The Cancer Professionals Podcast – Episode transcript

Working in cancer care: Opportunities, challenges and progress

(Intro music fades in)

00:00:10 Liv

How has working in cancer care transformed over the years, and what could the future hold for the next generation of professionals in this rapidly evolving field?

00:00:19 Sophie

Patients are often living for longer. We've seen that their kind of increase in incidences. So it's all about that capacity to see patients and improve their access to care.

00:00:30 Paul

Hello, I'm Paul and my pronouns are he/him

00:00:33 Liv

And I'm Liv and I go by she/her. Welcome to The Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals, to lift the lid on current issues faced by the cancer workforce. If you enjoy this episode, please subscribe, rate and share with your colleagues and friends. We'd also love to hear from you. Please get in touch to ask questions, give feedback or even to suggest topics you'd like us to cover by emailing professionalspodcast@macmillan.org.uk or by filling in our short survey linked in the episode description.

00:01:06 Paul

In this episode, we explore the evolving landscape of working in cancer care through the eyes of two guest speakers at different stages in their careers. Sophie Maycock is a supportive care clinical nurse specialist and Marion Woodhouse, a systemic anti-cancer therapy lead nurse. We will find out about their careers so far, how working in Cancer Care has changed in recent decades and their views on how it is transforming for future generations of professionals.

(Intro music fades out)

00:01:36 Liv

Hello, Sophie and Marion, and welcome to the Cancer Professionals Podcast. Today's episode is in collaboration with UKONS. This year, they're celebrating their 20th anniversary. And to mark the occasion, they're soon to be releasing a series of 20 stories from cancer nurses over 20 years. We thought this would be a great opportunity to also showcase the great work that their young and early cancer career member interest group do. So today, we're talking to Sophie, who's one of the co-chairs of the member interest group, and we thought this would be a nice opportunity to compare how the healthcare landscape has changed overtime and how challenges might be the same or different.

To talk alongside Sophie, we have Marion, who's been qualified for 29 years. So first of all, would you be able to briefly introduce yourselves? Marion, can I start with you?

00:02:20 Marion

Hello. I'm Marion and I work at Basingstoke Hospital, which is part of Hampshire Hospitals Trust. I'm a systemic anti-cancer therapy lead nurse for the trust and I lead a team of five other anti-cancer therapy nurse specialists.

00:02:37 Liv

Lovely. Thank you and Sophie.

00:02:39 Sophie

I qualified in 2017 as a nurse straight into oncology. I've kind of worked in a range of roles so qualified in medical oncology, busy kind of ward here at the Christie. And then I had a sister's post and then became a supportive care CNS and then more recently have been gynae specific supportive care, but now gone back to general supportive care.

00:03:04 Liv

Marion, can you share some insights into your background and what led you to pursue a career in cancer nursing?

00:03:10 Marion

Yeah. So I started off when I qualified in [19]96. I worked in central London. I started off on award, that was gastroenterology and GI surgery. I'd enjoyed a student

placement in oncology, but I wanted a more generic sort of placement as my first role because it was great for consolidating my experience after training and it was a really great supportive environment for students on that ward. We cared for patients with many different conditions, but I found that I was drawn to patients having treatment for cancer, whether that be sort of surgical procedures for colorectal cancers, bowel resections or procedures for stent insertions, for people with pancreatic cancer and things like that.

I found that that's where I would then wanted to sort of go in and develop my career. That ward at the Middlesex was a typical Nightingale ward. I remember sort of like the big surgical ward rounds and the doctors standing around at the end of the bed, sort of no nurse specialist in the team. Ward nurses were then sort of trying to support patients after receiving bad news and I found that I was drawn more to this part of the role. It was a privilege to care for patients at a vulnerable time in their lives, and I wanted to move to an environment where I could specialise more in cancer care.

00:04:29 Liv

Lovely. Thank you. And Sophie, can you share some insight into your background so far and how you started your career in cancer nursing?

00:04:38 Sophie

So kind of similar to Marion in some ways in the way that I didn't actually expect to go into oncology care originally. When I was a student nurse, I was kind of influenced by a lung cancer ward, which I saw kind of really good quality care provided and actually found it really, really interesting. So that kind of led for me because I wanted to specify in cancer and I was in Manchester, I chose to go to The Christie to get that cancer exposure and I kind of feel when I qualified in oncology, it felt like it was a very fast paced kind of place to qualify. You learn a lot of clinical skills quite quickly, administration of chemotherapy, did a kind of a range of tasks. I found it very challenging at the same time. But I got a kind of good experience of acute oncology as well as kind of giving treatment and then also the supporting patients through kind of difficult time in their lives.

00:05:37 Paul

Sophie, just coming back to you because she talked about some of the challenges there, you mentioned that you know that particular kind of the journey was

challenging. Could you maybe share maybe some of the examples or just give us a little bit more detail?

00:05:53 Sophie

I'd say qualifying in oncology felt challenging because there was so many changes happening at the time of qualified, you know, new treatments. Immunotherapy were starting to be introduced. I think patients are kind of living for longer as well and can have kind of quite large volume of disease or more acutely unwell or more comorbidities. So it was quite a lot to learn and when qualifying, you know, getting exposure to the acute oncology emergencies as well, it's very different to general medicine, as is its own respective field, and I think it's brilliant. They've introduced the acute oncology passport as well, which is I think will be really useful tool for nurses qualifying in oncology in the future definitely.

I found I guess being quite a junior nurse on the ward, there was a lot to take in and learning how to do the job and then dealing with the kind of oncological kind of management of it was quite challenging.

00:06:53 Paul

And then Marion, just coming over to you in terms of your kind of career journey, any kind of significant moments that have helped shape your career and just maybe reflecting a little bit on what Sophie kind of experienced in that in more recent kind of journey?

00:07:14 Marion

Yeah. There's probably a sort of a few things to pick up on. When I first moved, so I spent about three years in the medical surgical world that I talked about earlier and then I moved to an oncology ward to sort of pursue, sort of working out that this is where I wanted my focus to be and moving to specialise in that. So I moved to a general sort of chemotherapy, radiotherapy, palliative care treatment ward at Charing Cross. That was sort of a big, I suppose, significant moment for me was that was my first real experience of clinical nurse specialists. So the team at Charing Cross, it was a bigger hospital. It had a specialist palliative care team and they had sort of sub-specialities of you know particularly a head and neck nurse specialist, lung cancer nurse specialists. They didn't have all the site-specific specialities. But particularly I think which was quite advanced for that time was that they already had nurse specialists in secondary breast cancer, which was something that I hadn't

kind of come across anywhere else and have found that sort of ability to support the patient through their journey at that stage was really beneficial to me. And I found that I'd learned a huge amount from them. And being new to oncology in a lot of ways, similar to what Sophie was saying, there's so much to learn and taking on board, sort of caring for the patients on a daily basis, but also trying to take that step back and seeing their whole journey and the experience from their perspective, not just their time while they're in hospital and experience that acute inpatient episode is just one very small part of the journey to them, isn't it? And the nurse specialists have the opportunity to support them through that sort of longer pathway and through their journey. And a comparison to Sophie, was about the teaching and the training. So that was a big challenge for me. Chemotherapy teaching, I'd not done that. I hadn't had any experience of that at my first hospital.

Moving to Charing Cross, that was something that I needed to learn at that time. Practical and theory teaching wasn't particularly joined up, and we're still talking sort of 1999 and we did have a brief study day on the theory, but there was no specific workbook. My first experience, the practical teaching was like watch one, do one. You know, sort of giving, you know, I'd watch a colleague giving bolus chemotherapy and then it was like, okay, you can do the next syringe. Which I suppose at the time didn't seem such a big deal, but with hindsight, once in a teaching role and developing my own practise, I kind of realised the risks to both the nurses and the patients of that lack of education and the potential damage that I could have done to that patient by not really understanding and knowing what I was doing.

Um, so for me then sort of working sort of closely with the teaching role I've spent a few years on that ward. First of all, as a sort of senior staff nurse and then as a junior sister. But then I moved into a sort of clinical teaching role, and then it was part of my job to actually help manage the chemotherapy teaching. So one of the kind of achievements of that role was that we worked closely with our chemotherapy nurse specialist at the time and the teaching role with Buckinghamshire University to develop an accredited chemotherapy module at the university, which for us was then all staff had to go through that and pass that prior to completing their practical training. So for me that was a real sort of step forward and something that we were, you know, proud of the team of making progress in that and obviously relating that now to having the SACT passport is a huge step forward in terms of like standardising that across the country. And then making a big difference to staff being able to use it and to patient safety as well.

00:10:57 Sophie

I think it's really interesting also what you said about CNSs as Marion because when I qualified I thought CNS, like, was central nervous system. So when I qualified on the wards in oncology, I didn't actually understand that these nurses weren't just specialising in the central nervous system, because I didn't have exposure. And then I had no clue on how diverse the role is until I was really, I think you know we got a bit more of a preceptorship probably than what you had when you qualified Marion and and, I think it's even more established now. But I had an opportunity to kind of shadow a couple of CNSs so I could actually understand the role. So I no longer kind of looked silly for assuming they all worked with the central nervous system diseases and that kind of also kind of inspired me to kind of also see the bigger picture, like you said and rather than just that short insight that you see on an in-patient setting.

00:11:55 Paul

And that's a really interesting point, Sophie, because I think, you know, perhaps many people assume. That you know, because there are lots of acronyms and things like that, and everybody assumes that actually everybody understands all of them. So you know, thank you for kind of your honesty. And from that point of view and how do you both handle the emotional challenges that come with this kind of work and perhaps Marion, if I come to you first?

00:12:23 Marion

I think that's kind of developed as I've gone through my career, I'd say that I found that more challenging when I was, you know, younger, less experience of dealing with that. Obviously some of that comes with experience. Partly for me it's maintaining a good team ethos that there's always somebody to share with, really encourage everybody in the team to sort of share their experience and get their support locally within the team. We make a big point and we've got kind of posters up on the unit about, you know, leaving things at the door, you know, sort of thinking about something positive that's happened during the day and then being able to kind of end your day on a positive note before you go home.

Probably easier to say than do, but trying to limit the amount that you do out at home and out of hours to sort of keep your work life and your home life separate so that you can, you know, protect yourself as much as possible. But for me at the moment, yeah, the team is probably the key thing. We have a really good my nurse

specialist team, but also our wider chemotherapy or SACT day-unit team is fantastic for supporting each other and sharing their experience and also a lot of access to clinical supervision where it's relevant. When people have got that, I think it's important for people to use what works for them. The clinical supervision model isn't perfect for everybody, but where it is useful, but making sure that you are able to access that support and identify when you need extra support and use the resources that are around you.

00:13:58 Paul

And Sophie?

00:13:59 Sophie

Particularly when I first qualified, I think there's a lot of stress about learning how to do the job, getting signed off on cannulation, bloods, you know, chemo, all these, all these things that can be particularly really stressful time. And I felt, to be honest, I probably struggled to relax into it till about six months to a year in a little bit more.

And I think it's like Marion said, it's about recognizing and communicating that and that that's okay, you know, it might be sometimes just simple changes like 'Oh, could I have a break from being allocated to this patient?' The patient might be lovely, but the situation might be quite distressing to to be kind of in that kind of a bubble of that patient's life for that day and having it kind of back-to-back might be quite difficult, so it might be little changes like that. I think, like Marion said, really important switching off from work and I definitely used to really struggle with that and actually drawing clearer boundaries to help yourself kind of replenish for when you come in and and also I think I feel very well supported by my team. You know, your colleagues, I often feel I gain the most support from that, but there is that kind of more formal support as well for those who feel it works for them.

For me, I feel like a small little debrief, informal kind of usually works well for myself, but I think the most important thing is recognising how you feel and seeing what kind of options might work for you to kind of recharge and deal with that kind of emotional side of it, cause you can't care for somebody as much as you probably, you know the best you can if you're not in the right headspace and I think that's really important.

00:15:40 Marion

I would echo that, really just about sharing those patients that need more of your energy and that's something that we do kind of informally between the team is like actually, you know, sort of perhaps take it in turns to review certain patients can be really, really helpful.

00:15:55 Paul

As somebody obviously who has been in, in the role and and has, this has been your career for longer. Is this kind of emotional support is, is this an area that you've seen change for the better since kind of when you started?

00:16:11 Marion

Particularly again, linking to what Sophie said about how it's easier to acknowledge now that you need support, and I think that's recognised and that's supported a lot more than it used to be.

I think there have been times where I've sort of asked for help and it's not been forthcoming and you're expected to be strong and to be able to manage so that in terms of the acceptability, that's where I think we've seen the most change. I think it's still to a certain extent dependent on local teams and the sort of informal support that you've got there and the structures you've got there, but being able to ask makes so much difference as well.

00:16:48 Liv

Before we hear more from Sophie and Marion, here's a quick message from Michael about Macmillan's learning hub.

00:16:54 Michael

As a health or social care professional, you know that cancer affects every part of a person's life, from health and relationships to work and finances. That's why Macmillan's learning hub is here to support you with free, trusted education and training designed specifically for professionals working in cancer care.

From communication skills to personalised care planning and end of life care, our courses cover the topics that matter most.

Wherever you work, whatever your role, Macmillan is here to help you make a difference. Find out more about free education and training today at www.macmillan.org.uk/learning.

00:17:36 Liv

Thanks, Michael. That's great to hear. Now let's get back to the conversation.

00:17:40 Paul

We hear a lot about the increasing pressures and demands on the NHS today and I wonder, Marion, if you could just maybe talk to us a little bit about how cancer care has changed since you first started and and maybe thinking about any key developments or changes that stand out, especially maybe in practice?

00:18:06 Marion

So in my sort of current role or so, I moved from Basingstoke to Hampshire in 2008, which was more the sort of SACT or systemic anti-cancer therapy nurse specialist role. And and that was a bit of a change from sort of the ward and the teaching environment that I worked in in London and mine was a new role that was set up to develop nurse-led clinics as one of the kind of main parts of the role. So what I found initially when I started that sort of 16 years ago or so. It was gaining the trust of the consultants to be, you know, for them to let me assess their patience and to make decisions about those patients and for me to make that assessment, which is obviously, you know reducing their workload, which is one of the reasons for creating a lot of the nurse-led clinics is because there isn't the capacity in the consultant clinics to to manage all of the patients that need assessment. But to be able to do that successfully that the consultant would need to trust my assessment and initially, when I wasn't prescribing in clinic then I would be going to the doctor saying 'I've assessed your patient. I think this I'd now like you to prescribe their treatment based on my assessment' and that's quite a big jump and that's quite a big ask to ask somebody else to do. So one of the biggest challenges earlier in that job was gaining that trust, working closely with them, allowing them to see what I did, build up confidence in my assessments and then feel confident to be able to sort of prescribe on my behalf. And the biggest change on that sort of from then to now is gradually building that service and it became fairly clear that as part of that role it would be helpful for the nurses to be prescribers. So I started off doing my prescribing course and that's since then has been sort of a key part of the systemic anti-cancer therapy nurse role is to be, you know, prescribing and assessing patients in clinic. So that made it easier once we started prescribing, we were able to then follow through and prescribe for our own patients that we'd assessed and

that it was more fulfilling as a role because we were able to kind of follow through and sort of complete that that stage of the process.

But it was also, I suppose, fairer on the doctors, I think. I didn't realise until I started prescribing how much I was asking someone else to do. I remember all those times as a more junior nurse just putting a prescription chart in front of a doctor and saying 'please write this. I know what they need, just write it up for me' and I can think of many times in the past that I've done that and actually, but when you do your prescribing course and you reflect on that and you think actually the decision that you're asking it is an awful lot to ask somebody else to just do that for you. And so that was again a big learning curve for me and taking on prescribing and accepting the responsibility that comes with that and the pressure I was perhaps putting on other people in the past when I didn't do that.

00:21:00 Paul

And Sophie, if if I could come to you and and perhaps because you've already mentioned kind of how quickly things are changing now and even kind of you know being at an earlier point in your career, if you can maybe if there are any examples of what you've seen change in that short period? But also perhaps what you think might be key changes kind of coming in the future?

00:21:27 Sophie

So I guess kind of changes as well that kind of included that are charities and third sectors in the way that actually they have less money available because of the economic climate, and actually as much as we can direct our patients to these sources, it can be quite challenging because there's longer wait lists for kind of extra support and things. So I think that's something that's quite new and that's ongoing.

I'd say that, like I briefly mentioned before, that patients are often living for longer. We've seen the kind of increase in incidences in cancer like Marian's mentioned. So it's all about that capacity to see patients and improve that access to care. Other changes in cancer care as well is maybe that that it appears less paternalistic in terms of for the patients able to, you know, they don't just follow necessarily what the consultant says it's more of a discussion.

Also in terms of kind of the kind of MDT and healthcare, I feel that it's people have viewed you know more equal to each other, less of kind of less of this hierarchy. It

might be that my voice has kind of got more confident as I've qualified, but I feel that that that has been a change in that landscape that the MDT is kind of more collaborative and there's a wider range of different professionals involved in cancer care. I think that's a lot more connected.

I think kind of challenges for the future, probably that that a lot of there's a big shift to ambulatory care, isn't there at the moment as well. And and you know, we need to think about how primary care supported with this, you know primary care deals with all sorts of things and how to kind of I guess improve that kind of transition of care from community into hospital and vice versa. I think that is something that we'll probably see change over the future.

As well as the introduction of more kind of genetic specific treatments and prescribing is something that definitely looks like it's kind of moving forward as well.

00:23:36 Liv

That's really interesting. You've both kind of mentioned actually like working relationships and having kind of trusting relationships with other professionals as well and how you built that. I wonder if you could share a little bit about what skills and what experience you felt was key to building other professionals trust in your roles. And I think particularly, as you mentioned, kind of early on in your career that maybe there was some trepidation from other professionals about working with you. And I wonder if you could share what built those trusting relationships?

00:24:08 Sophie

I think for me, like a big turning point in my career, so I was, I got a sister post about a year into qualifying, which back then was quite different to normal. So kind of as a sister, I think historically, correct me if I'm wrong, Marion or if your experience was similar. But it was usually the most experienced person on the ward, whereas kind of now that kind of shift in terms of your leadership skills and as well as kind of experience as well, it's kind of using a combination of things, not necessarily looking at experience. So that was quite a challenging point in my career because I think all the previous sisters had been in their post, at least, you know, like 10 years and I think I kind of I guess I think partly it's I've learned to the value of a nursing voice, but I feel that that kind of those good relationships probably fostered from just actually asking people about their roles. I know it sounds really silly, but the simplest thing asking somebody 'sorry I'm not quite sure

how your role works, do you mind telling me about it' actually can give you so much more insight how you can utilise them in a patient's care. And I think it's really important that we're just kind of not all working in kind of our own kind, just not looking outside of our vision and kind of looking out to the peripheral parts of it, what other people can bring to to cancer care. And I think, yeah, like I said something just as simple as asking people how their role works and what value they could give. I didn't, you know, for this period of time, I didn't know about occupational therapy and their value in cancer management and fatigue. I just didn't have that exposure as a student nurse, so I think, yeah, I think that also helps foster good relationships because it shows that you're also valuing somebody's input. But there's also been more encouragement in the NHS, obviously, for MDT discussions as well, which is good cause it puts everybody all at the table to kind of discuss their kind of insight on patient care.

00:26:21 Liv

Brilliant. Is there anything you'd add to that Marion?

00:26:23 Marion

Just building on what Sophie was saying about the sort of allied health professional roles, really. I mean, certainly with the sort of living with and beyond cancer, our dietetics team, for instance, and our therapy practitioners that we're seeing, those roles build more and more. And just echoing again what Sophie said about how much they can bring to the patient experience. And so I've found involving any sort of any members of the multidisciplinary team that are involved in the patient journey in teaching. So when we have our sort of systemic anti-cancer therapy updates, then making sure that I'm inviting speakers from all of those different specialties. So we'll try and get a consultant or a couple of consultants to come and talk about their, you know remit or their area, but we'd also get the dietitians to come. We'll get the therapists to come and the palliative care team. And so just bringing all of that experience together to sort of share with the junior members of the nursing team as well means they get insight into what all of those others bring, and far more likely to make a referral to them if they know them and they've heard a bit more about what they do.

00:27:32 Paul

And again, a question for both of you and I wonder if you've seen changes in expectations from professionals, but also from patients over the, you know, the

periods of time as your careers have developed and Marion and perhaps if I could start with you. What might have what you, maybe you've seen changed over the period from that expectation point of view?

00:27:59 Marion

Yeah. So looking first of all at sort of patient's level of understanding, I suppose, and their expectations that might come along with that, particularly I found that the variety of experience you have just keeps getting broader. So you'll have people that as it's always been the case, you'll have people that don't really want to know anything and trying to make sure that their journey stays safe. If they're, you know that they we are able to communicate key information in terms of you know this is the phone number to call. If you have any problems please do call it. But you might have people that actually you know, I want my chemotherapy, but I don't want to know anymore. I don't want to know about the side effects. I'll wait and see what happens and that can be sometimes quite a challenge to manage from a professional point of view because we know the side effects and the risks associated. So sort of involving patients and families in that discussion if we can and trying to do what we can to make their journey safe.

Through to the other extreme, I suppose of patients that want every detail, and that takes up a lot of time, doesn't it? In terms of potentials or clinical consultations as well as time spent with the patients when they're perhaps having their treatment, for example, which will probably be relevant in my speciality. And how you manage giving them the time they need without impacting on your ability to run the rest of your clinic so you know time management and being able to, you know, make separate time available for patients if they need it.

On the flip side of that, I think we have an expectation of the patient's level of understanding as well and linking back to you know patients being involved in decisions about their care being able to choose what treatments right for them being given options. If you can have this or this, but we might be setting clinics sort of saying giving them statistical information about research studies about, you know, this percentage of people had this. Uhm, we know that health literacy is relatively low for of quite large proportions of the population. So I think we need to be really careful about our expectations of what people understand and take on board and constantly hearing about kind of overwhelming with information. And so it's constantly trying to strike that balance between giving them the information

they need to make them safe, but not overwhelming them so that they sort of switch off as well.

00:30:20 Sophie

I mean, I think you've made some good points there, Marion. And I'd say patient expectations I think it's quite like you said, can vary, but I also think it can be quite challenging for patients because they, for example, will go to set person about a problem that might not be related to them, but patients aren't to know and I think patients' expectations of staff is that we all you know work together, but sometimes it can be a little bit disjointed, like we've touched on before. So I think, I mean, I think as part of managing that, I think that you know, CNS roles play a big part. But I'd say that patients' expectations is that all you know, you know about this problem, but you might not necessarily know because it might be that the cancer kind of management is across multiple sites or you know different departments and that can sometimes be lost in translation. So that I think that could be quite challenging for patients to encounter sometimes because they're probably like you said, Marion, overwhelmed with all the different information that they've got. And they probably have a whole list of numbers and they don't know which one to contact at times. There isn't always kind of a single point to contact. Often the CNS is a good place to start, but I think that can be quite challenging for patients.

00:31:39 Liv

I wonder if we could move on to talking a little bit about the development that you've both undertaken through your careers. So Marion, if we start with you, are you able to reflect on your own development over the span of your career? And I know you mentioned you completed your prescribing qualification and wonder if you could share a little bit more about that and other development opportunities you've undertaken?

00:31:59 Marion

So when I first specialised in oncology, I wanted to develop my knowledge more, but at that point it was quite difficult to get on a degree programme, so obviously I qualified before a nursing qualification was a degree. I did a diploma in nursing and then, even though I already had a diploma, I couldn't get on a degree course for sort of cancer-specific. So I did another diploma in cancer nursing and then I did manage to progress to a sort of degree programme in cancer and palliative care

which was based at Buckinghamshire University and had a real mixture of modules covering a whole variety of areas of the specialty, which I found really really valuable. Since then, that was when I was still working in London. So then since moving to Hampshire, I've done sort of individual Masters modules. I haven't completed a masters, but the prescribing and the other courses that kind of come alongside that sort of sort of clinical assessment and history taking and diagnostics courses and the prescribing course, they're all sort of Masters level modules. The prescribing course was probably the hardest course I've ever done, but equally probably the most useful and the most fascinating. You know, I learned huge amounts from it. As I say, it sort of completely changed my perspective on how I look at prescriptions. And that's been valuable. And it's been, you know, a skill that I've used probably pretty much every day at work since then, which is what, 15, no not quite about 13 years ago, I did that course. So highly recommend it as a way to develop in a speciality if it's relevant to your role, but be prepared for hard work and I've since I suppose I've mentored a few people through it since. So when you're doing the prescribing course, you need a supervisor and a sort of designated practitioner to support you through the course. So I've now taken on that role for several people since, which I've found equally valuable because of that continuous learning element, isn't it? So they're learning, but also we're learning from them all the time. So new things that come out the course, teaching itself and mentoring people just constantly challenges you to think about what you're doing, doesn't it, which is what I enjoy so much about teaching is that you're having to think about what you're doing, why you're doing it and no chance to just kind of sit and carry on doing it because you've always done. So I like that kind of constant challenge.

Recent education has been more sort of conferences, drug updates, so working with sort of pharmaceutical companies. Often they'll want to come and talk to you about the latest data about their drug, which can be a useful opportunity to get the team together and have an update from them.

00:34:49 Liv

That's brilliant what you've shared about mentoring there. So the fact that you're sharing your skills and knowledge but you feel that you're also building on that at the same time, as well as sharing, that's really nice. And have you seen a change in the development opportunities that are available kind of since you started your career?

00:35:07 Marion

I suppose it's a case of everything feels like it's moved up a level because you will now qualify with a degree, and so lots more education post-qualifying has moved to Masters level. I think it's also important to recognise that that's not for everybody and there's lots of other updates. So it's about sort of finding out what other opportunities are available to you and doing specific modules that are relevant to what you need to learn. Masters are great, but making sure that there's options available for everybody. If that's not the path that's right for you as well.

00:35:44 Liv

Thank you. And Sophie, if we come to you, what do you think has been the most valuable development opportunity that you've undertaken since starting? And do you think that there are enough development opportunities for young and early career nurses?

00:35:59 Sophie

So I would say that I feel that when I qualified, maybe the landscape has changed a bit in terms of investment to do more study. I quite early on luckily got to do an acute oncology module. That was my first Masters module I did, which was luckily funded by my trust. And I found that very useful and I've done a kind of a range of Masters modules since then I've I've nearly completed a Masters kind of ad hoc, but there's kind of non-Masters things I've also done that I found really beneficial, so sometimes it's just webinars that I see advertised online. You know, things are a lot more accessible to learn, I think. I mean the UKONS passport is always useful, isn't it? But there's the addition now of the acute oncology passport, which I think will be really useful for the future because there's so many new things coming in and toxicities that we need to look for, it can be a little bit overwhelming and I think that will be really good too because there's different levels that you can do it at as well. So a combination of online courses. I found advanced communication particularly useful and how to communicate with patients because I think when somebody's in that kind of, you know, going through really difficult time or distress. As nurses, we often want to fix things, or as healthcare professionals, we want to fix things, and it's not always about fixing, it's about listening and the value that can bring. I think that taught me a lot. There's lots of things I've been fortunate to do, but I think I think there's no one thing that's particularly better than another. And like we said, we're lucky in this landscape today that we can just look at free webinars online and you know, spare an hour of learning or something that we're interested in, so. There is things out there. It's just a case of searching for it.

00:37:44 Liv

My next question was to come back to mentorship and how this has been beneficial to both of you. Marion, if I could come to you first, just to kind of describe, if you had a mentor through your career and then also your role as a mentor later in your career?

00:37:58 Marion

I suppose thinking back the key roles in my earlier positions were probably the Ward sisters because there was less other sort of mentor and supportive roles around there weren't sort of so many clinical educators and that kind of thing. I was really lucky in my very first ward to have a fantastic sort of senior staff nurse/ deputy sister. Just really concentrated on the value of like looking after yourself and looking after your team, she prioritised making sure people went home on time, making sure people like handed over their care so that they could actually finish their notes and just that, just appreciating the basics early on about actually prioritising looking after yourself, you're not the only one, they can, you know, manage without you, there is a team and that you share was a really valuable kind of early thing to. And also when I moved to Basingstoke and I was doing a brand new role and again I had no sort of precedent for what I was doing, sort of developing the nurse-led clinics, developing a new role from scratch, seek out support from other hospitals. So I found it really valuable to link up with University Hospital Southampton, who were our kind of cancer centre. I seeked support from the team there that had also got nurse-led clinics up and running so I spent time down there sort of learning running clinics or observing clinics with the nurse specialists in Southampton. That was really valuable for me to build links with other hospitals around the area and seek out support sort of externally. When I've there wasn't somebody in the role that I could learn from at my own hospital. That was really helpful.

In terms of more recently when it's been more me sort of doing the mentoring, the role model element to me is such an important part of it. So working clinically with the clinical team, so I still try and spend at least a day a fortnight or sometimes a day a week sort of on the unit giving chemotherapy, working alongside the new nurses that are working. They can see people in senior roles sort of like experience with the clinical skills and able to sort of share your knowledge on a daily or weekly basis doing that.

But also sort of leading the specialist team that role model is still a key element of that, and the teaching part of it and succession planning as well. So whereas it started with sort of just me in as a nurse specialist building up that team. Having some younger members of the team being able to kind of plan for the future and make sure that keeps going and enjoying, as I said earlier, sort of learning myself continually from being a mentor.

00:40:47 Liv

Brilliant. Thank you. And Sophie, what has your experience been of mentorship?

00:40:54 Sophie

Informally, kind of I've had a few different mentors, and like you said, Marion, and they're almost like people you aspire to, and it was kind of been at different points in my career, back when I qualified. That was the senior staff nurse. She wasn't the sister, she was a staff nurse, and she was amazing. You know, her kind of how she is with patients, and that's who I aspired to and kind of learned from particularly when I qualified. Then as I changed in terms of once I was a sister, I noticed an ANP, so Advanced Nurse Practitioner, she was amazing with patients and that really kind of inspired me then to learn more about kind of her profession and things. So I think it's been a range of mentors to be honest with you. And I think it's really important to if you can, if you feel confident to reach out to people. Because actually I think that the culture in the NHS is actually to support you these days and most people are very much kind of open to you kind of learning a bit more about their role or just for advice as well. I'd say kind of being a more more of a mentor now, I would say that I really enjoy it. Like Marion said, I think I gained more when somebody's with me because I love to hear their stance and perspective because we've all got careers behind us in different perspectives and also outside of work. We've all had different perspectives and kind of experiences of cancer as well. So I feel like you can gain so much by actually having someone come with you and that might be, for example with the non-medical prescribing, I've had a few people go with me as well kind of for that training. And a lot of people kind of want to get exposure to supportive care. So we have different people work with us, but I feel like I learned so much from it. And sometimes I think am I getting more from it than what they are because you sometimes you don't think of set perspectives. So I think, yeah, I think mentorship is really important. And kind of how that materialised if it's, if it's formal or informal, it doesn't really matter as long as you kind of if you can seek

somebody who you will kind of aspire to, definitely try and reach out because you probably will gain a lot from it.

00:43:04 Liv

What a compliment to the professionals that you are looking up to and saying that, you know, I aspire to be like you in my career. Yeah, what a compliment. We touched on succession planning when talking about mentors, we hear a lot at the moment about the kind of scale at which people are retiring from healthcare. I wonder how you think mentorship can help the younger generation to fill those gaps?

00:43:29 Sophie

I think I can kind of on behalf of my team right now, a lot of them are kind of approaching that retirement age and investing in you know younger staff and kind of trying to learn from their experiences in the past and the change in kind of care or overtime is really valuable. And I think there's also a lot more opportunities in cancer care at the moment and hopefully that will help improve the sustainability of the new workforce coming in to kind of get that exposure to different learning opportunities.

00:44:06 Liv

Lovely. Thank you. And Marion, is there anything you'd add from your perspective?

00:44:10 Marion

Just thinking about making you know, sort of partly of being a role model, but also just your team that you're working in is very visible to the wider nursing team. So we're very lucky where we are in terms of we've got a wider nursing team that are on the day units giving chemotherapy or giving systemic anti-cancer therapy. If we can make our nurse specialist roles attractive to want to move into, you've got you're giving further development opportunities for those sort of band 5 nurses giving treatments a lot of areas where there would be sort of cost pressures or various other things. The nurses giving chemotherapy are sort of limited to a band 5 role if they want to stay in that treatment area. So if we expand those, you know lucky enough to have, as I say, expanding team of specialists in anti-cancer therapy and an expanding team of acute oncology nurses because that's another, you know, hugely growing specialty, isn't it? It gives people sort of visible opportunities of where they've got the chance to develop into and if we can keep those fantastic

band 5 nurses within the team and wanting to develop, giving them those opportunities gives us more chance of keeping those more senior teams kind of supplied with a new intake of nurses as.

00:45:28 Paul

Do you think it's harder or easier now to build the long term career in cancer care?

00:45:35 Marion

That's a really good question. I think, as Sophie said, I think there are more opportunities. So overall, I would say it is easier. There are opportunities there and there certainly are roles needed to be able to support the ever-increasing number of patients going through treatment, so that would suggest that there is longer term opportunities always going to be available.

00:46:01 Sophie

I would probably say it's easier in, like you said, Marion in, I guess when you first qualified, there wasn't really many CNS posts. That wasn't really a thing. So there's more opportunity for development now, I guess and there's so many more sub-specialities in oncology now if that makes sense in terms of, you know, you've got your supportive care team, that's not just palliative care. So we're looking at management of symptoms across the whole cancer spectrum, including survivors. You've got, then your kind of more frailties being introduced into oncology and then you've got your, you know immunotherapy, sometimes specific teams. So there's so many more things coming through. That I hope it will build a more kind of sustainable careers for cancer nurses compared to other professions. Yeah, that's what I think.

00:46:51 Paul

As we kind of start to bring the episode to a close, we've got our feature where we ask our guests three questions. So Sophie, if I can start with you. The first question being if you could go back in time to the start of your career, what piece of advice would you give yourself?

00:47:12 Sophie

I'd probably say to promote a better work-life balance. I think particularly when qualifying kind of using that time to switch off and recharge, definitely. That's what I'd probably say.

00:47:27 Paul

Thank you. And Marion and the same question to you?

00:47:30 Marion

For me, I was thinking it would be that you don't need to have your whole career planned out. You can take opportunities as they come along, learn from everyone around you and just see where it takes you.

00:47:43 Paul

Brilliant. Thank you. And Sophie, if, if I come back to you, what change would you like to see to improve the lives of people living with cancer?

00:47:52 Sophie

I think it would be better communication between different care settings. Kind of more fluent transitions for patients.

00:48:02 Paul

Thank you. The same question to you, Marion?

00:48:04 Marion

I'd like to see more development of the rehabilitation after cancer and access to exercise services, social prescribers, things like that. We're starting to see an emergence of that, but there's so much to offer in terms of helping patients get back to life after cancer. There's more that we could do there.

00:48:24 Paul

And lastly, what would you like listeners to take away from this episode?

00:48:28 Sophie

I'd probably say that there's so much opportunity within cancer nursing and you know, consider going into cancer nursing from qualifying or later in your career. You know the doors always open and there's lots of opportunities to learn and lots of kind of different career pathways available within the profession.

00:48:47 Paul

Great. Thank you. And Marion?

00:48:50 Marion

I think the importance of kind of reflecting on and celebrating your own and other's successes has been really valuable for me as part of preparing for this. We're not always that good at doing this, and the more that we share, the more that we learn from each other.

00:49:05 Paul

Well, that brings us to the end of today's episode. A huge thank you to Sophie and Marion for sharing your insights and your experiences with us today. It's been fascinating to hear how cancer nursing has evolved over the years, the challenges and the opportunities that you have had access to and the vital role that mentorship and support has given you both in your careers.

(Outro music fades in)

00:49:33 Paul

You've been listening to the Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support. If you work in health or social care, visit macmillan.org.uk/learning to find out more about our learning hub, where you can access free education and training. For links to the resources mentioned see the episode description.

00:49:55 Liv

If you enjoyed this episode, follow us so you don't miss our next conversation, where we'll be chatting with Claire Goodwin-Fee the founder of Frontline-19, a non-profit organization which was set up in 2020 to provide psychological support and counselling to health and care workers during the COVID-19 pandemic. Frontline-19 now supports around 9000 people each week and Claire joins us to talk about how crucial mental health support is for health and care professionals, including those working in cancer care.

00:50:22 Paul

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