



Editor's note

Kia ora,
welcome

to the Spring edition of Cancernet. We are your co-editors and new to this portfolio so please feel free to feedback and feed forward regarding what's going on in your cancer nursing areas.

We would love to help showcase great cancer nurses work being undertaken across New Zealand – so don't be whakama (shy), submit an article (or run an idea past us for additional support) and let's showcase the innovation and successes.

Equity seems to be the word in everyone's hearts and minds. Is it in your practice? What does the word equity mean in your part of a person's cancer pathway and what does it mean in your professional capacity. There are as many perspectives here as there are services providing care. We will need every step that a person takes and every process to have an equity lens if we are ever going to make meaningful changes to our cancer outcomes in Aotearoa. What is the one step toward equitable cancer outcomes you take?

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Shocking Pink

As cancer nurses it is important we are aware of services and support that are available for our patients. Anna shares with us some information about Shocking Pink.

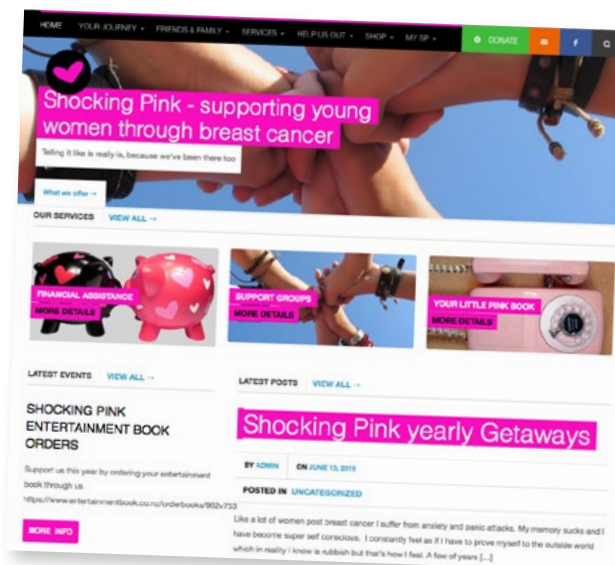
Shocking Pink is a not-for-profit charity organisation for young women who have been diagnosed with breast cancer at the age of 45 or younger. Yes, you read that right. Woman in their 20's, 30's and 40's can also get breast cancer.

When Kylie and Cheryle were both diagnosed with breast cancer in 2010 they struggled to find support for a younger woman going through this terrible ordeal. They decided to start their own support charity called "Shocking Pink" and it has grown from there. Sadly, Cheryle is no longer with us but the group is still here and growing unfortunately. I say that as it would be nice not to need this group.

There are different issues that the younger woman must deal with, fertility (who wants to be told they may never have children), relationship worries (at what stage do you tell a prospective new partner that you have had breast cancer and may never be able to biologically have children), menopausal hot flushes, feelings

of being the only young woman with breast cancer.

Some of the help offered is financial in the way of grocery or petrol vouchers for those that are unable to work during their treatment. Occasionally we can offer a little special pamper treat when a local business donates a voucher to us.



One of the main stays of Shocking Pink is the private Facebook group where members can ask questions, voice their fears, share their joys, introduce us to their miracle babies and generally offer support and comfort.

The trustees organise an annual retreat which is partially funded by Shocking Pink where 20-40 women go

away for a three-day weekend. This is a great opportunity to meet the people you have been interactive with on the Facebook group. It's a chance to tell your story and share your ups and downs with like-minded people. The retreat is also about having some fun and letting your hair down (if you have any). Extra special bonds are made here.

Shocking Pink members are certainly not trained medical professionals (although there are some in this group who are and have/had breast cancer). We are not counsellors, but we are a private supportive forum where these women can truthfully speak out about what is concerning them. A place to ask questions that they might feel too silly to ask with their medical team (to which the response from us is: no question is ever silly).

Feel free to contact us via our webpage.

 www.shockingpink.org.nz

Anna Manson, Chairperson, Shocking Pink

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Report from the chair



Welcome to the August-September edition of Cancernet.

The year seems to be flying by rapidly and the BGM/conference is fast approaching.

As you may already be aware this is being held in conjunction with the New Zealand Society of Oncology Conference this year and will include a nursing study day. You will soon be receiving an email from the college with calls for nominations for the committee and remits for the BGM. We have at least one vacancy on the committee and I would like to encourage you to consider putting your name forward if this holds your interest. From a personal perspective being on the committee has been an exciting opportunity to be involved in cancer nursing at a national level and to be part of a diverse, hardworking group of people. The only pre requisites for being on the committee are that you belong to the Cancer Nurses College and of course, that you are prepared to attend meetings and to contribute in some form to the various projects. If you are interested in finding out more about what is involved in being a committee member please feel free to contact us via cancernursesnz@gmail.com.

I would also like to encourage you to attend the BGM and nurses study day, we have a great programme coming together and are fortunate to have Prof Mei Krishnasamy a nurse researcher from the University of Melbourne as one of the key note speakers for the conference. Some of you may remember her presenting at the ICCN in Auckland last year, truly a very inspiring speaker. As I'm writing this it reminds me of the importance of conferences and study days – giving us time away from our very busy day to day jobs to pause and reflect on our practice and refuel

our minds (and bodies of course!). With the unrelenting business of nursing and the increasing difficulty getting funding and leave, it is so important to continue to support these opportunities. To this end the committee has been reflecting lately on how we can best support our members in terms of learning needs and where our priorities should lie. We would welcome feedback if you have any ideas for how we can improve communication or learning opportunities.

Work is progressing on the review of the work safe guidelines "Keeping safe when handling cytotoxic drugs and related waste" with completion of a first draft having gone to WorkSafe NZ. There have been a number of interested parties contributing to this work including representatives of the college and I would like to thank them for their hard work on this. The committee is working to ensure the guidelines are evidence-based and align with other national policies, including the National Nursing Standards for Antineoplastic Drug Administration (which are endorsed by the Ministry of Health and can be found on the colleges website under resources) and work being done nationally under the auspices of the Medical Oncology Working Group and Ministry of Health on Safe Administration of Chemotherapy. Once the guidelines are getting closer to completion a draft will be sent to college members for consultation.

Looking forward to seeing as many of you as possible at the BGM.

Kind regards

Kirstin Wagteveld (Unahi)
Chairperson - CNC

Editor's note (continued)

Updates on the inquiry and the cancer claim Wai 2647 & Public health lunchtime seminar on the kaupapa inquiry WAI2575 was broadcast Friday August 30th. The Māori Affairs Committee opened the Inquiry into health inequities for Māori. This was after receiving letters from Māori users of the health system expressing concern and identifying shortcomings for Māori seeking cancer care and seeks to explore barriers that Māori experience relating to prevention, screening, diagnosis, treatment, cures, and palliative care. The closing date for submissions is 20 September 2019. Do you have patients or know whanau who may like to make a submission?

 [More information on submissions here](#)

As always there are many formal and informal education opportunities and conference activity happening around NZ. Jacinda King reports on Postgraduate Education Opportunities and Funding for Registered Nurses and the Health Workforce Directorate (HWD formally HWNZ).

This edition includes free safe-handling resources made accessible by the Oncology Nursing Society. Caring for yourself, and how you conduct your work safely, is critically important for nurses that deal with hazardous drugs.

Our Cancer Nurse Committee Chair, Kirstin Wagteveld reports back on the Policy Leadership in Cancer Nursing Programme, ISNCC/ICN leadership course she attended.

We congratulate Cindy Qian who is this year's winner of the Canterbury Regional Cancer and Haematology Service's annual Nursing Excellence Award.

If you see CNC committee members at any conferences please do take the opportunity to say hello, our nursing strength is bound by our connectivity or drop us a line at [Cancer Nurses College \[cancernursesnz@gmail.com\]\(mailto:cancernursesnz@gmail.com\)](mailto:CancerNursesCollege@cancernursesnz@gmail.com).

Finally our sincere apologies to Varinia Jones for omitting her name to her RN prescribing article which was published in the May edition of Cancernet.

We hope there is something for everyone in this edition and if there's not, please let us know.

Mary-Ann Hamilton and Jane Wright

ASCO 2019 CONFERENCE REPORT

Caring for every patient, learning from every patient

Having just been to ASCO for the second time, I continue to think that this is an amazing conference to attend. There are between 30,000 – 40,000 attendees. It can seem overwhelming to start with but one soon gets the hang of it. I shall provide a snapshot of some of the sessions that I attended, which were a highlight for me.

I was very proud to be a New Zealander, when a Malaysian/Kiwi, Edmond Ang, “Chemo Boy” spoke at the opening session, with part of his presentation in Maori. Edmond spoke about our building blocks being patient stories and encounters along the way that we have with patients. The most important thing in the world is “the people, the people, the people and the collaboration of people” with the most important commodity being “kindness” and how sometimes we forget that with our colleagues due to the extreme busyness of our roles.

He finished with saying that every morning he says a prayer or karakiha “God help me to be great full for all the kindness I have been shown in my life and let me show it to my patients and colleagues”.

Atul Gawande: who wrote the book “Being Mortal”, spoke about, what are the goals for quality of life for patients and they are health, independence and survival. To do this you need to look at risks, benefits, pros, cons and choices.

A research study that was carried out by his team, showed that early palliative care input found the patients lived for 25% longer. Maybe this was due to better symptom control and choice over treatment.

A further piece of research they undertook was 200 patient interviews of learning what the patient’s goals were in regards to priorities, quality and how they wanted to live and it was found that this was asked less than 25% of the time. They also found that the care we provide is often out of alignment with the patient’s needs.

They have written a “Serious Illness

Conversation Guide”, which asks about: Goals - health, family and financial.

At the end, he summed his presentation up by saying “Imagine with them their life worth living and using our medical and nursing capability to enable it”.

Listening to the Patient: Patient Reported Outcomes and Benefits of Their Implementation in Routine Practice (PRO’s): Razvan A. Popescu

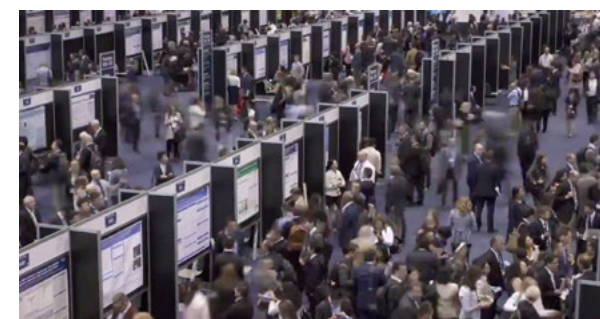
PRO’s can inform about QOL, symptoms, cognition, psychosocial, functioning, patient experience, decision making, treatment compliance and health behavior.

The benefits are patient awareness of symptoms, improves symptoms identification, accuracy of symptom assessment and management. This also streamlines discussions between the assessor and patient. This should save time. Therefore all of these outcomes should improve patient satisfaction.

Special Issues with Prescriptions in Older Patients with Cancer: Polypharmacy and Drug Interactions: Ginah Nightingale

Unfortunately New Zealand is mentioned for all the wrong reasons, as a country in 2015 we had 25% of patients being on five or more medications. The potentially inappropriate medications can be a

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ASCO 2019 CONFERENCE REPORT

Caring for every patient learning from every patient

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medication with risks that outweigh benefits, significant adverse drug reactions and any medication that interacts with other medications and diseases.

Clinical challenges involving de-prescribing: multiple healthcare providers, fragmented communication, time consuming, and preference for status quo.

Patient challenges for de-prescribing: a lack of understanding about medications, reliance on clinicians to make decisions, lack of caregiver involvement, difficulty with life expectancy, and goals of care discussions.

Driving forces: co-morbidities, multiple medical providers, fragmented care coordination, and change in health status.

Consequences can be risk of adverse drug reactions, cognitive impairment, depression, disability, falls, post op complications, caregiver burden, morbidity and risk of drug reactions.

A Practical Guide to Geriatric Syndromes in Patients with Cancer: Cognitive Impairment: Alison Magnuson

Dementia is significant cognitive impairment in at least 1 of 6 domains. Learning and memory, language, executive function, complex attention, perceptual-motor functions and social cognition. Prevalence 13.9% in

patient's age ≥ 71 .

Mild Cognitive Impairment: decline greater than expected for the patient's age and education level but does not interfere with activities of daily life. Prevalence is approximately 22% of Americans age ≥ 71 .

Prevalence in a cancer setting from the Seer Medicare database study showed the estimated rate of dementia is 3-7%, but dementia evaluation tools are not routinely performed in a cancer setting, therefore this data is limited.

Cognition in relation to cancer-related outcomes and risk of chemotherapy toxicity for high age patients, Mini-Mental score of <30 was a predictor for development of non-haematologic toxicity.

Evaluating Cognition tools: MOCA, Mini Mental Status Exam, Mini-Cog

Capacity assessment should include the patient's ability to understand relevant information, appreciate situation and consequences, and use reason to inform decision and being able to communicate decision.

Safety considerations to take into account are the patient's ability to recall potential side effects, recognizing concerning symptoms, and to reliably seek care if needed.

The patient needs to be able to manage complex scenarios such as

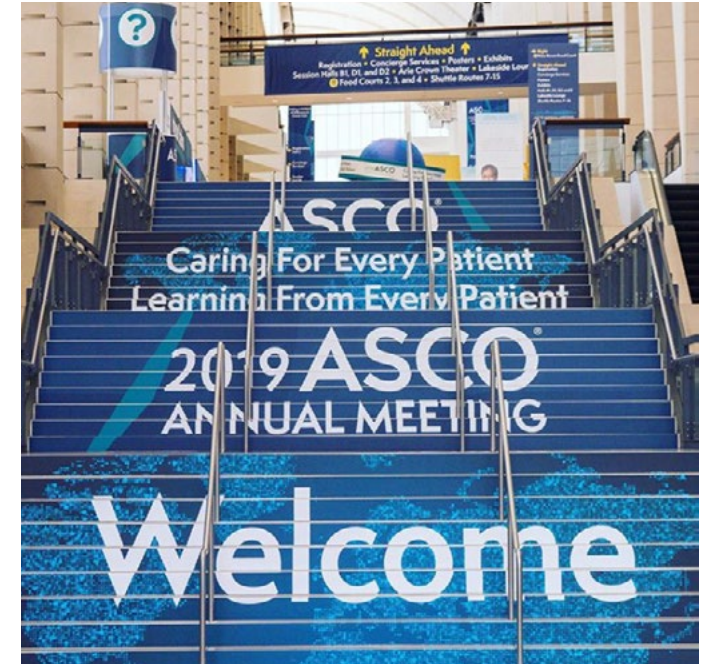


oral cancer therapy regimens, supportive care medications, understanding of PRN's, complex treatment schedules and appointments. Of equal importance is to evaluate what type of social support is in place.

Management considerations are caregiver engagement, minimizing medications, delirium prevention, social work referral, and decision-making capacity assessment.

The conclusions are pre-existing impairment in older adults with cancer is relevant and this represents a very vulnerable population. There are screening tools and we need to use them as our older cancer population is growing and will continue to do so. As we have no doubt seen in our own practices that cognitive impairment can and does influence treatment planning and supportive care interventions.

Caroline Stafford
Clinical Nurse Specialist
Medical Oncology
Wellington Blood & Cancer Centre
Wellington Hospital





NEW COMMITTEE MEMBER

Mary-Ann Hamilton

Clinical Nurse Specialist - Equity & Access, Waikato District Health Board

Kia ora Kōutou katoa

Ko Taranaki te Maunga

Ko Waikato te awa

Ko Ngāti Pākeha te iwi

*Ko Pūrangi i roto i Pare Hauraki tōkū
tūrangawaewae he wāhi whakataa mōkū
me he wāhi e whangai ōkū tinana, wairua
me e whakahono tonu hoki ki ōkū whānau
Me he wāhi pai ano e whakaaro ake ahau.*

Ko Mary-Ann Hamilton taku ingoa

Greetings, Hello to you all. My name is Mary-Ann Hamilton. I was born in Taranaki, and have lived mostly beside the Waikato River in Hamilton. I am of New Zealand European descent. Cooks Beach in the Coromandel is the place I go to rest, recuperate and reenergise, nourish body and spirit, connect with whanau and do my best thinking.

I am privileged to hold the Clinical Nurse Specialist - Equity & Access position, a new role created in 2013 with the Cancer Nurse Coordinators Initiative and the Faster Cancer Treatment Programme at Waikato DHB, the best nursing role in my career to date.

From General Practice referral with a high suspicion of cancer (and along any part of a cancer, or potential cancer pathway), this role is targeted to ensure completion of diagnostics and where required additional support to first cancer treatment. This strengthens the

opportunity to deliver equitable and timely care, working towards meeting the Ministry's 62 day and 31 day cancer targets.

It is not always an easy transition into or through our complex healthcare services, particularly for vulnerable patients or those at higher risk for inequitable outcomes. Working with patients, whanau and services, this role provides the opportunity to strengthen critical health literacy, the connection with multiple health care supportive care services, treatment adherence and our partnership with health, social and support services across the continuum of care. Sometimes our systems need nursing too!

My experience as an oncology, gynaecology and agency nurse in a tertiary hospital, and later as a breast care nurse and Nurse Coordinator of the Waikato Breast Cancer Register have given me insight into nursing the person and their whanau, the differences with population groups where cancer and wider health outcomes are concerned.

Exposure to the insidious effects of institutional racism has a very real impact for many people. If this concept interests you Dr Camara Jones: A Gardener's Tale, is a thought provoking education resource.



[Watch Dr Jones Ted Talk](#)

I ask you the reader - have you looked at your own local service policy and how Did Not Attend (DNA) events are managed? Do you have a policy and who does it serve best?, and have you critiqued how people are identified and supported to come back into your service with the practical and health literacy support required to access care?

Whilst I was coordinating the Waikato Breast Cancer Register (WBCR), the register contributed data to Diana Sarfati and team's C3 Study. The Uneven Playing Field is a key resource for understanding ethnic inequalities in cancer outcomes in New Zealand - this is essential cancer care viewing if you haven't already seen it.



[Watch Diana Sarfati's presentation](#)

The WBCR role contributed to valuable insights into the power of quality data to enable change and quality improvement. Having worked on the Ministry Leadership Group for the National Travel Assistance (NTA) Scheme Review more recently, it is evident that any data analysis is greatly enhanced with the combined strength of the nursing voice, reflections of the lived patient experience and the power of the cancer consumer group. If you can't measure - you can't improve, and context is an essential element to equity improvement.

In 2012, I spent a year as Project Manager with Midland Cancer Network, which was a rich learning environment managing service innovation, service delivery improvement for people with cancer across the Midland region. I worked with multiple groups of clinicians, staff and consumers across Bay of Plenty, Lakes, Waikato and Tairāwhiti districts. This role required skills in organisational change management and process improvement. Quality outcomes for patients with an equity strengthening mandate were inherent to the role with portfolios including: Tairāwhiti Adult Oncology Services Transition to Waikato DHB (2013); Midland Colorectal Cancer Work Group; Midland Breast Cancer Work Group; Co-project Manager of the New Zealand Breast Cancer Standards (provisional) 2013; Supportive Care and Medical Oncology.

In my CNS role I am particularly interested in the connection to community resources such as Iwi Providers and Whanau Ora services which support people and whanau experiencing cancer and related social care. There is a wealth of amazing resource available out there and nurses play a key role in ensuring connection to that resource for patients. After all, people make the best decisions they can with the knowledge, experience

Canterbury Regional Cancer and Haematology Service

NURSES EXCELLENCE AWARD 2019

The Canterbury Regional Cancer and Haematology Service's Registered Nurse Cindy Qian is this year's winner of the annual Nursing Excellence Award.

Cindy was nominated by her peers across the service for her excellence in cancer nursing. She was one of many nurses from the Medical Day Unit, Oncology Outpatients, Ward 26 and the Bone Marrow Transplant Unit who were nominated by their peers. This year saw a record number of nominations making the final decision difficult. The award was presented by Deb Hamilton, Nursing Director, Haematology/ Oncology/Palliative Care/Ambulatory Care & Afterhours. This is the fourth year the award has been presented to celebrate our nurses hard work, dedication to quality and excellent care for our patients' at the coal face.

Cindy has worked in the Cancer Service area for 7 years and currently works between Medical Day Unit and Oncology Outpatients. Her peers have said *"Cindy works efficiently and has a high level of skill, one of her major strengths is cannulating with impeccable accuracy. Being a valuable resource within both departments, she is often requested to assist others in their work whilst still managing her own work load. Cindy does not hesitate to assist and teach other nurses and always puts the patient's needs first"*.

The award was originally commissioned by Lloyd Ellison, a patient well known to the cancer service, which the winner has on loan for the year. The work, entitled "Circle of Life", represents "Arohanui" which means "of nurturing, caring and love".



NEW COMMITTEE MEMBER: **Mary-Ann Hamilton** *continued...*

and resources available to them. Our supportive care and NGO partners provide a very important platform of care, promoting access to patient self-management support services, education and practical supports.

I am a strong advocate for Screening for Distress, the 6th vital sign, as a nurse-led and equity strengthening intervention tool and a mechanism for understanding what matters most to the patient.

I also help deliver the Kia Ora E Te Iwi Māori Cancer Education programme in the Waikato where our Māori population is approximately 24% and over represented in respect to poor cancer outcomes.

Our current services models are unlikely to manage into the future with our ever-growing cancer population, resource and capacity constraints. People we are seeing now often not only go on to survive and thrive. Sometimes people go on to have locally advanced disease aggressively treated, with individuals recovering, surviving and being well, sometimes having experienced two, three or more primary cancers treated in a lifetime.

Health inequities create additional barriers to accessing healthcare in an effective and timely way. These are differences in health which are unfair, avoidable and remedial, therefore they are fixable. The greatest health inequities in New Zealand are based on ethnicity

followed by economic factors (or levels of deprivation), followed by geography (rural/urban). In most areas of health, the largest inequities are found between Māori and non-Māori New Zealanders. This is evident in cancer care outcomes. Better cancer outcomes benefit us all.

I fully endorse the need for nurses to be able to access clinical supervision. It is an essential self-care strategy to buffer against exposure to vicarious trauma. It contributes to employment retention. It is a key mechanism to support continued safe nursing practice, learning the skills required to reposition and influence the nursing voice within our complex health organisations. Above all, it supports strengthening nurses' resilience in this ever changing environment.

Cancer nursing is a team activity. Our strength lies in our combined voice for our services, delivering clinical skill, critical thinking and advocating beyond traditional service silos on behalf of patients and within our healthcare delivery services. I make special mention of my own family here, my nursing leaders and colleagues who are a continued inspiration, ongoing source of knowledge, encouragement and support. I certainly couldn't nurse in the manner I do without that support. I look forward to representing your voices and advocating for our sectors needs and celebrating the great work that is undertaken by cancer nurses across New Zealand.

ISNCC/ICN leadership course

I was very fortunate to represent the CNC at a Policy Leadership in Cancer Nursing Programme run by the International Society of Nurses in Cancer Care (ISNCC) in conjunction with the International Council of Nurses in Geneva this June.

This was the first time the course has been offered by ISNCC and was an amazing opportunity to network with other nurse leaders from around the world - participants were in a national leadership position of some sort either paid or voluntary in their home country with a diverse range of back grounds. The majority of the participants were from first world countries, however there were a small number from Africa and Eastern Europe. Many were from their respective national cancer nursing organisations.

It was a great opportunity to liaise with members of organisations such as UKONs, CNSA, ONS and the equivalent.

The programme aim was to build nurses' policy leadership capabilities to ensure that nurses' contribution to cancer control across the world is optimised. Expected outcomes from participation

in the programme included: Better understanding of how to influence policy at local, national and international levels. Improved ability to identify, understand and work with stakeholders within and beyond the nursing profession. Greater awareness of the competencies needed to negotiate with fellow executives, government officials, national, international and nongovernmental organisations and other policy stakeholder. The programme was facilitated by Dr Jane Salvage and Dr Diana Mason, both awe inspiring nurse leaders who have worked with ICN on similar projects for a number of years. Patsy Yates, president elect of ISNCC Stella Bialous past president also joined us.

I was understandably a bit intimidated by the level of knowledge and expertise in the room to start with, but everyone was so friendly and enthusiastic and ready and willing to share their knowledge that this was easily overcome. As part of the course we were required to present and work on a project which were wanting to undertake in our country. For my project I focused on the

upcoming audit of the National Nursing Guidelines for Antineoplastic Drug Administration New Zealand. Others focused on development of nursing education programmes for chemotherapy administration, health and safety precautions, development of nurse led clinics/telehealth, remote clinics and so on. There was a strong focus on political lobbying, presentation skills and building confidence. One of the things I came away with that was heartening is that in terms of nursing structure and policy, for such a small country New Zealand is easily up there with those leading the field and I was able to share some of our documents and policies with nurses from other countries were oncology nursing is less well developed.

It was an incredible honour to be invited to participate in the programme



and I am thankful to the other members of the committee who put my name forward. I hope this course is offered again and that others will get an opportunity to attend.

Kirstin Wagteveld (Unahi)
Chairperson
Cancer Nurses College

CALLING ALL NZ CANCER NURSES!

(Something for Everyone both Haematology & Solid Tumours)

A great opportunity to learn and share skills & experience(s)

Cancer Nurses College/NZNO biannual conference being held in conjunction with NZSO Conference

**25-26 October 2019
Wellington**

www.nzsoncology.org.nz/conference/nzno_cancer_nurses_programme

Nursing Posters - submission date extended 1st September

Programme includes: Immunotherapy / Oncoderm / Nurse led clinics / Nurse Research / Nursing related Posters



New Zealand
Society for Oncology



A great opportunity to attend right here on our home turf!

Early bird registrations open until Sept 13.

The Cancer Nurse College has approved 10 grants to CNC members to support their registration and attendance at this conference.

www.nzno.org.nz/groups/collegessections/colleges/cancernursescollege/grantsawards

Check out the programme.

www.nzsoncology.org.nz/conference/nzno_cancer_nurses_programme

Dinner will be quite the event - promising a fun night of delicious food, wine and a great line-up of all your favourite old and new songs!

Funding options to attend conferences or courses

Funding to attend conferences or courses is becoming increasingly hard to source. Apart from your local DHB, here are some funding options that you may not have thought of. To apply for funding you need to be organised with many groups having funding rounds and deadlines throughout the year.

- For members, the NZNO offers several funding streams. These include NERF, Florence Nightingale, Thomas Tippet award, just to name a few. For further information including criteria and closing dates:
- The Cancer Research Trust NZ has various award rounds throughout the year to support health professionals working within cancer care to attend courses or conferences. For further information on criteria and closing dates go to:

 **Visit the Scholarships section on the NZNO website**

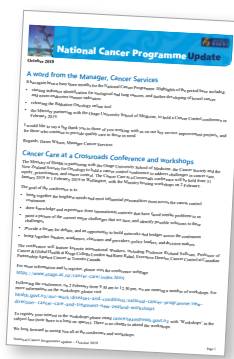
- Roche provides individual "Roche Education Grants" to nurses working in the fields of Oncology and/or Haematology to support their attendance at appropriate medical education events paid for in 2018. The key goal for these grants is to support nurses in accessing continuing education opportunities in their field of expertise and to share the information gained with their colleagues.

 **Visit the Grants & Awards section on the NZNO website**

National Cancer Programme update

The Ministry leads a national work programme which provides a strategic focus for cancer control and for system-wide improvements across the spectrum of cancer services.

 **Keep up to date on the National Cancer Programme**



 **Visit the Grant Application section on the Cancer Research Trust NZ website**

- The Blood Cancer NZ and the Cancer Society offer grants for health professionals to attend conferences or courses. They usually have funding rounds. For further information contact the Cancer Society or Leukaemia and Blood Cancer NZ.

If you are aware of other funding streams that are available and you want to publicise them, please contact us on

 **cancernursesnz@gmail.com**

Online cancer learning

 www.cancerlearning.gov.au

 www.cnsa.org.au

 www.ons.org

 www.isncc.org

 www.eviq.org.au

 www.nccn.org

 www.asco.org

Postgraduate education opportunities and funding for Registered Nurses

Postgraduate nursing qualifications are available from many academic institutions in NZ for Registered Nurses wishing to advance their practice. This includes Postgraduate Certificates, Postgraduate Diplomas and Masters Qualifications. Individual career pathways require careful planning as there are many different options available and specific requirements for particular roles. For example RN prescribing in primary health and speciality teams requires completion of a nursing council-approved postgraduate diploma in registered nurse prescribing for long-term and common conditions and for the Nurse Practitioner scope of practice specific postgraduate qualifications/papers are required.

Health Workforce Directorate (HWD formally HWNZ)

Annually each DHB enters into an agreement with the HWD for access to funding allocated for postgraduate nursing. HWD funding covers NZQA-accredited training programmes that lead to a nationally recognised related qualification at level 8 on the national qualifications framework.

HWD funding covers:

Tuition fees, clinical release time and Clinical supervision (if required)

HWD Funding eligibility criteria:

Each trainee shall:

- be registered as a nurse or a nurse practitioner
- hold a current annual practicing certificate (APC)
- be currently employed as a registered nurse by a health service that is funded by the DHB or MOH from Vote Health
- be a NZ citizen or hold a NZ residency permit
- have evidence of support by their current employer to meet the training requirements

- meet the entry criteria required by the education provider.

In addition your local DHB will have a clear application and selection process including such things as the minimum employment FTE and the requirement for PDRP participation.

For further information in relation to postgraduate study pathways/options and your local HWD funding process contact your local DHB.

Jacinda King, Nurse Coordinator Postgraduate Nursing Education

Some cancer specific courses that will be available in 2020:

UNIVERSITY OF AUCKLAND

Cancer Specialty Nursing

(Blended delivery 30Pts)

Health Promotion and

Early Detection of Cancer

(Campus delivery 30pts)

ARA INSTITUTE OF CANTERBURY

Cancer Nursing 1

Cancer Nursing 2

Contact provider for further information



Research Review New Zealand

Research Review publications bring the best of 10,000 global medical journals to your inbox every issue with commentary from New Zealand experts. All you have to do is register. Oncology specific research information is available in the following...

Medical Oncology

- [Breast Cancer](#)
- [Colorectal Oncology](#)
- [Immuno-Oncology](#)
- [Lung Cancer](#)
- [Renal Oncology](#)

Haematology

- [Haematology](#)
- [Lymphoma and Leukaemia](#)
- [Multiple Myeloma](#)

Maori Health

- [Māori Health Review](#)



Free resources available from ONS on safe handling of cytotoxic drugs

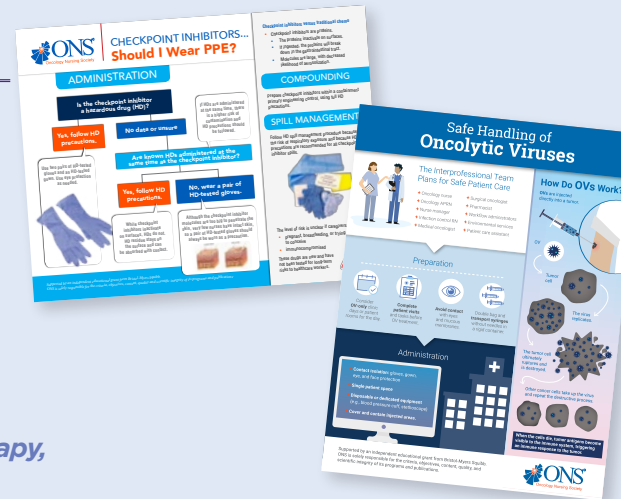
Clinical questions and answers *FREE!*

Should nurses administer and care for patients receiving chemotherapy while pregnant, breastfeeding, or trying to conceive?

What safe-handling precautions need to be used with chemotherapy, biotherapy, and immunotherapy?

What are medical surveillance recommendations for those who administer chemotherapy and biotherapy?

Should sterile or nonsterile barrier precautions (e.g. gown, gloves, mask, sterile drape) be used when handling VADs?



Toolkits *FREE!*

Safe Handling of Checkpoint Inhibitors

Safe Handling of Oncolytic Viruses

Toolkit for Safe Handling of Hazardous Drugs for Nurses in Oncology

Oral Chemo Guide

Standards and position statement *FREE!*

ASCO/ONS Chemotherapy Administration Safety Standards

Ensuring Healthcare Worker Safety When Handling Hazardous Drugs

Video *FREE!*

The Risk of Handling Hazardous Drugs While Pregnant

Book

Safe Handling of Hazardous Drugs (Third Edition). Download a free sample chapter



GUIDELINES FOR CONTRIBUTING TO CANCERNET...

Why contribute? Why publish?

- To share knowledge
- To advance your field of practice
- To disseminate key findings or opinions
- To contribute to policy debates

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed and can include;

- *Opinion*
- *Clinical practice*
- *Case studies*
- *Continuing practice development*
- *Literature review*
- *Advanced study (e.g. BSc or MSc) write-ups*

Submitting your work

- Articles should be submitted in Microsoft Word via email to cancernursesnz@gmail.com
- Acknowledgement of receipt of your submission will then
- Acknowledgement of receipt of your submission will be sent by email.

Word count

Opinion articles should be between 700-1000 words long. However, clinical-based articles and literature reviews and advanced study articles, these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

Authors must obtain permission for the use of illustrative material or images and ensure that this material is labelled and captioned.

Referencing

A recognised referencing system to be used. If the reference list is long, the reference list is available on request from the author.



A Google search for cancer brings up over 570 million results.

For patients with specific cancers - where's a good place to start?

cancerinfo.co.nz

Blood Cancer

Bowel Cancer

Brain Cancer

Breast Cancer

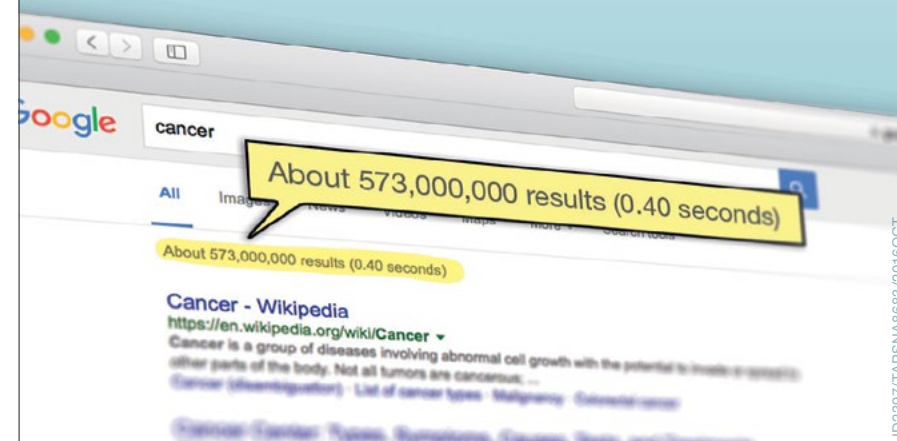
Cervical Cancer

Lung Cancer

Ovarian Cancer

Skin Cancer

Stomach Cancer



25-26 OCTOBER, 2019
WELLINGTON, NEW ZEALAND
CNC NZNO Conference & BGM in conjunction with: NZSO Conference

 [Click here for more information](#)

8 NOVEMBER, 2019
HAMILTON, NEW ZEALAND
Best in Breast Conference

With a range of presentations and speakers covering topics such as breast cancer care and treatments, innovations and research and services available for breast cancer patients the conference is a great continuing educational opportunity for those working in the area of breast cancer care and screening

 [Click here for more information](#)

13-15 NOVEMBER, 2019
MUMBAI INDIA
Asian Oncology Nursing Society (AONS)

Inviting authors on abstracts related to studies on evidence-based practice in Oncology Nursing for oral and poster presentation. Submit online.

 [Click here for more information](#)

29 MARCH - 1 APRIL, 2020
LONDON, UK
International Conference on Cancer Nursing 2020

The theme for ICCN 2020 is Innovation and Inspiration: Celebrating the Global Impact of Oncology Nurses.

 [Click here for more information](#)

The Cancer Nurses College 2019-20 COMMITTEE



Left to right: Jane Wright, Sarah Ellery, Rosie Howard, Kirstin Unahi, Katie Whytock, Felicity Drumm, Mary-Ann Hamilton, Anne Brinkman, Fiona Sayer (absent)



The Cancer Nurses College committee
INVITES ALL MEMBERS to join us on the new
'Cancer Nurses College NZNO' Facebook Group.

Ask questions, share thoughts, ideas, research, innovative practice, or concerns. Click the 'Join Group' button and one of our lovely Admins will add you. Easy as that! Hope to see you there!

 [Click here to visit the page...](#)

Cancer Nurses College badges



are now available for purchase for \$8 each.

They can be purchased from the CNC committee or by emailing us on cancernursesnz@gmail.com and using internet banking.

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We welcome contributions to Cancernet. Interesting stories, notices and photos relevant to our nursing community are always appreciated. Email us at

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