CANCER ALLIANCE ADVOCACY TOOLKIT

PRIORITY AREA #4: APPROPRIATE CANCER TRAINING AND EDUCATION FOR HEALTHCARE WORKERS

THE TRAINING CURRICULA FOR HEALTHCARE PROFESSIONALS FALLS SHORT WHEN IT COMES TO CANCER, AND CONTINUING PROFESSIONAL DEVELOPMENT IS OFTEN NON-EXISTENT.

THE FACTS
Provision for training, and education about warning signs and symptoms of cancer falls short in the curricula for healthcare professionals. Continuing professional development is designed to update skills and knowledge in cancer detection centres at all healthcare levels. Training intervention is essential if we want to fully equip our cancer workforce with the right skills, knowledge and competencies to meet the needs of individuals and communities. [1]

SO WHAT DO WE NEED?
ASK (THE DEVELOPMENT OF ATTITUDES, SKILLS AND KNOWLEDGE):

- **Attitude**: The current negative attitudes to cancer and cancer patients and the absence of patient-centred care add to the burden of patients already grappling with a devastating diagnosis.

- **Skills**: Capacity-building is essential, and this relates to training, use of equipment, and the implementation of standards of procedure and care.

- **Knowledge**: There are some clinics in rural South Africa where nurses and other primary healthcare workers have little knowledge of cancer, contributing to late diagnosis and late referral for treatment that impact treatment outcomes negatively.
BUT WE CANNOT DO THIS WITHOUT:

- Increased training of oncology specialists.
- The integration of routine cancer training, including in palliative care, in all undergraduate medical and nursing, diagnostic radiation therapist and social work professional training.
- Continuing professional development across the board, particularly amongst primary healthcare staff, at least every three years.
- Changes to the ideal clinic algorithm, to include guidelines for early detection of all cancers.
- The development of a special primary healthcare algorithm for follow-up cancer care post-surgery, chemo and radiation therapy, including palliative care.
- Collaboration between the state and private sectors. [2]

HOW CAN WE MEET THE CHALLENGE?

CHALLENGE 1: INCREASED TRAINING

The current rates of training of new health professionals fall well below current and projected demand. This risks a lasting impact on accessibility and quality of care, with delays in diagnosis and treatment, care provided by inadequately trained professionals, fragmentation of services, and worsening of disparities in cancer outcomes.

We need innovative models of education and training to ensure cancer-mindedness and patient-centredness runs through the entire trajectory of cancer care in South Africa, from primary care to treatment centres, and back to palliative care in the community.

For childhood cancers, equipping primary healthcare workers with the knowledge and tools to recognise the warning signs and symptoms of paediatric cancer is essential to reduce the likelihood of misdiagnosis, and ensure prompt referral to specialist medical care. [3]

What’s needed is a combination of curriculum changes, in-service training, and upskilling at all levels of care.

CHALLENGE 2: ATTITUDES

We need to create an environment for patients in which they feel safe, and get the correct and sufficient information from health workers about their cancer.
But the reality is that negative attitudes and the absence of patient-centred care add to the burden of patients already grappling with a devastating diagnosis.

There are some clinics in rural South Africa where nurses and other primary healthcare workers know almost nothing about cancer.

The best chance of improving service delivery is to train doctors and nurses to be cancer-minded.

It has been reported that patients with breast lumps have been turned away from clinics in South Africa after being told that their lump was too small and that they should return when it is larger. [4]

That’s because many doctors and nurses in the primary and secondary levels of care are not adequately trained to do proper testing. [5]

It all begins with a compassionate approach, then good interview skills to perform an early diagnosis of cancer.

We need to change the status quo which sees wide acceptance of the fact that primary healthcare clinics in the state sector are not geared to screen for cancer on a daily basis, thanks to extensive caseloads, combined with a lack of knowledge about cancer. [6]

**Challenge 3: Boosting capacity**

This can be done in a variety of ways, from community volunteers to public-private partnerships.

Already a variety of upskilling initiatives are under way across the country, courtesy of the private sector, but these need to be formalised in order to ensure the correct people get the correct training.

It’s time to get innovative, and to build a skilled and supported cancer workforce by building on existing materials, training networks and infrastructure.

These civil society and community resources, which should also include traditional healers, can also be harnessed to spread cancer risk reduction messages.

Both the **Labour Department** and the **Basic Education Department** have responsibility in this area too, with the need for cancer education to start at school level. Some work has been done in respect of the dangers of skin cancer in schools, courtesy of the **SunSmart Schools Research Project**, co-funded by the **Cancer Association of South Africa (CANSA)**, the **SA Medical Research Council**, and the **CSIR**. [7] But the same needs to be done for all cancers, and buy-in is needed from the **Department of Basic Education** to ensure the issue is included in school curriculums.

Similar education can be successfully achieved in the work environment, with buy-in from the **Department of Labour**.
In 2013 Campaigning for Cancer announced its new Cancer@Work Programme, aimed at helping cancer patients and their employers understand their rights and obligations, and the cancer journey. [8]

But an official policy is needed, applicable to all employers, that addresses the rights of workers in respect of occupational or workplace cancers, but also includes an educational component to not only share information about cancer, but also the right of workers in terms of dread disease. Cancer treatment and care generally requires extended time off work, but Section 6 of the Employment Equity Act prohibits unfair discrimination against employees on the grounds of disability or illness. [9]

REFERENCES:


SOCIAL MEDIA GUIDE

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Provision for training, and education about warning signs and symptoms of cancer falls short in the curricula for healthcare professionals, along with continuing professional development at all healthcare levels.

HASHTAGS FOR THIS CAMPAIGN

#LetsTalkAboutCancer
#RightToHealth

SUGGESTED POSTS

We don’t make enough provision for training, and education about warning signs and symptoms of cancer for our health care professionals #LetsTalkAboutCancer

We need a concerted programme of continued professional development at all healthcare levels. #LetsTalkAboutCancer #RightToHealth

Our cancer workforce needs the right skills, knowledge and competencies to meet the needs of individuals and communities. #LetsTalkAboutCancer #RightToHealth

We must **ASK**: develop Attitudes, Skills and Knowledge so that all cancer patients get the treatment and care appropriate for their diagnosis #RightToHealth

Education is crucial to early detection and effective treatment #LetsTalkAboutCancer #RightToHealth

We need a cancer-minded primary healthcare system #RightToHealth #LetsTalkAboutCancer

Our primary health providers must be trained in diagnosis, treatment and palliative care #RightToHealth #LetsTalkAboutCancer

We need trained nurses, doctors, social workers, therapy radiographers, physiotherapists, occupational therapists, community health workers #RightToHealth #LetsTalkAboutCancer

The best chance of improving service delivery is to train doctors and nurses to be cancer-minded #LetsTalkAboutCancer

Can community health workers recognise early signs of cancer? We think more training is needed #RightToHealth #LetsTalkAboutCancer

What’s needed is a combination of curriculum changes, in-service training, and upskilling at all levels of care. #LetsTalkAboutCancer