



CNSA and COSA Position Statement on:

**The Contribution of Nurses To Cancer Survivorship Care
in Australia**

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POSITION STATEMENT

Background

Australia is home to more than 1.66 million people living with and beyond a cancer diagnosis, a number that will continue to increase with a growing and aging population, earlier cancer diagnoses, and improved cancer treatments. Most individuals diagnosed with cancer experience some form of physical, emotional, and practical challenges during and after initial and possible subsequent treatments. High-quality, well-coordinated survivorship care is critical to addressing these needs.

The term ‘people affected by cancer’ includes any person with a diagnosis of any type of cancer, and with any stage, at any point from diagnosis on, as well as their significant others. Survivorship encompasses the period between a person’s cancer diagnosis through to the end of life, with the goal of supporting individuals and their significant others to achieve their fullest potential in all aspects of life. Quality survivorship optimises how a person feels, lives, and manages their life after a cancer diagnosis, which is an integral goal of high-quality cancer care.

Accordingly, key areas of focus include prevention and surveillance for recurrent and new cancers; prevention, surveillance and management of cancer symptoms, treatment side effects and late effects (including prehabilitation and rehabilitation); promotion of healthy lifestyle behaviours and disease prevention; and enhanced navigation and coordination between hospital-based specialist multidisciplinary teams, primary care and community providers, in partnership with people affected by cancer; to achieve optimal long-term health and well-being.

As the largest cancer care workforce, nurses — across all practice levels — are uniquely positioned within the multidisciplinary team, to assess and respond to people’s health needs over time and to support people to navigate quality, sustainable, person-centred survivorship services and resources across the health care system and the wider community. It is also recognised that the health and wellbeing of people affected by cancer require an enabling system beyond health care (e.g. return to work and anti-discrimination legislation, education support for young people affected by cancer, disability support). Although the clinical role of nurses in directly supporting these non-health issues may be limited, nurses provide a valuable voice in advocating for best support and outcomes for people affected by cancer.

For this position statement, we define nurses’ involvement in survivorship care as:

Nursing care - any care activity *or* set of care activities within a nurses’ scope of practice that contribute to the care needs of people affected by cancer

Nurse-led models of care - a model of care where nurses take the *primary leadership* role in providing and coordinating follow-up care to manage the needs of people affected by cancer.

Nurse-enabled models of care - a model of care where nurses take an *essential role in enabling or removing barriers* for supported self-management or care provision by members of the multi-disciplinary team (oncologist, haematologist, surgeon, general practitioner, allied

health, other nurses, or in combination) in providing follow-up care to manage or coordinate all aspects of survivors' needs.

Key Sources

1. COSA Cancer Survivorship Model

The Clinical Oncology Society of Australia (COSA) Model of Survivorship Care Framework¹ and Position Statement² advocate for risk-stratified, coordinated care, inclusive of nurse-led models in specialist and primary care settings.

2. Australian Cancer Plan

The Australian Cancer Plan (2023)³ provides a strategic foundation for improving cancer outcomes through prioritising solutions that address equity, sustainability, and innovation. Nurses deliver personalised *interventions* to enable or support a person to achieve the best long-term health outcomes. In addition, nurses have a central role as part of the health care team in improving access, tailoring support to diverse populations, and strengthening links between acute care, primary care, and community services. These essential nursing interventions directly address the priorities outlined in the Australian Cancer Plan (See Table 1 for key examples).

Table 1. Examples of key contribution of cancer nurses in addressing priorities of the Australian Cancer Plan.

Priorities	Examples of key contribution in the context of cancer survivorship
Maximising Cancer Prevention and Early Detection	• Secondary prevention and detection of cancer recurrence or progression: Nurses provide health promotion education, and contribute to screening programmes, and personalised risk assessments and early detection strategies.
Enhanced Consumer Experience	• Care navigation: Nurses empower patients and families in their navigation through the complex cancer care system. • Health literacy: Nurses provide tailored, evidence-informed information to improve understanding and maximise self-agency. • Culturally safe care: Nurses underpin delivery of respectful, trauma-informed communication and care, particularly recognising First Nations peoples.
World-Class Health Systems for Optimal Care	• Multidisciplinary care: Nurses are key members of integrated care teams, bringing expertise to ensure continuity across the entire cancer journey. • Survivorship care: Nurses develop survivorship care plans, manage late effects, coordinate follow-up care, and enable shared-care arrangements. They may also lead

	detection and monitoring for recurrence in some defined models of care.
Strong and Dynamic Foundations	• Data and quality improvement: Nurses are pivotal to data collection and utilisation to inform care. They are fundamental to effective integration of patient-reported outcome data, clinical care, and quality assurance. • Knowledge generation and translation: Nurses lead and participate in survivorship research, and support effective knowledge transfer and translation across all settings.
Workforce to Transform the Delivery of Cancer Care	• Workforce optimisation: Nurses work to the top of their scope to maximise access to quality cancer survivorship care, especially in rural and underserved areas. • Training and upskilling: Nurses receive education in survivorship, genomics, cultural safety, and new models of care. • Leadership: Nurses are recognised as leaders in care coordination, and navigation.
Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People	• Culturally responsive care: Nurses work in partnership with Aboriginal Community Controlled Health Services to deliver care that respects cultural values. • Navigation and advocacy: Nurses help overcome barriers to access and advocate for equitable care and services.

3. Nursing Care

McErlean et al. (2025) established expected capabilities required by Australian nurses working in various settings and at all levels to embed long-term optimal health and wellbeing as a central goal of quality survivorship care⁴. Data from this modified Delphi study categorised capabilities into six domains (see below). These domains help articulate the breadth of cancer nursing survivorship activities and can be used to guide professional development and workforce planning:

- clinical and technical care,
- person-centred communication,
- education for self-management,
- care coordination and system navigation,
- professional development, and
- leadership and advocacy.

4. Nurse-led Care Models

An overview of systematic reviews evaluating various care models in cancer survivorship by Chan et al. (2023) reported that nurse-led models are as effective and safe as specialist-led

models of post-treatment follow-up in clinical outcomes for a number of cancer types⁵. Additionally, nurse-led care models often result in greater survivor satisfaction, improved emotional wellbeing, and better support for self-management. It is important to note the diverse nurse-led models being reported in the literature. Nuances around the varying scope of practice in terms of the nurse's leadership role, educational requirement of the nurse, the context of the larger health care teams should be considered. Nurse-led models may also be at a lower cost and provide better value for patients and the health care system.

The Critical Role of Nurses in Optimising Health and Wellbeing Outcomes for People Affected by Cancer

Nurses play a pivotal role in providing cancer survivorship care, offering continuity, and person-centred approaches across the care continuum. To maximise their contribution and the effects of their contribution, this position statement outlines targeted areas for action/advocacy etc across practice, research, education, and policy. These actions aim to (i) embed activities/interventions to achieve optimal survivorship care, (ii) strengthen workforce capability and support nurses to work to their full scope of practice in the context of survivorship care, and (iii) highlight opportunities for nurses to work at all levels across all six domains of survivorship care summarised by McErlean and colleagues⁴. It is acknowledged that some statements are specific to nurses, while some address the broader context, but are considered key to maximising the contribution of nurses.

COSA and CNSA jointly advocate that nurses are enabled to work to their full scope, facilitated by strategic investment and policy reform.

Service Delivery:

1. **Survivorship care activities and interventions should be embedded** as a standard component of nursing roles, models, and frameworks across all levels and settings including primary care, rural, and community settings.
2. **Health systems should adopt a value-based approach to define, fund, and implement** survivorship-focused nursing roles, including advanced and specialist positions where appropriate, ensuring visibility across cancer services.
3. **Cancer care navigation, while it can be filled by a wide range of professions, should be recognised** as a core nursing function, especially in facilitating safe and timely transitions from active treatment to post-treatment survivorship and palliative care services.
4. **Clear pathways and service directories should be developed and updated** to support nurses and people affected by cancer in accessing internal and community-based survivorship resources.
5. **Nurses should lead, co-lead, or contribute to integrated survivorship care** tailored to individual needs as part of multidisciplinary teams
6. **Organisational structures and policies should support nurses** to work to the top of their scope in delivering survivorship care.

7. **Survivorship care plans and relevant screening tools for physical and psychosocial needs should be standardised** within electronic or non electronic medical records to ensure seamless communication and continuity of care.
8. **Survivorship care should be facilitated** using telehealth and technology to maximise access to care.
9. **Models and workflows should be implemented** to empower nurses, as part of the multidisciplinary team, to support person-centred care, promoting shared decision-making, health promotion, and self-management coaching.

Research:

1. **Nurses should be integral to exploring what matters most to people affected by cancer**, utilising data to inform a prioritised, value-oriented program of cancer survivorship research
2. **Nurse researchers should take leadership** in and be integral to co-designing care services and solutions with people affected by cancer to address person-centred needs.
3. **Nurse researchers should conduct and contribute to implementation studies** to support routine adoption of nurse-led/nurse-enabled survivorship models and interventions across diverse settings.
4. **Workforce and systems research should be undertaken by or** in partnership with nurses to identify enablers and barriers to nurses fulfilling survivorship roles.
5. **Data availability and linkage should be improved** to assess the impact of nursing care on survivorship outcomes and experiences.
6. **The impact of nurse-led approaches to care and/or models of care should be evaluated** in terms of healthcare utilisation, patient pathways, and system efficiency, mapped against the quintuple aim of healthcare.
7. **Research findings should be translated into practice** to address key survivorship issues such as fear of recurrence, financial toxicity, distress, and return to work.
8. **Studies should investigate the “value/impact” of nurses’ contribution** to survivorship care among priority populations including rural and remote communities, culturally and linguistically diverse groups, First Nations peoples, people with rare cancers, people with advanced disease, and LGBTIQ+ communities.
9. **Future research should explore nursing career development and educational pathways** to address gaps in survivorship care capability.

Education:

1. **Training should align with capabilities** defined by McErlean et al.⁴ to support progression from foundational to advanced practice.
2. **Ongoing education, mentorship, and professional development should be provided** for all nurses, with particular attention to rural and remote settings.
3. **Educational resources and evidence-based guidelines should be available** to nurses wherever they work.
4. **Education should be delivered in diverse formats** to support nurses working in hospital, community, rural, and remote environments, and to accommodate different learning styles and structures, as well as different time availability and capacity.

5. **Adequate supervision, mentorship, and communities of practice should be ensured** for ongoing support.
6. **Survivorship care content and capabilities, as part of optimal chronic disease management, should be embedded** into nursing curricula at relevant undergraduate, postgraduate, and continuing professional development levels.
7. **Education and training should be mapped** to defined survivorship capabilities to ensure structured progression and skill development.
8. **Interprofessional learning opportunities should be enabled** to foster collaboration and shared understanding in survivorship care.

Policy:

1. **The role of nurses in cancer survivorship should be formally recognised** in Optimal Care Pathways, National and State and Territory Cancer Plans, and other policy frameworks.
2. **Dedicated funding streams should be developed and supported** for nursing care activities and nurse-led survivorship care models to ensure sustainability and scalability.
3. **Clear role descriptions, funding pathways, and accountability measures should be defined** for nurse-led models of care.
4. **Investment should be made in workforce development**, integrating survivorship capabilities into nursing education, supervision, and professional development.
5. **Equity-driven care approaches should be supported** by funding programmes in underserved areas and incentivising culturally safe models of care.
6. **Data and evaluation systems should be established** to monitor survivorship care quality, outcomes, and experiences, with population-level disaggregation to ensure equity.
7. **Survivorship indicators should be integrated** into organisational quality metrics to enable continuous improvement and accountability.
8. **Policy and funding levers should empower nurses in all care settings** to lead and innovate in survivorship care, supported by sustained investment in billing items, education and research.
9. **Co-design and feedback mechanisms should be promoted** with people affected by cancer, including families and communities to ensure models are person-centred, responsive, and inclusive.
10. **Supportive Care Centres of Excellence should be established** or accredited, to lead education, research, and translation in survivorship care as a component of supportive care, and support other centres or settings with fewer resources.

Conclusion

Cancer survivorship care led or enabled by nurses is fundamental to and critical for achieving optimal person-centred experience and outcomes of cancer care. Empowering nurses to maximise their contribution to survivorship care addresses an overlooked opportunity to deliver equitable, sustainable quality survivorship care across Australia. While it is acknowledged that some progress has been made towards advancing recommendations in this

statement, additional improvements are critical to embed existing and implement new survivorship care interventions and scale survivorship care to meet the needs of people affected by cancer. To achieve optimal health and wellbeing for people affected by cancer, national and jurisdictional policies must now prioritise investment and system reform to maximise the contribution of cancer nurses in cancer survivorship.

Resources

- **Contribution of Cancer Nurses to Improve Outcomes for Individuals Impacted by Cancer Position Statement.** Cancer Nurses Society of Australia; 2025. <https://www.cnsa.org.au/resource/contribution-of-cancer-nurses-position-statement-pdf.html>
- **Implementing a nurse-led survivorship clinic: a guideline.** Australian Cancer Survivorship Centre; 2024. <https://www.cnsa.org.au/resource/implementing-a-nurse-led-survivorship-clinic-a-guideline.html>

References

1. Cancer Nurses Society of Australia. Contribution of Cancer Nurses to Improve Outcomes for Individuals Impacted by Cancer. 2025.
2. Vardy JL, et al. Clinical Oncology Society of Australia position statement on cancer survivorship care. Aust J Gen Pract. 2019;48(12):833-6.
3. Cancer Australia. Australian Cancer Plan. In: Australia C, editor. Surry Hills: Australian Government; 2023.
4. McErlean G, et al. Quality cancer survivorship care: a modified Delphi study to define nurse capabilities. J Cancer Surviv. 2025.
5. Chan RJ, et al. Effectiveness and implementation of models of cancer survivorship care: an overview of systematic reviews. J Cancer Surviv. 2023;17(1):197-221.