



**EDCAN CREDENTIALLING FORUM AT CNSA/MOGA WINTER CONGRESS -  
 "THE QUESTION OF CANCER NURSING CREDENTIALLING:  
 OPENING PANDORA'S BOX"  
 2<sup>ND</sup> AUGUST 2007**

The audience for the workshop included both nurses and consumers which provided valuable insight into credentialling issues.

**Aim**

The aim of the Credentialling Forum was to:

- Provide various perspectives on the issue around credentialling of Specialist Nurses with a focus on cancer nursing;
- Initiate informed discussion regarding credentialling of Specialist Cancer Nurses;
- Identify opportunities and challenges associated with credentialling of Specialist Cancer Nurses.

**Guest Speakers**

Peter Couchman facilitated the forum. There were seven guest speakers that delivered informative perspectives around nurse credentialling:

Guest Speaker	Presentation Topic
Dr Heather Wellington (Chair, Board of Directors, Peter MacCallum Cancer Centre)	<b>Scene Setting</b> - The impact of Clinical Governance and Safety and Quality issues on credentialling
Professor David Currow (CEO of Cancer Australia)	<b>Credentialling in the context of cancer services</b> - How does credentialling fit in with the national cancer service framework and standards of cancer service provision
Dr Tim Shaw (Associate Professor, Deputy Director, and Director Workforce Development)	<b>Medical credentialling - how does it work</b> - defining credentialling, accreditation and other associated terms
Belinda Moyes (Adjunct Professor, Principal Nurse Advisor)	<b>National Nursing and Nursing Education Taskforce perspective</b>
Dr Karen Dow (Nursing Professor, American College of Health & Public Affairs, University of Central Florida USA)	<b>The American Experience</b>
Tina Kendrick (National President ACCCN)	<b>The Australian College of Critical Care Nurses (ACCN) Experience</b>
Dr Stephen Elsom (President ACMHN)	<b>The Australian College of Mental Health Nurses Inc (ACMHN) Experience</b>

## Key Findings

Following presentations from the guest speakers, a facilitated discussion regarding some of the implications, advantages and disadvantages of credentialling for specialist cancer nurses was held.

The discussion highlighted the main focus of credentialling, which is to ensure the best systems are in place to provide the best quality of care. Credentialling can be seen as safeguarding the care by setting standards and ensuring that people have the qualifications they say they have. Increased confidence by patients in the nurses providing the care may result from a credentialling process.

A discussion of how to assess who becomes a specialist cancer nurse whether it is based on abilities, experience and/or academic qualifications, and whether skills should be generic or specific was raised. Assessment for credentialling may need to consider the multiple abilities of a nurse and differentiate between competence (qualifications) and performance (experience). Dr Karen Dow noted that in America the Specialist training does not provide nurses with specific skills in particular oncology streams.

The need to ensure equality for all nurses when assessing for credentialling was also raised in the discussion. Rural and remote nurses should have access to the same opportunities, along with all nurses working in the cancer service and not just nurses working in specialist hospitals. The standard of practice should be the same for all nurses. Credentialling of nurses working in rural and remote areas may increase accessibility of patients to cancer care in their local areas.

The discussion also highlighted the need for employers, individuals and the Government to work together in the credentialling process. The issue of workforce shortages in the nursing field raised concerns that the employer may be less favourable towards credentialling due to the potential added costs and the need to be able to employ enough nurses to provide the care. Hospital management tend to work on the assumption that any nurse can undertake any role and a credentialled Specialist Cancer Nurse maybe not required. Organisational support may be gained if credentialling was linked to accreditation.

It was pointed out that credentialling provides the opportunity to develop a 'scope of practice' and identify the role of nurses, as many are working beyond their capabilities. Concerns were also raised however that the 'scope of practice' should not be limiting but instead lead to expansion of the role of the specialist nurse.

The attendees raised potential issues against credentialling such as:

- standards of credentialling of a Specialist Cancer Nurse may be identified, yet they may be unable to be realistically or practically met;
- credentialling at a specific level may be an issue because cancer nurses have a broad set of skills and by developing a specific set of skills it may divide the profession;
- there is no national standard or regulated pay scale;
- there may be reduced support for credentialling from non-specialised hospitals.

## Implications

The discussion lead to "an opening of Pandora's box" with no clear resolution that credentialling of cancer nurses should or should not be undertaken. Although there may be some concerns there appeared to be a desire from nurses to be recognised as a Specialist Cancer Nurse.

The workshop provided the opportunity to gain an understanding of the issues regarding credentialling. It highlighted several opportunities and barriers to credentialling a Specialist Cancer Nurse. The peak body of cancer nurses may want to consider the issues raised and develop some strategies regarding how these issues may want to be addressed.