

# **NCI/All Ireland Cancer Nurses Working Group**

## **Work Plan 2007 - 2010**

### **1.0 Summary**

This paper provides an overview of the background and progress made in developing a new strategic work plan for the All Ireland/NCI Cancer Nurses Working Group. With the signing of a new memorandum of understanding in November 2006, a change in membership from the original group and the completion of the 3 year working strategy the group decided this was an opportune time to work on the development of a new strategy which would guide the next 3 years.

A workshop took place on the 2<sup>nd</sup> March to develop a shared vision for ongoing work and inform a strategic work-plan. This paper illustrates the work achieved to date plus the work plan agreed for the following 3 years.

### **2.0 Context**

The Ireland / Northern Ireland / National Cancer Institute (NCI) Consortium on cancer care was established by a memorandum of understanding in 1999. The purpose of the consortium is to bring interested parties from across the island of Ireland and the United States together with a combined mandate to enhance the ability of clinicians in all of Ireland to conduct world-class cancer research and thereby improve cancer prevention and care for the people in all of Ireland.

The Cancer Consortium has a number of working groups one of which is the NCI / All Ireland Cancer Nurses Working Group. The purpose of the cancer nurses working group was to facilitate and assist in the implementation of educational opportunities for nurses identified under the consortium. These education opportunities included clinical trials training, pre-doctoral fellowships and access to both the summer genetics course

and the NCI summer curriculum in cancer prevention. The chair of the working group alternates between the Chief Nursing Officer in the south of Ireland and the Chief Nurse Officer in Northern Ireland on a 3 yearly basis. The current Chair is Martin Bradley, CNO Northern Ireland.

### **3.0 The Workshop**

The workshop took place in the Hilton Hotel, Belfast on the 2<sup>nd</sup> March 2007 (appendix 1). The aim of the workshop was twofold:

1. To take stock of the progress made by the nurses working group and identify issues that need to be addressed.
2. To develop a shared vision for ongoing work.

The workshop was facilitated by Liz Henderson and commenced with a presentation by Margaret O' Hagan to set the context of the event. Martin Bradley and Mary McCarthy spoke of the changes which have occurred north and south of Ireland since the initiation of the consortium. These included:

- Review of public administration
- Cancer control plans
- Palliative care
- Implementation of standards and frameworks in cancer care
- NICaN research strategy in Northern Ireland
- Capacity building for research nurses north and south.

The group utilized a *Claims, Concerns and Issues* framework to identify the positives and negatives of the work achieved to date by the working group and identify work to be taken forward. A summary of these are tabled below.

<b>Claims</b>	<b>Concerns</b>	<b>Issues (work to be considered)</b>
<ol style="list-style-type: none"> <li>1. Networking</li> <li>2. Strategic Leverage</li> <li>3. Practical Achievements</li> <li>4. E-learning</li> <li>5. Clinical Trials Programme in NCI</li> <li>6. Prevention and Cancer Control Programme in Washington</li> <li>7. Cancer Conference 2006 quantity and quality of nursing input.</li> <li>8. Potential for further collaboration work <ul style="list-style-type: none"> <li>• MDT Research</li> <li>• North/South Nursing research</li> <li>• Create a catalyst : research awareness</li> </ul> </li> <li>9. Broadened Horizons- international, national, education &amp; practice</li> <li>10. Embracing supportive and palliative care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of funding to support the work plan</li> <li>2. Challenge particularly outside clinical trial unit</li> <li>3. Difficulty in identifying measurables</li> <li>4. Sustainability of Group: Work Programmes,</li> <li>5. Resources to do the job properly</li> <li>6. Lack of engagement with others: nurses within consortium, prevention group</li> <li>7. Focus around R&amp;D agenda on an All Ireland basis needs clarity.</li> <li>8. Strategic nursing input within NCI has been absent</li> <li>9. Variances in cancer services across jurisdictions</li> <li>10. Loss of momentum due to frequency</li> </ol>	<ol style="list-style-type: none"> <li>1. How can we identify the cancer nursing research agenda in the NCI in order to maximize collaboration?</li> <li>2. How can we utilize the group to facilitate North/South collaboration in relation to research and practice development?</li> <li>3. How and at what level do we engage with the NCI without losing the synergy of the All Ireland group?</li> <li>4. What is our agenda for the next 3 years?</li> <li>5. Where is nursing in the NCI and how can we link strategically?</li> <li>6. How do we exploit practice</li> </ol>

<p><b>11.</b>All Ireland Clinical Trial E-Learning module.</p> <p><b>12.</b>Sustained clinical trials training, NCI programme.</p> <p><b>13.</b>All Ireland collaboration enhanced networking and relationships.</p> <p><b>14.</b>Right timing for policy</p> <p><b>15.</b>Enhanced visibility nursing contribution: consortium, clinical research nurses, active group.</p>	<p>of meetings</p> <p><b>11.</b>Lack of working infrastructure challenges the achieving of goals</p> <p><b>12.</b>Tendency to have biomedical focus (NCI).</p> <p><b>13.</b>Do we need to revisit the Terms of Reference to reflect the progress within cancer services and changing needs.</p> <p><b>14.</b>Restricting our potential as a result of being beholden to the consortium: it has restricted our agenda.</p> <p><b>15.</b>Limited to clinical trial context</p> <p><b>16.</b>Remove from wider context: relevance to bigger issues</p>	<p>development within cancer nursing through these links?</p> <p><b>7</b> How can we measure our effectiveness?</p> <p><b>8</b> What level of strategic input do we need from the NCI?</p> <p><b>9</b> How do we maximize and broaden the research agenda North and South and with the NCI?</p> <p><b>10</b> How can we improve the effectiveness and impact of this group?</p> <p><b>7.</b> How can we continue to enhance practice through network?</p> <p><b>8.</b> What infrastructure/ resources do we need to realize the work plan?</p>
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#### **4.0 Objectives for next 3 years**

The group will continue to promote educational opportunities for clinical research nurses across the island of Ireland i.e. E learning module, the Clinical Trials training Health Promotion programme in the NCI. In addition to this there will be specific focus on 3 further objectives:

1. Utilizing the group to facilitate North/South collaboration in relation to nursing research.
2. Maximize collaboration with the NCI to establish and link with their nursing agenda
3. Use Telesyngery to support learning and development for clinical research nurses across the island of Ireland.

#### **5.0 Work Plan of Group**

To undertake the work plan (appendix 2) the group should meet three times a year alternating the venue North and South of Ireland. An annual workshop should also take place in the last quarter of the financial year (with the third meeting) to maintain the focus of the strategic work plan, evaluate outputs.

#### **6.0 Costs**

One of the issues raised at the workshop was the lack of specific resources to support the effective working of this group. It was reminded that due to the collaborative nature of the consortium colleagues are nominated for the working group by their employing organizations. Therefore any expenses incurred by attending meetings etc should be reimbursed through the employer.

Whilst it was not discussed at the workshop there are costs to administering this working group which should be made transparent and factored into the budget for the relevant parties. This will be discussed between the CNOs and the group informed of the decision / way forward.

## Work Shop Attendance

## Appendix 1

The NCI / All Ireland Cancer Nurses Working Group workshop was attended by:

### Northern Ireland

- Martin Bradley Chief Nursing Officer,
- Margaret O' Hagan Nursing Officer, DHSSPS,
- Liz Henderson Lead Cancer Nurse,
- Elish McCaughan Education
- Marie Glackin Education
- Lorna Nevin Palliative Care
- Nicky Armstrong Research
- Ruth Boyd Clinical Trials

### Southern Ireland

- Mary Mc Carthy Chief Nursing Officer.
- Mary Day Nursing Officer
- Sarah Condell Research
- Terry Hannan Clinical/Management

Apologies were received from:

- Eileen Furlong Education
- Anne Marie Lynch Palliative Care
- Debra O' Hare Clinical Trials
- Freda Clinton Clinical/ANP
- Eileen Maher Management

### Resignations

Janice Richmond Clinical /ANP replaced by Freda Clinton.

## Work plan for NCI/All Ireland Cancer Nurses Working Group

## Appendix 2

Objectives		Expected outputs	Time	Lead
1	Utilizing the group to facilitate North/South collaboration in relation to nursing research	<ol style="list-style-type: none"> <li>1. All Ireland cancer nursing consensus workshop</li> <li>2. Generate topics for research look at priorities study for oncology nursing North and South.</li> <li>3. Involvement of key stakeholders, R&amp;D, HRB offices,</li> <li>4. Establish a working group to produce a strategy for collaborative cancer nursing research North and South of Ireland</li> </ol>	To be completed at next meeting	
2	Maximize collaboration with the NCI to establish and link with their nursing agenda	<ol style="list-style-type: none"> <li>1. Nursing event / presentations at next NCI / All Ireland conference</li> <li>2. Nurses from working group to attend US based NCI events</li> <li>3. Re-establish links with NCI within the context of a new Chair</li> <li>4. North and South visits to NCI to establishing relationship with National Institute of Nursing Research</li> </ol>		
3	Use Telesynergy to support learning and development for nurses across the island of Ireland	<ol style="list-style-type: none"> <li>1. Education sessions across Ireland in first instance on topics related to clinical trials delivered using Telesynergy</li> <li>2. Expand this method of learning to include the US using a transferable subject i.e. ambulatory care <i>Patient Intensity Model</i></li> <li>3. Evaluation of this mode of delivery</li> </ol>		

