ensuring the success of a N2N model, MSCNs participating in the model will need to negotiate protected time with employers.

## Expected benefits of a N2N model

A national N2N model for skin cancer would bring a range of benefits for skin cancer patients, nurses and the broader healthcare system.

### Better access to specialist skin cancer care and support

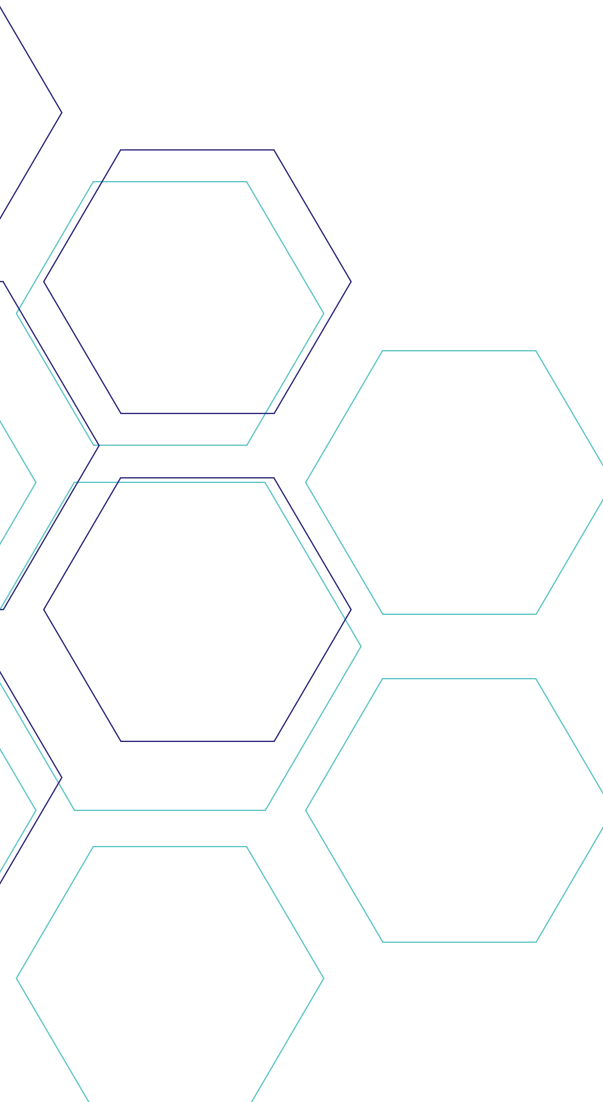
Increasing the pool of nurses skilled in delivering holistic skin cancer care will provide better and more equitable access for patients across Australia. The virtual nature of training and mentorship offered through the model will facilitate upskilling of nurses nationally, including in rural and remote parts of the country where education needs are challenging to service. This will create a larger and better distributed workforce for patients to access which will in turn, lead to improved patient care and outcomes.

### More support to process a diagnosis and navigate treatment options

The evidence clearly demonstrated the benefit to the patient outcomes when they have access to support throughout their cancer journey. Access to professionals, trained to navigate the initial challenges associated with a cancer diagnosis will go a long way to addressing one of the known gaps in the current system when it comes to skin cancer. Access to contemporary information will make a big difference to patients' ability to make informed decisions about their treatment pathway. An informed patient is an empowered patient.

### Access to post-treatment support to navigate survivorship and palliation

Navigating life after a cancer treatment, whether is as a survivor or as a palliative patient is challenging, particularly when it comes to a patient's mental health. Access to professionals trained to support patients to navigate these challenging circumstances will again empower patients to make informed choices and reduce the stress and anxiety that can come with life after a cancer diagnosis.



## Enhanced nurse wellbeing

There is clear evidence of the benefits of targeted professional development for nurses. For example, mentoring has been shown to have a range of benefits such as increased job satisfaction, career advancement and networking opportunities [\(17\)](#). Mentorship is also beneficial to health care organisations as it builds a collegiate environment and increases the skill set of the work force [\(16\)](#).

In addition, a recent survey of 375 RNs, ENs and midwives working in country South Australia found that the pressures of staff shortages, lack of relevant skills, lack of managerial support and administration burden are resulting in poor job satisfaction and professional 'burnout' [\(22\)](#). These survey findings were echoed by our stakeholders with many commenting on the high complexity of delivering care in the Australian health care system and insufficient time to undertake core clinical duties let alone educational support for other nurses.

Evidenced-based strategies to address these workforce issues include:

- Focus on broadening skills in primary health.
- Meaningful ongoing educational opportunities including upskilling for relevant clinical areas (e.g., oncology, diabetes, cardiovascular diseases).
- More accessibility to post graduate education at minimal cost and supported by employers.
- Leadership training.
- A shared vision of best practice nursing care with a strategy and resources to achieve the vision [\(22\)](#).

The N2N model has been designed with the needs of MSCNs and non-specialist nurses at its core. It provides a flexible learning environment for all nurses, including primary care nurses and at no cost to participants. Evidence-based educational resources will be managed by appropriately skilled clinicians and mentoring will provide the framework for leadership training.

Future development of clinical guidelines for MSCNs will contribute to a shared vision of best practice cancer care.

## A professionalised skin cancer nursing workforce

In Australia, there are variable criteria for practising as a specialist nurse including years of clinical experience and post-graduate qualifications. Taking into consideration the vast variety of specialist nurses involved in the treatment of Melanoma and Skin Cancer, for the purpose of clarity and professional accreditation, nurses specifically involved in melanoma and non-melanoma skin cancer are classified as MSCN. Currently, there

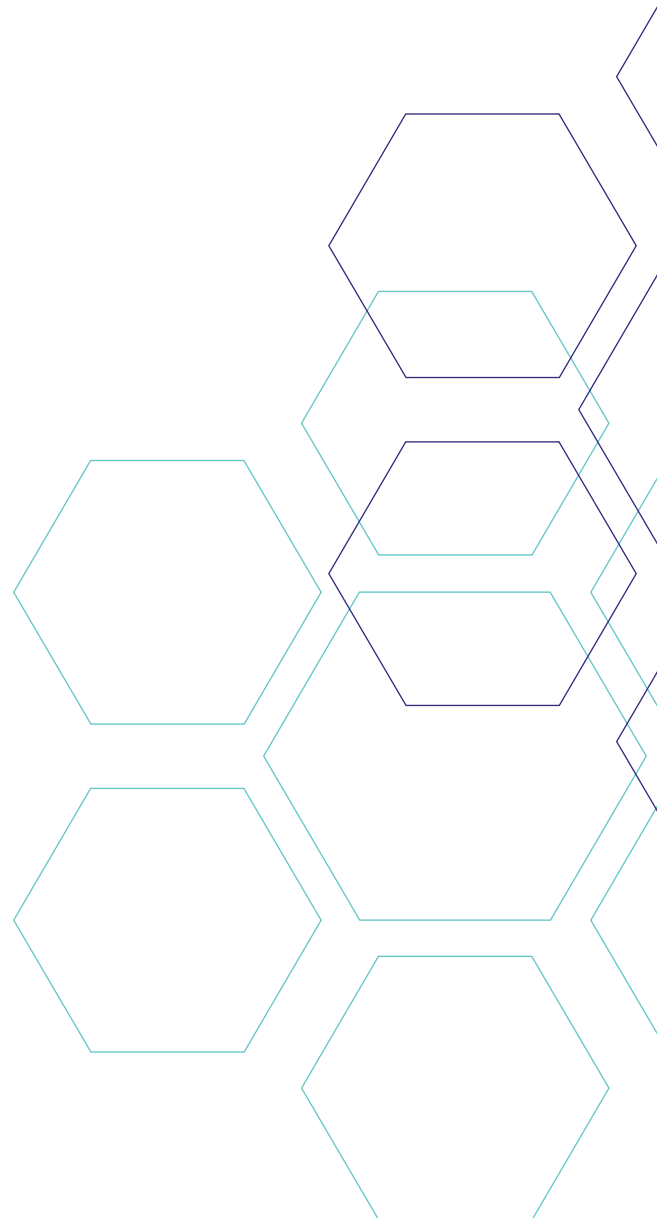
are no defined requirements for a specialist MSCN which can be a barrier for nurses to build their expertise in this area. This has led to professional uncertainty regarding how to specialise in skin cancer nursing.

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A N2N model could facilitate future development of a career pathway for RNs interested in specialising in skin cancer nursing.

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A variety of Australian professional nursing organisations and universities offer post-graduate training (with and without accreditation) for several diseases (breast cancer, cardiovascular disease, wound care), however, there is currently no training for skin cancer care [\(23, 24\)](#). Internationally, there are courses available [\(25\)](#).





# The N2N model in 5 years' time?

The evidence is clear: Australians are missing out on best practice skin cancer support due to a shortage of specialist nurses that understand the unique challenges of a skin cancer diagnosis. Unless this shortage is addressed, the potential for overburdening the healthcare system and wider society is substantial.

The N2N model presented in this report is unique to Australia and has the potential to address the workforce shortage in the short and longer term. A N2N model is an innovative solution to facilitate knowledge sharing and training in best practice skin cancer care, to the direct benefit of the nursing workforce and their patients.

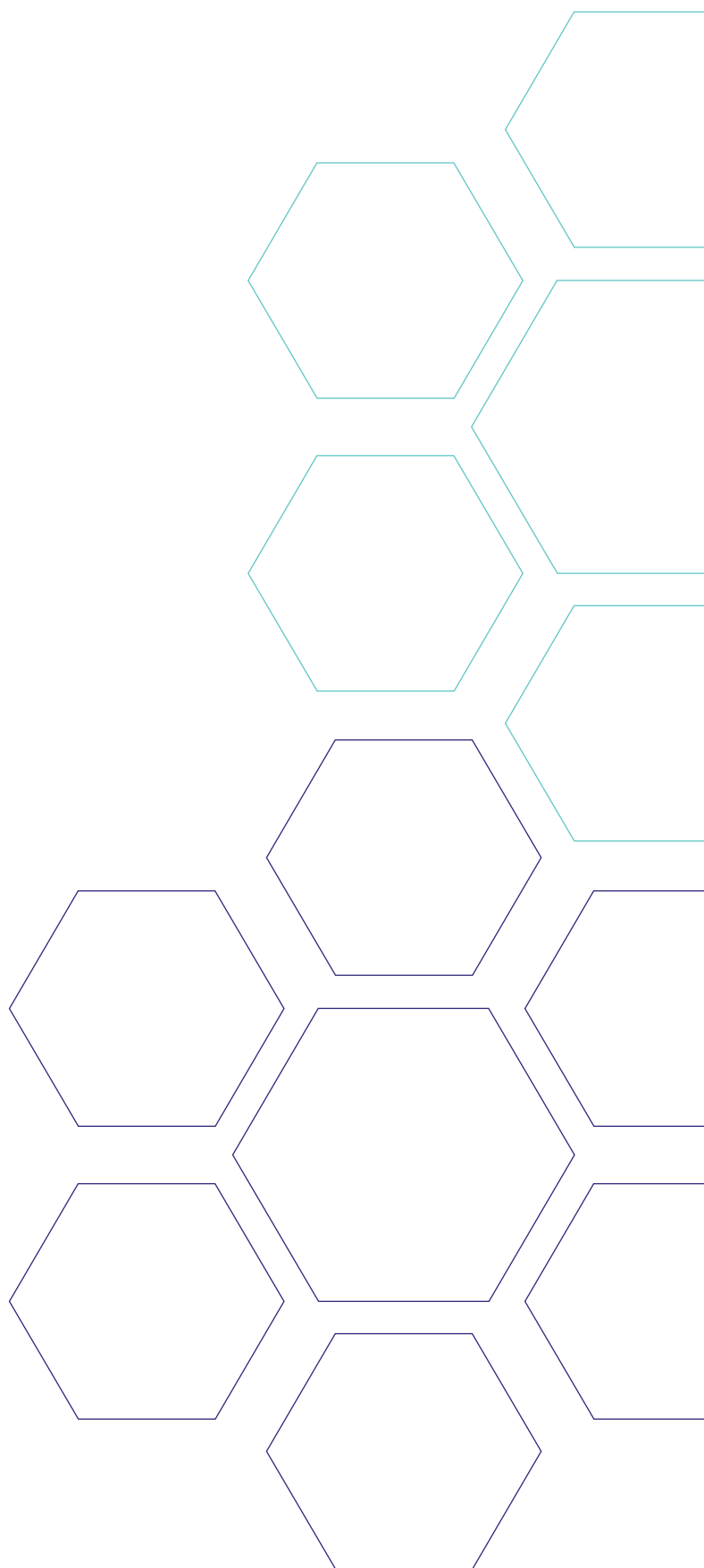
A 5-year strategic plan will keep energies focused on the success of the N2N model. This strategic plan should outline key activities necessary to achieve a nationally collaborative approach to embedding the N2N model in clinical care. Key activities should align with agreed goals to be achieved in the first year (short-term goals), first three years (medium-term goals) and in five years (long-term goals). Key performance indicators should be developed to measure the success of implementation of the N2N model. At a minimum, activities should include:

- Develop the strategic plan through collaborative partnerships
- Advocate for a nationally collaborative network to harness government support
- Source funding for pilot study and evaluation
- Develop career pathway and MSCN practice/clinical standards
- Utilise pilot study outcomes to drive ongoing funding for national implementation of the N2N model.

An independent evaluation will also inform future refinement of the N2N model to ensure it continues to meet stakeholder needs.

It will be important to build on the known patient and health system benefits demonstrated through the successful Breast Cancer Nurse and Lung Cancer Nurse programs.

*Connecting Nurses to Nurses* to advance care for skin cancer patients will have its challenges but the benefits to patients, nurses and the broader healthcare system will be immense.



# Disclaimer

This Report has been independently prepared by Evohealth Pty Ltd ACN 627 552 729 (Evohealth) on behalf of MSCAN. This Report has been commissioned by MSCAN to explore opportunities for, and benefits of, a national nurse-to-nurse model for skin cancer care in Australia. Funding for this Report was jointly provided by Bristol Myers Squibb, MSD, Novartis and Sanofi.

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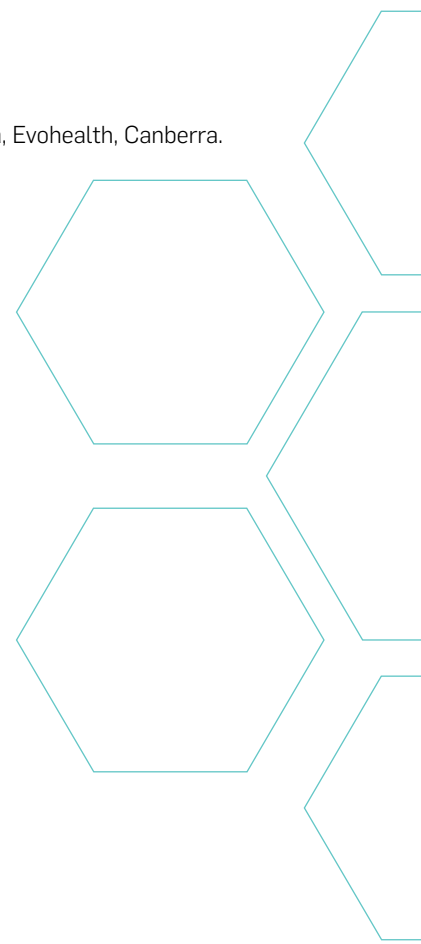
## May 2022

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### Citation:

Evohealth. 2022. Connecting Nurses to Nurses: A model for best practice care of skin cancer in Australia, Evohealth, Canberra.



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