

CNSA and COSA Position Statement on: The Contribution of Nurses to Cancer Survivorship Care in Australia



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The Cancer Nurses Society of Australia (CNSA) is the peak professional body for over 8,200 dedicated cancer nurses across Australia, representing over 2000 members. CNSA supports and advocates for cancer nurses working across all levels of patient care, covering the full spectrum of cancer nursing.

The Clinical Oncology Society of Australia (COSA) is the national oncology community bringing together multidisciplinary health professionals across all cancers to advance care and improve outcomes. COSA’s vision is to improve cancer care and control through collaboration.

CNSA and COSA acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

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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 ageing population, earlier cancer diagnoses, and improved cancer treatments. Most people diagnosed with cancer experience some form of physical, emotional, and practical challenges during and after initial and possible subsequent treatments. High-quality, well-coordinated, equitable, accessible, and culturally safe survivorship care is critical to addressing these needs.

The term 'people affected by cancer' includes any person with a diagnosis of any cancer type and stage at any point from diagnosis onward, as well as their significant others. Survivorship encompasses the period between a person's cancer diagnosis through to the end of their life, with the goal of supporting them and their significant others to achieve their fullest potential in all aspects of life. Quality survivorship care 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 during survivorship care include prevention and surveillance for recurrent or new cancers; prevention, surveillance and management of physical and psychological symptoms; treatment side effects and late effects (including prehabilitation and rehabilitation); promotion of healthy lifestyle behaviours and disease prevention; and enhanced patient navigation and coordination between hospital-based specialist and 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 a person's health needs over time, provide direct clinical care, and support people to navigate quality, sustainable, person-centred survivorship services and resources across the health care system and 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 antidiscrimination legislation, education support for young people affected by cancer, and disability support). Nurses provide a valuable voice in advocating for best support and outcomes for people affected by cancer.



Definitions

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

Nursing care – any care activity or set of care activities within a nurse's scope of practice that contributes 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* to supported self-management, or care provision arrangements by members of the multi-disciplinary team (oncologist, haematologist, surgeon, general practitioner, allied health, other nurses, or in combination) in caring for people affected by cancer.

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 healthcare 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).

Table 1. Example contributions of cancer nurses in addressing priorities of the Australian Cancer Plan.

Priorities	Key contributions 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 programs, and personalised risk assessments and early detection strategies.
Enhanced Consumer Experience	<p>Care navigation: Nurses empower people affected by cancer in their navigation through the complex cancer care system.</p> <p>Health literacy: Nurses provide tailored, evidence-informed information to improve understanding and maximise self-agency.</p> <p>Culturally safe care: Nurses underpin delivery of respectful, trauma-informed communication and care, particularly recognising First Nations peoples.</p>

World-Class Health Systems for Optimal Care	<p>Multidisciplinary care: Nurses are key members of integrated care teams, bringing expertise to ensure continuity across the entire cancer journey.</p> <p>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.</p>
Strong and Dynamic Foundations	<p>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.</p> <p>Knowledge generation and translation: Nurses lead and participate in survivorship research and support effective knowledge transfer and translation across all settings.</p>
Workforce to Transform the Delivery of Cancer Care	<p>Workforce optimisation: Nurses work to the top of their scope to maximise access to quality cancer survivorship care, especially in rural and underserved areas.</p> <p>Training and upskilling: Nurses receive education in survivorship, genomics, cultural safety, and new models of care.</p> <p>Leadership: Nurses are recognised as leaders in care coordination, and navigation.</p>
Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People	<p>Culturally responsive care: Nurses work in partnership with Aboriginal Community Controlled Health Services to deliver care that respects cultural values.</p> <p>Navigation and advocacy: Nurses help overcome barriers to access and advocate for equitable care and services.</p>

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 cancer 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 care for clinical outcomes over a number of cancer types⁵. Additionally, nurse-led care models often result in greater satisfaction for people affected by cancer, as well as 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, the educational requirements of the nurses involved and the context of the larger healthcare teams should be considered. Nurse-led models may also be at a lower cost and provide better value for people affected by cancer 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 quality cancer survivorship care, offering continuity, and person-centred approaches across the care continuum.

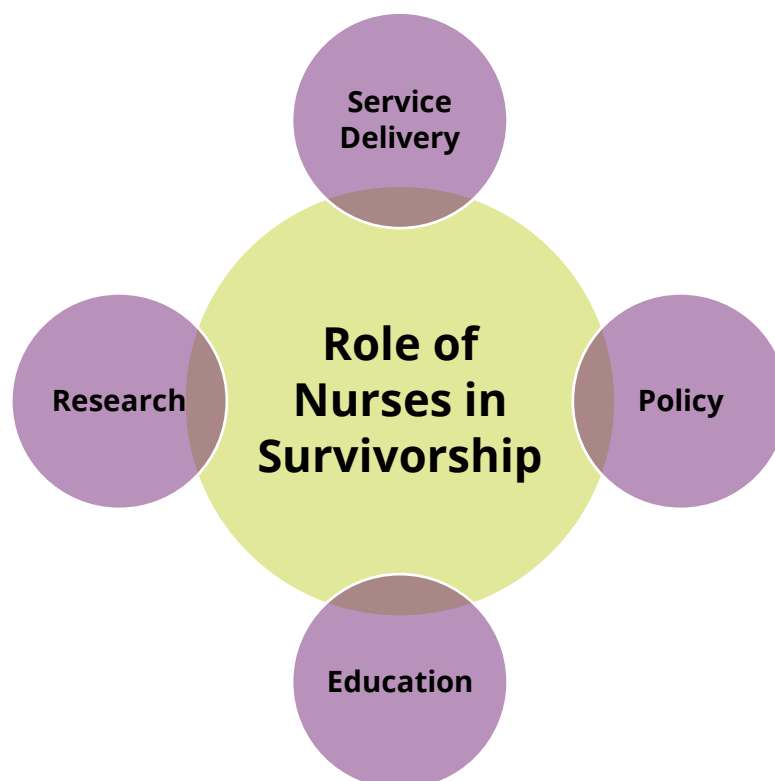
To maximise their contribution and effects of their contribution, this CNSA and COSA joint position statement outlines targeted areas for action and advocacy across practice (i.e. service delivery), research, education, and policy.

These actions aim to:

- embed activities and interventions that achieve optimal survivorship care,
- strengthen workforce capability and support nurses to work to their full scope of practice in the context of survivorship care, and
- 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.

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



Recommendations and Actions

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. While care navigation can be filled by a wide range of professions, it should be recognised as a core nursing function, especially in facilitating safe, timely and coordinated transitions across the cancer care journey.
4. Clear pathways and service directories should be developed and updated, in alignment with Optimal Care Pathways, to support nurses and people affected by cancer to access hospital- and community-based survivorship resources. Nurses should play a key role in developing, improving, and applying service directories in their everyday practice.
5. Nurses should lead, co-lead, or contribute to integrated survivorship care tailored to individual needs as part of multidisciplinary teams. In particular, the role of nurses in enabling coordination and transitions of care between acute and primary care settings, and community-based support organisation is key to successful integrated care.
6. Organisational structures and policies should support nurses to work to the top of their scope in delivering survivorship care. There should be opportunities for nurses to embed advanced cancer survivorship knowledge and skills into their practice.
7. Survivorship care plans (or opportunity for survivorship care planning) and relevant screening tools for physical and psychosocial needs should be standardised in electronic or non-electronic medical records to ensure seamless assessment, communication and continuity of care.
8. Where suitable, survivorship care should be facilitated using telehealth and technology to maximise access to care. Embedding nursing survivorship roles into telehealth cancer services, with defined scope, workflows and access to care planning tools, can enhance continuity of care, reduce fragmentation, and improve access for rural and underserved populations.
9. Models and workflows should be implemented that enable nurses, as part of the multidisciplinary team, to drive 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. Nurses should take a key role in collecting, interrogating and interpreting cancer survivorship data to inform and advance survivorship care.
3. 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.
4. Nurse researchers should conduct and contribute to implementation studies to support routine adoption of nurse-led or nurse-enabled survivorship care models and interventions across diverse settings.
5. Workforce and systems research should be undertaken by or in partnership with nurses to identify enablers and barriers to nurses fulfilling survivorship roles.
6. Data availability and linkage should be consistent nationally and improved to assess the impact of nursing care on survivorship outcomes and experiences, and to guide resourcing of services.
7. The impact of nurse-led approaches to care and/or models of care should be evaluated, and mapped against the quintuple aim of healthcare.
8. Targeted research should be conducted to evaluate the impact of structured survivorship care in telehealth settings, and how such programs improve outcomes addressing the quintuple aim. This evidence base is key to inform future service design and funding model.
9. Research findings should be translated into practice to address key survivorship issues such as fear of recurrence, financial toxicity, distress, and return to work.
10. 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.
11. Future research should explore nursing career development and educational pathways to address gaps in survivorship care capability and supporting frameworks.

Education:

1. Development and delivery of education and training should align with capabilities defined by McErlean et al.⁴ to support progression from foundational to advanced practice and to ensure structured skill development.
2. Ongoing education should include structured mentorship, supervision and communities of practice to support nurses across all settings, with particular attention to rural and remote areas and culturally safe approaches for diverse populations.
3. Education and formalised training should be accessible and 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.
4. Education should incorporate digital health capabilities (e.g., telehealth, virtual care and artificial intelligence), including virtual care models and telehealth, to prepare nurses for contemporary survivorship care models
5. Comprehensive educational resources should be accessible to nurses delivering survivorship care, covering diversity of domains of care as outlined in McErlean et al for all populations of people affected by cancer with different demographic (e.g. adolescent and young adults and older people) and clinical factors (e.g., different cancer types).
6. High-quality, evidence-based guidelines should be available to nurses wherever they work.
7. 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.
8. Interprofessional learning opportunities should be enabled to foster collaboration and shared understanding in survivorship care.
9. Future education initiatives should explore structured career development pathways to build survivorship care capability across nursing roles.

Policy:

1. The role of nurses in cancer survivorship, including those who specialise in cancer survivorship, should be formally recognised in Optimal Care Pathways, National and State and Territory Cancer Plans, and other policy frameworks.
2. Dedicated, ongoing funding streams should be developed and supported for nursing care activities and nurse-led survivorship care models to ensure sustainability and scalability.
3. An integrated, multi-channel, multidisciplinary navigation system should be co-designed, developed and implemented to maximise access to survivorship care provided by nurses.
4. Clear role descriptions, funding pathways, and accountability measures should be defined for nurse-led models of care.
5. Investment should be made in workforce development, integrating survivorship capabilities into nursing education, supervision, and professional development.
6. Equity-driven care approaches should be supported by funding programs in underserved areas and incentivising culturally safe models of care and workforce diversity.
7. Data and evaluation systems should be established to monitor survivorship care quality, outcomes, and experiences, with population-level disaggregation to ensure equity. This includes a call for a national survivorship minimum dataset.
8. Survivorship indicators should be integrated into organisational quality metrics to enable accountability and continuous improvement.
9. 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, research, and digital health/telehealth integration.
10. 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.
11. Centres of Excellence should be established and/or accredited, to lead education, research, and translation in survivorship care, and provide outreach support to resource-limited settings. [MASCC-Designated Centres of Excellence in Supportive Care in Cancer](#) provide an exemplar.

Conclusion

Cancer survivorship care led or enabled by nurses is fundamental to, and critical for achieving optimal person-centred experience and outcomes of care. Empowering and investing in nurses to maximise their contribution to survivorship care will address the needs of people affected by cancer and the growing health service demand for equitable, sustainable, quality survivorship care across Australia. System improvements are necessary to embed existing, and implement new survivorship care interventions, and to scale these interventions to meet the needs of all 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](#)
- [Implementing a Nurse-Led Survivorship Clinic: a guideline. Australian Cancer Survivorship Centre; 2024](#)

References

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