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**Academy**

# **Training and Education Experiences and Needs in the Non-Medical Urological Workforce: A Scoping Exercise**

## **Project Report**

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## Executive Summary

- There appeared to be a lack of clarity around job definition and title.
- Most learning appeared to take place on the job, through supervision, peer support, and departmental teaching.
- 50% of staff had received some form of formal TTEP (e.g. degree, training course) related to Urology.
- 49.6% of respondents felt that they did not have sufficient access to uro-oncology specific resources.
- Urology staff reported a wide range of training needs. Training on general urological management including catheter care, urodynamic assessments, Digital Rectal Examination and continence issues were requested most frequently.
- In addition to a need for general training in uro-oncology, training on bladder and testicular cancer, novel treatment options and side effects of radiotherapy were common training needs among uro-oncology staff.
- Concerns about the future of the workforce were reported, with many staff approaching retirement age. Many new staff are no longer coming through Urology wards.
- Three major barriers to training/education were identified, namely: time/staffing constraints, funding and general access to/existence of resources.
- Nurses appeared to have more difficulty with ringfencing time for development and training than other professions, such as consultants, who were perhaps more supported in getting time for TTEP.
- Many focus groups desired the option to access online learning modules that would allow them to complete learning at convenient times.
- The focus groups liked the concept of a central ePortfolio where learners would be able to store their learning credentials, assessments, and case studies, and use this as part of their personal development reviews as evidence. There is currently no centralised system to hold all learner's information within any of the GM Trusts except for mandatory training.
- Most appraisers did not have a urological background and were not fully aware of what the appraisees role was. Most appraisals were generic and failed to meet the urological needs and understanding of the appraisee.

## List of Acronyms

ACP	Advanced Clinical Practitioner
AHP	Allied Health Professional
BBS	Bladder and Bowel Service
BFT	Bolton NHS Foundation Trust
BAUN	British Association of Urological Nurses
BAUS	British Association of Urological Surgeons
CFT	Christie NHS Foundation Trust
CNS	Clinical Nurse Specialist
GM	Greater Manchester
GMCa	Greater Manchester Cancer Academy
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HMR	Heywood, Middleton and Rochdale NHS Trust
MDT	Multi-disciplinary Team
MFT	Manchester University NHS Foundation Trust
NLC	Nurse-led Clinic
NMP	Non-Medical Prescribing
PCPEP	Primary Care Pharmacy Education Pathway
PFT	Pennine Acute Hospitals NHS Foundation Trust
SCP	Surgical Care Practitioner
SFT	Stockport NHS Foundation Trust
SRFT	Salford Royal Foundation Trust
TGH	Tameside and Glossop Integrated Care NHS Foundation Trust
TTPE	Formal teaching, training, education and placement
TEIG	Training, education, information or guidance
UoS	University of Salford
UAU	Urology Assessment Unit
WWLFT	Wigan, Wrightington and Leigh Foundation Trust

## Foreword

Urology is a medical specialty concerned with problems of the female urinary tract and the male genitourinary tract. Urological conditions include some of the most common serious diseases in the UK, such as prostate cancer, kidney damage and incontinence. In the UK, one quarter of all surgical referrals to hospital are for urological conditions, and urology makes up around 10% of GP consultations.

In Greater Manchester, secondary urology care is provided across eight NHS Trusts, which also provide urology oncology services. It is important that staff are up-to-date with their knowledge and skills, so that they can confidently provide good quality care (NMC 2018, HCPC 2015). As a first step to improve staff access to relevant and continuous learning, the Greater Manchester Cancer Academy commissioned the University of Salford (UoS) to undertake a scoping project into the non-medical urology workforce in the region. The main aims of the project were to gain insight into the state of the workforce and to identify its training needs, with a specific focus on those providing care for patients with urological cancers.

The project comprised of three primary work streams:

1. A mapping exercise of the non-medical urology workforce across eight Trusts in Greater Manchester
2. An analysis of urology-(cancer) care related roles, confidence, and learning needs of a sample of non-medical staff in Greater Manchester.
3. A review of relevant urology cancer related educational resources and training opportunities currently available to staff.

As a scoping exercise, this project will give an insight into general perceptions and experiences related to teaching, training, education and placement of urology staff, in addition to providing some initial reflections on training needs. All participation in this project was purely voluntary and we thank all members of the workforce who took part or expressed enthusiasm. In particular, we wish to acknowledge Susan Todd and Mr David Ross for their input and feedback, particularly during the design of the electronic survey and interview schedules.

## Methodology

This project ran from April to November 2021. It followed a mixed methods approach, combining both qualitative and quantitative data collection methods and analysis.

Firstly, to undertake a mapping of the GM non-medical urology workforce (Section 1), leads of all eight GM NHS Trusts completed an Excel File in which they were asked to list the job title; payment band; hours/WTE; department; urology-related tasks; and approximate percentage of time spent on cancer-related urology care of each individual member of urology staff. In addition, Trust leads were asked about urology staff vacancies.

Secondly, an electronic survey ([Appendix 1](#)) was developed to gain insight into the learning needs of urology staff (Section 2). The survey was designed by the UoS research team and reviewed by the GMCa project sponsor. It was created using Microsoft Forms and was disseminated via email by the project sponsor to the non-medical urology workforce across primary, secondary, community and social care providers in Greater Manchester. A total of 54 responses were received and all responses were analysed using SPSS.

To gain a more in-depth insight into the roles, experiences and learning needs of the workforce, 14 semi-structured interviews were conducted. The majority of interviewees were selected based on responses to specific survey questions, to ensure a mixed sample (for example based on their profession, level of training, or responses to specific questions). Six participants were selected by the project sponsor due to their subject specific knowledge. The interviews were guided by an interview schedule which was designed by the UoS research team and incorporated feedback from the project sponsor. All interviews took place digitally, via Microsoft Teams, and were recorded with permission of all participants ([Appendix 2](#)). Interview data were subsequently transcribed and anonymised, before being analysed using Nvivo12 software. To protect the identity of respondents, only (part of) the interviewee's job titles are reported; names and job locations have been removed.

Finally, a desk-based review of relevant educational resources and training opportunities, currently available to Greater Manchester staff, was conducted (Appendix 4). The review included internet searches and a review of specific content shared by the project sponsor. Only open access educational resources and training opportunities available to GM staff are

provided as part of this overview. Findings from the focus groups training resources have also been incorporated into this section.

## Results

### Section 1: Mapping of the GM Urology Secondary Care Workforce

This section of the report summarises the findings of the mapping of the GM non-medical urology workforce, as reported by Trust Leads.

#### 1.1. Overview of the Workforce

The leads identified a total of 150 members of staff<sup>1</sup> working a total of 257.1 Whole Time Equivalent (WTE). As seen in Table 1, Manchester University NHS Foundation Trust (MFT) reported the highest number and highest WTE of urology staff (n=32), followed by Stockport Trust (n=28). Tameside and Glossop Trust reported the lowest number of urology staff (n=7). The hours worked ranged from 11.0 to 37.5, with the majority of staff working full-time (n=87, 58%). Across all Trusts, four vacancies were reported for one specialist nurse, one clinical nurse specialist, one clinical support worker, and one secretary.

Table 1: WTE for the urology workforce working in secondary care in GM.

<b>Trust name</b>	<b>N (%)</b>	<b>WTE</b>
	<b>Total n = 150</b>	<b>Total = 257.1</b>
Bolton NHS FT	16 (10.7%)	13.2
The Christie NHS FT	16 (10.7%)	14.2
Manchester University NHS Foundation Trust	32 (21.3%)	26.7
Pennine AH NHS FT	14 (9.3%)	12.8
Salford Royal FT	21 (14.0%)	18.3
Stockport NHS FT	28 (18.6)	23.1
Tameside and Glossop ICFT	7 (4.7%)	6.4
Wigan, Wrightington and Leigh Foundation Trust (WWLFT)	16 (10.7%)	14.6

<sup>1</sup> The Christie NHS Foundation Trust only listed staff in bands 6 to 8b. The Christie, Pennine, Salford, Stockport, and WWL Trusts exclusively listed staff from their urology departments, whereas MFT reported staff from Urology Assessment Units. Only Bolton and Tameside reported urology staff across urology and oncology departments.

Table 2 presents an overview of the different types of staff that were identified, categorised according to payment band. Nurses made up the majority of the non-medical workforce. The data showed that across all GM Trusts, a large variety of job titles was used for what may be the same or similar posts. For example, 25 job titles directly related to the nursing profession.

Table 2: Number of staff undertaking urology related tasks/activities within secondary care across GM.

<b>Job title</b>	<b>Number of staff (Total n=150)</b>
<b>Band 8b (N=4, 2.7%)</b>	
Consultant Radiographer	1 (0.7%)
Consultant Nurse	1 (0.7%)
Lead Nurse	1 (0.7%)
MacMillan Consultant Nurse Urology	1 (0.7%)
<b>Band 8a (N=6, 4.0%)</b>	
Advanced nurse practitioner	2 (1.3%)
Advanced clinical practitioner	1 (0.7%)
Clinical Nurse specialist	1 (0.7%)
Pharmacist	1 (0.7%)
Specialist Radiographer	1 (0.7%)
<b>Band 7 (N= 51, 34.0%)</b>	
Clinical Nurse Specialist	12 (8%)
Macmillan Specialist nurse	9 (6%)
Uro-oncology specialist nurse	8 (5.3%)
Macmillan Urology Clinical nurse specialist	6 (4%)
Specialist nurse	4 (2.6%)
MacMillan Uro-Oncology nurse	3 (2%)
Trainee advanced nurse practitioner	2 (1.3%)
Benign urology specialist nurse	2 (1.3%)
Specialist training nurse	1 (0.7%)
Surgical care practitioner	1 (0.7%)
Urology unit manager	1 (0.7%)
Research nurse	1 (0.7%)
Ward manager	1 (0.7%)
<b>Band 6 (N=20, 13.3%)</b>	
Clinical Nurse Specialist	3 (2%)
Urology specialist nurse	3 (2%)
Benign urology specialist nurse	2 (1.3%)
Urology nurse	2 (1.3%)
Deputy unit manager	2 (1.3%)
Research nurse	2 (1.3%)
Macmillan Specialist Nurse	1 (0.7%)
Specialist nurse	1 (0.7%)
Prostate pathway co-ordinator	1 (0.7%)
Associate specialist nurse	1 (0.7%)



MacMillan Uro-Oncology trainee nurse	1 (0.7%)
OPD sister	1 (0.7%)
<b>Band 5 (N= 15, 10.0%)</b>	
Staff nurse OPD	8 (5.3%)
Staff nurse urology	4 (2.6%)
Urology nurse	2 (1.3%)
Clinic/theatre nurse	1 (0.7%)
<b>Band 4 (N=16, 10.7%)</b>	
Cancer care coordinator	6 (4%)
Secretary	2 (1.3%)
Cancer support worker	2 (1.3%)
Urology pathway navigator	1 (0.7%)
Prostate pathway navigator	1 (0.7%)
Assistant practitioner	1 (0.7%)
Urology cancer care navigator	1 (0.7%)
BTiP navigator	1 (0.7%)
MacMillan support worker	1 (0.7%)
<b>Band 3 (N=9, 6.0%)</b>	
Healthcare assistant	5 (3.3%)
Senior support worker	2 (1.3%)
Secretary/admin support	2 (1.3%)
<b>Band 2 (N=29, 19.3%)</b>	
Healthcare assistant	11 (7.3%)
Clinical support worker	11 (7.3%)
Support worker	7 (4.6%)

Interview data suggested that there is a lack of clarity about what different roles entail and what their scope of practice is. Ambiguity was seen to emanate from a lack of consensus around role definition and title, suggesting that a national framework could provide agreement and uniformity of job title and function.

*‘So yeah, it's funny. I've been to some conferences with people with a number of titles. And I think if I was to give myself a title, to other people it might differ.’ (Nurse)*

*‘They [the BAUN] need a framework for practice, to be clear about what the roles potentially are, what the differences are, the levels of practice. I think that's what we haven't really got huge amount of national clarity on.’ (Nurse)*

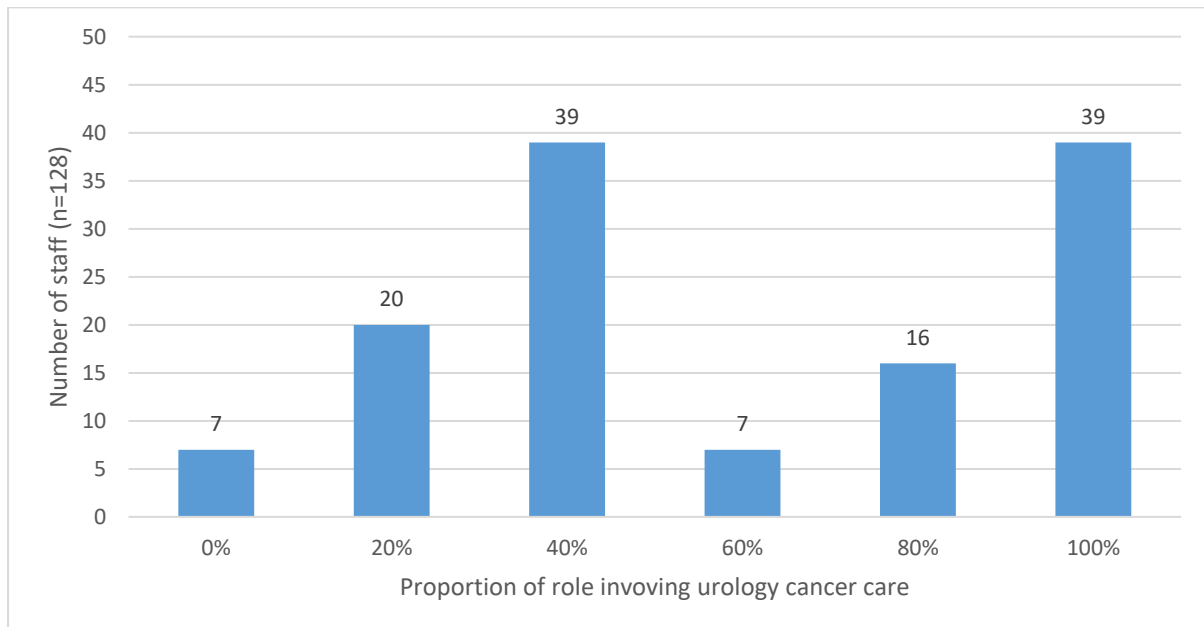
A clear scope of practice supports professional recognition along with a common pathway for career development.

*'The whole framework we're looking at nationally is how do we get someone from preceptorship to whatever they aspire to be - whether that be consultant nurse, which is an understood title, nationally. How do we make sense of that in terms of the level of practice, from novice through to expert and advanced? It's going to be important that we use the same currency when we're talking about our roles.'* (Nurse)

## 1.2. Time spent on Urology Cancer Care

All Trust leads were asked to estimate how much time their urology staff spent on providing urology cancer care. Data was provided for 128 members of staff and is presented in Figure 1. Nineteen members of staff (12.7%) had 'MacMillan' in their job title, which suggest that they are (or have been) funded by the MacMillan charity to care for patients diagnosed with cancer. The majority of these, and other members who had 'oncology' in their job title, made up those members of staff who spent 100% of their time on cancer care related tasks. The members of staff that spent none, or up to 20% of their time on oncology tasks were urology (specialist) nurses (n=6); most support workers (n=6); all healthcare assistants (n=5); all benign urology nurses (n=3); all unit/ward managers (n=3); some staff nurses (n=2); a specialist nurse (n=1); and the prostate pathway navigator (n=1).

Figure 1: Estimated proportion of time spent on urology cancer care among staff working in secondary care.



### Summary of main findings of Section 1:

- Trust leads of 8 GM trusts identified a total of 150 members of staff in the Urology workforce, working a total of 257.1 WTE.
- Across all Trusts, four vacancies were reported.
- Nurses made up the majority of the workforce
- There appeared to be a lack of clarity around job definition and title.

## Section 2: An Exploration of Training Opportunities and Needs within the Urology and Urology Cancer Workforce

### 2.1. Roles & Characteristics of Survey Respondents

The following sections present the findings of the survey sent to a sample of non-medical staff across primary, secondary, community and social care providers in Greater Manchester. Quotes from qualitative interviews have been added to provide further depth.

Table 3 provides an overview of job titles of survey respondents and interviewees. An overview of role descriptions, as described by interviewees, can be found in [Appendix 3](#).

Table 3. Job titles of all survey respondents and interviewees involved in this study.

Job title	Survey		Interviews
	Total = 54	%	Total = 14
CNS	21	38.9	4.5*
Nurse	10	18.5	1
HCA	5	9.3	0
ACP	4	7.4	2
HCSW	4	7.4	0
Pharmacist	2	3.7	1
Nurse consultant	1	1.9	2
SCP	1	1.9	0
AHP	1	1.9	0
Other	5	7.4	1 (BBS) 1 (Urology Dept. Manager) 1.5* (Lead cancer nurse)

\*One interview participant held a 50:50 split clinical role. They have therefore been included as 0.5 on each of the 2 respective columns.

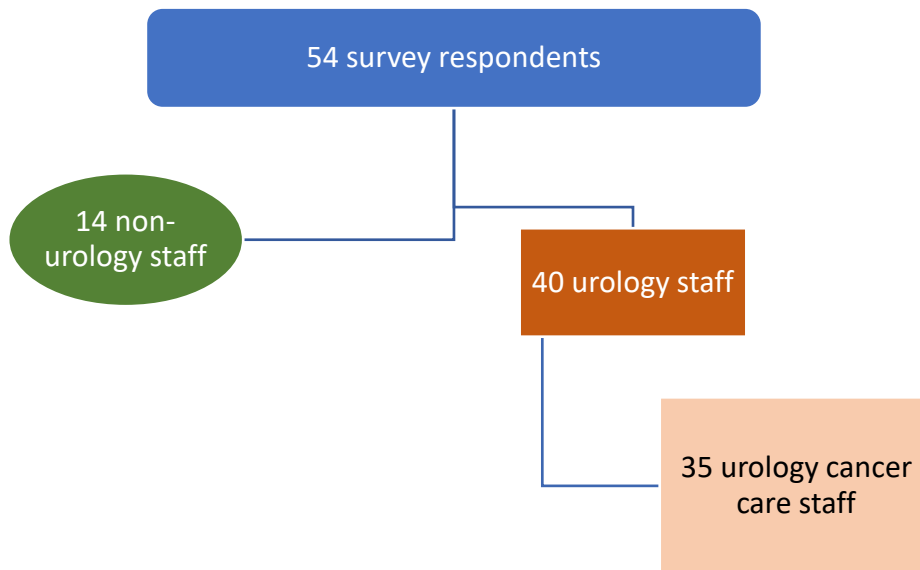
Table 4 provides an overview of the main characteristics of the survey sample. The sample was predominantly white (88.9%) and female (88.9%), and there was a relatively equal spread in terms of age of respondents. Most respondents worked in secondary care, with staff from community care and social care settings only minimally represented. Staff from all eight GM Trusts participated, although staff from Salford Royal Hospital made up the largest proportion of respondents (16.7%).

Table 4: The main demographic characteristics of the survey respondents.

<b>Characteristic</b>	<b>N</b>	<b>%</b>	<b>Characteristic</b>	<b>N</b>	<b>%</b>
Total	54	100	<i>Care setting</i>		
<i>Sex</i>			Community care	2	3.7
Female	48	88.9	Social care	2	3.7
Male	4	7.4	Primary care	18	33.3
Missing	3	5.6	Secondary care	32	59.3
<i>Age Category</i>			<i>Trust</i>		
25-34 years	10	18.5	Bolton	4	7.4
35-44 years	14	25.9	MFT	5	9.3
45-54 years	13	24.1	Pennine	3	5.6
55-64 years	15	27.8	Salford	9	16.7
Missing	3	5.6	Stockport	5	9.3
<i>Ethnicity</i>			Tameside & Glossop	2	3.7
White	48	88.9	The Christie	3	5.6
Mixed race	1	1.9	WWLT	1	1.9
Missing	6	11.1			

Out of all 54 respondents, 40 staff worked in urology care. Of those, 35 staff also performed urology cancer care tasks. The remaining 14 members of staff did not perform any urology related tasks (Figure 2). The following results will separately present the relevant findings for these three groups of respondents.

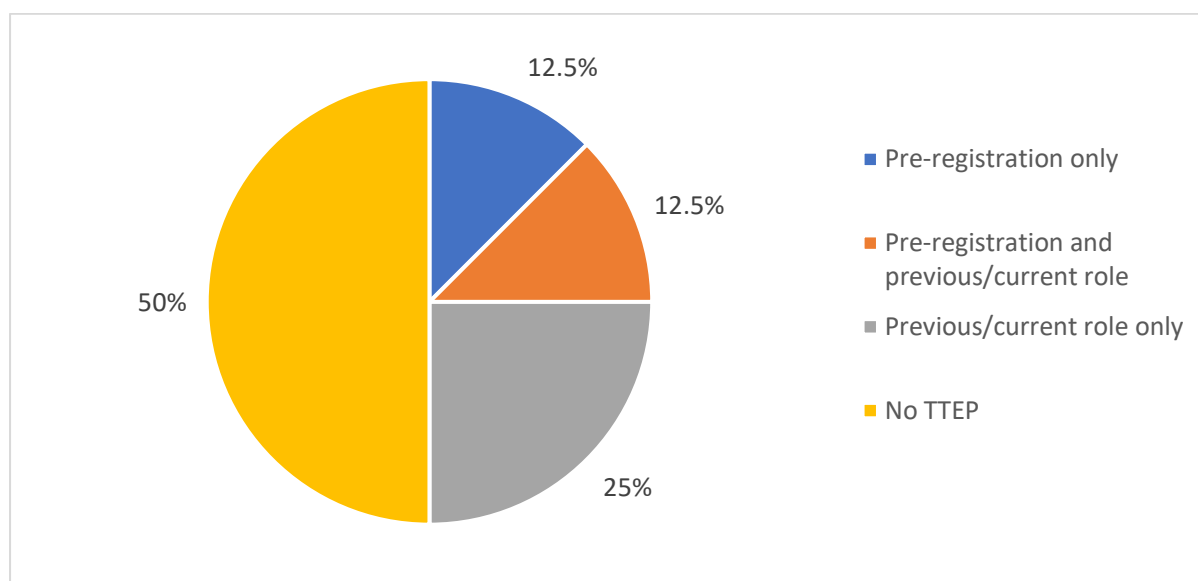
Figure 2: Number of survey respondents performing urology and uro-oncology related tasks within current role.



## 2.2. Teaching, Training, Education & Placement Experience (TTEP)

Of 40 urology staff respondents, 20 (50%) stated that they had received some form of formal teaching, training, education and placement (TTEP), for example, degree or training course, related to urology care, often during their previous or current role (Figure 3). Overall, five respondents (12.5%) stated that professional pre-registration education was the only form of TTEP they received, and 10 (25%) had exclusively received TTEP as part of their previous or current role.

Figure 3: Previous TTEP among the urology workforce



The data did not show any trends in type of training reported by certain members of staff. Instead, a range of training courses were reported (Table 5), so it is unclear if previous learning opportunities have been offered based on a pre-defined framework for competencies/skills.

Table 5: Details of previous TTEP relating to urology care.

University courses		Skill/therapy-based training days	
MSc/Level 7 Prostate cancer care	3	Urodynamics	2
MSc/level 7 Foundations of urology	2	Flexible cystoscopy	2
Urology module of nursing degree	2	Prostate mpMRI scanner training	1
BSc Cancer management	1	Bladder scanner training	1
Diploma in urology management	1	Transurethral Laser Ablation	1
Oncology nursing	1	Botox Masterclass	1
Non-medical prescribing	1	Sacral Neuromodulation	1
Professional Coach Mentoring –	1	Venepuncture	1
		ECG training	1
		Insertion and care of indwelling	1
		Nephrostomy care	1

Notably, the three members of staff who had completed a MSc in prostate cancer care stated that this was externally funded, by Coloplast and Prostate Cancer UK. Skills-based training took place either during external study days, or was offered in house:

*‘Our latest band six has almost completed in house training, doing various courses in terms of urodynamics, flexible cystoscopy training, along with two other assessments*

*to carry out digital rectal examination, which is generally in house. We have got somebody mentoring that and sign it off in that respect'. (Uro-Oncology Nurse)*

In addition to the above, interview data highlighted that some staff also accessed online courses, although this appeared to be mainly on their own initiative.

*'The British Journal of Urology Institute, they do some online training. I pay for it every year. There are short modules that are designed for urology trainees predominantly. They are up to date, evidence-based, on different subjects. (CNS)*

*Kidney Cancer UK did an online training; they have online training for renal cancer. So just like a background of what renal cancer is, and, you know, what surgery involves and things like that. It is kind of being proactive yourself and just having a look to see where things are.'* (CNS)

Ten members of staff are currently undertaking or planning to undertake TTEP, however these were not all directly urology related. Table 6 provides an overview of courses and reasons for undertaking TTEP, where provided.

Table 6: Summary of ongoing/planned TTEP and its purpose.

<b>Name of course/training</b>	<b>No.</b>	<b>Reasons for undertaking formal TTEP</b>
<b>PGR course</b>		
Non-Medical Prescribing	3	<p>"To support my patients, to save GPs time and money and to better my skills/knowledge/career" (Nurse)</p> <p>"To provide a nurse-led prostate biopsy clinic" (CNS)</p> <p>"Would improve my skills/ability to provide holistic care to oncology patients admitted with acute oncological emergencies" (CNS)</p>
Developing practice in cancer care	1	No reason given
MSc Adult Nursing	1	No reason given
<b>Other training</b>		
Degree in British Sign Language and Deaf Studies	1	"I chose this subject because many deaf people struggle to communicate and can become isolated, which impacts on their mental health" (HCA)
Blood transfusion training	1	"Because I manage a group of patients who require blood transfusions and as a prescriber it would be useful to authorise blood products" (ACP)

Training in Leadership, mentorship, and advanced communication	1	No reason given
Mandatory e-learning	1	No reason given
Level 3 Senior HCA course	1	No reason given

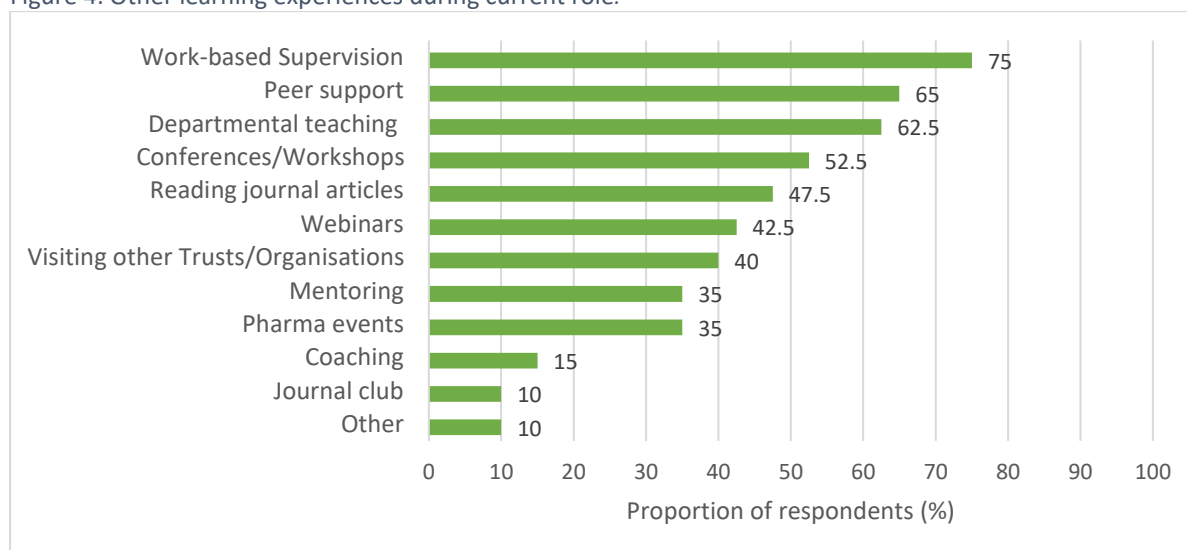
None of the three survey respondents who worked in social or community care had previously, or were currently, undertaking TTEP.

Most staff (how many?) felt that their learning was experience based and took place ‘on the job’.

*‘So, I wouldn't say I had any formal urology training, or a urology qualification. I did a degree straight up from qualifying. A lot of my learning has been experience based on the wards, any kind of training that's been put on, you know, like the nurse meetings that's put on by the reps who go to The Christie and things like that.’ (CNS)*

In the survey, staff were asked to reflect on other ways of learning that they had experienced during their current role. As seen in Figure 4, the largest proportions of staff received supervision, peer support and departmental teaching and perceived this as a form of learning.

Figure 4: Other learning experiences during current role.



Interview respondents added some further insights to this data. They reported that they received appraisals and supervision, learnt from presenting patient’s cases and teaching. One ACP explained that departmental teaching was a weekly occurrence in their Trust. It was



unclear what exactly was taught during these sessions, however it appeared to be designed by staff themselves, instead of following a set curriculum.

*'On Friday morning there is teaching provided by the department for an hour a week that we're all invited to that you can access by teams as well. Which I have done some teaching myself. We discuss things that interest us'. (ACP)*

*'At the cancer multidisciplinary team (MDT) meetings cases get discussed. We presented the cases to the MDT so we have to prep those patients and present them and then any actions that need action and from that we can get involved as well'. (CNS)*

*'We do an annual appraisal, but then we have like regular supervision practice, every few months, we have supervision one to one and so that if we've got any gaps, we can, also raise any concerns and we've discussed and then we also have like team, sort of ACP meetings, team meetings'. (ACP)*

Staff explained that they attained a lot of knowledge and understanding from working alongside consultants, who would explain how to do assessments. In addition, participants explained that they learnt from listening to patients and attending multidisciplinary (MDT) meetings. These experiential work-based learning opportunities were all identified as valuable and useful for learning.

*'In the early days, my training was with the consultants and that was one to one. So, seeing how to do flexible cystoscopy, how to assess patients, how to examine patients, that kind of thing'. (Nurse Consultant)*

*'Well, it's usually one-to-one, practical training. They also get access to consultants to that specific training with them and there's a lot of one to one. It could be about updating knowledge, if there's anything in urology that's changing, like the template biopsies, we've moved on to that. So that's been a new learning for us here as a specialist team. It has been done with the consultant one-on-one level within the department'. (Nurse consultant)*

*'You gain a lot from just actually doing the job, sitting in with consultants. When I first came into the post, I would always stay with the consultants, listen to what they say. Hearing them explain about treatments, learning from patients, really what they've*

*been through. You learn so much from the MDT meetings, because it's all about learning'. (CNS)*

Other ways of learning that interviewees specifically mentioned as being very useful were the opportunity to visit other Trusts, attending training opportunities organised by the pharmaceutical industry and conferences, such as those organised by the British Association of Urological Nurses (BAUN) and the British Association of Urological Surgeons (BAUS). Staff found that these forms of TTEP offered the opportunity to network with other health care professionals in the field and share experiences of good practice.

*'When I first started in the job many years ago, I was allowed a long orientation time. I had about three months in which I was allowed to go to other hospitals, just to see how patients went through the system there. That was very useful to be given that time to be able to go and work with other specialists that might be doing a similar job or something that kind of linked into what we do here. Things have changed in that time, but I think it was very valuable for staff to know what's out there, know who to contact, or where you might get more information from not just being insular within just one hospital or one on specialty'. (CNS)*

*'We do a lot of the conferences and particular study sessions that pharma put on in conferences, you get a lot of your learning from those. That's been a really helpful form of learning for me, and I think a lot of the others in my team'. (CNS)*

*'Training and more education have come along, I guess the opportunities come through pharma really. We do a lot of the conferences and particular study days or study two days that pharma put on in conferences that you get a lot of your learning from those. That's been a really helpful form of learning for me, and I think a lot of the others in my team'. (CNS)*

*'We have the School of Oncology here at The Christie. I mean, they're mainly disease-based courses so it's all the different cancers. They do communication skills and living with and beyond cancer type courses as well. So those things are available through our Trust'. (CNS)*

**Summary of main findings of section 2.1 and 2.2:**

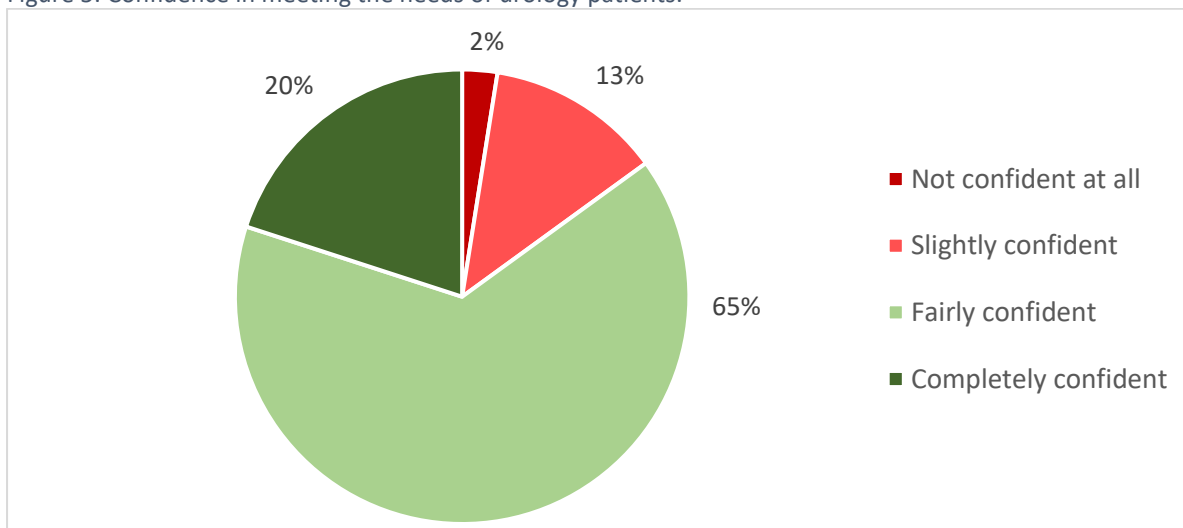
- Out of all 54 survey respondents, 40 staff worked in urology care and 35 worked in urology cancer care
- 50% of staff had received some form of formal TTEP (e.g., degree, training course) related to Urology
- It is not clear if previous learning opportunities have been offered based on a pre-defined framework for competencies/skills
- Most learning appeared to take place on the job, through supervision, peer support, and departmental teaching.

2.3. Confidence & Perceived Access to Training

***Confidence and perceived access to training in Urology Care***

Urology staff were asked to reflect on how confident they felt in meeting the needs of urology patients. The majority of staff felt 'fairly confident' (65%) and 20% was 'completely confident' that they were meeting their patients' needs. However, 15% (n=6) of staff felt only slightly confident or not confident at all. (Figure 5).

Figure 5: Confidence in meeting the needs of urology patients.



In addition, an overwhelming 42.5% of staff felt that they did not have sufficient access to training, education, information or guidance (TEIG) relating to urology-related care, highlighting a need for future training opportunities and access to guidance.

*‘We don't have training materials available to us. We probably could do with more resources. I think that that would be very useful’. (ACP)*

Table 7 provides a more in-depth exploration of these findings. Characteristics of respondents can be found in the left column, with the middle column providing the number and proportion of staff that felt fairly or completely confident, and the right column showing those that felt that they had sufficient access to training. Whilst caution is advised with the interpretation of this table due to possible over- or underrepresentation of certain groups<sup>2</sup>, Table 7 suggests that those who spend the least time on urology tasks and are the least experienced, have the lowest levels of confidence. In addition, there is a slight indication that nurses have less confidence in their ability to meet patient needs than other professional groups. In terms of access to training, these trends were less visible and there seemed to be a relatively similar perceived lack of training across all different levels of experience, professions and payment bands.

Table 7: Characteristics of survey respondents, their perceived confidence, and access to urology training.

<b>Breakdown of respondents' characteristics (N=40)</b>	<b>N (%) that felt confident</b>	<b>N (%) access to training (yes)</b>
	34 (85%)	23 (57.5%)
<i>Time spent on urology tasks</i>		
1-20 (n=11)	5 (27.5%)	4 (9.1%)
21-40 (n=2)	2 (100%)	2 (100%)
41-60 (n=2)	2 (100%)	1 (50%)
61-80 (n=4)	4 (100%)	3 (75%)
81-100 (n=19)	19 (100%)	11 (57.9%)
<i>Years of experience in urology care</i>		
Less than a year (n=5)	1 (20%)	1 (20%)
1-2 years (n=4)	3 (75%)	1 (20%)
2-5 years (n=5)	5 (100%)	4 (80%)

<sup>2</sup> For example, some of the groups under 'time spent on urology' consist of less than 5 respondents and those with over 10 years of experience made up a large proportion of the survey sample, yet it is unclear if this is representative of the actual workforce. In addition, there were no survey respondents in Bands 3 and 4.

5-10 years (n=6)	5 (100%)	4 (80%)
More than 10 years (n=20)	20 (100%)	13 (65%)
<i>Professional Role</i>		
Nurse (n=8)	6 (75%)	3 (37.5%)
CNS (n=18)	16 (88.9%)	11 (61.1%)
ACP (n=4)	3 (75%)	3 (75%)
Nur Cons (n=1)	1 (100%)	0 (0%)
HC SW (n=3)	2 (66.6%)	1 (33.3%)
HCA (n=3)	3 (100%)	2 (66.7%)
SCP (n=1)	1 (100%)	1 (100%)
Other (n=2)	2 (100%)	2 (100%)
<i>Payment band</i>		
Band 8b (n=3)	3 (100%)	2 (66.7%)
Band 8a (n=3)	2 (66.7%)	2 (66.7%)
Band 7 (n=17)	14 (82.4%)	10 (58.8%)
Band 6 (n=4)	4 (100%)	3 (75%)
Band 5 (n=7)	6 (85.7%)	3 (42.9%)
Band 2 (n=5)	5 (100%)	3 (60%)

Aside from the clear link between experience and confidence, qualitative interviews showed that confidence was also linked to a feeling of having appropriate background knowledge, in addition to a feeling of being adequately supported by peers and mentors, signalling the importance of regular networking and supervision opportunities:

*'I've always liked some good support from peers, consultants, specialist nurses, and networking, I mentioned about the conferences. I was heavily involved with the Specialist Nurse Northwest Sector Group. We'd meet up to three times a year. Your confidence grows'. (Uro-oncology nurse)*

*'I had a lot of background knowledge, which helps you to deal with the new challenges that come along. I had really good mentors, there were three Consultants that really took me under their wing and developed the role the way I wanted it to go and not the way they wanted it to go. That was really useful'. (Nurse Consultant)*

This need for appropriate supervision was clearly articulated by this ACP, who linked her lack of confidence to a perceived lack of supervision:

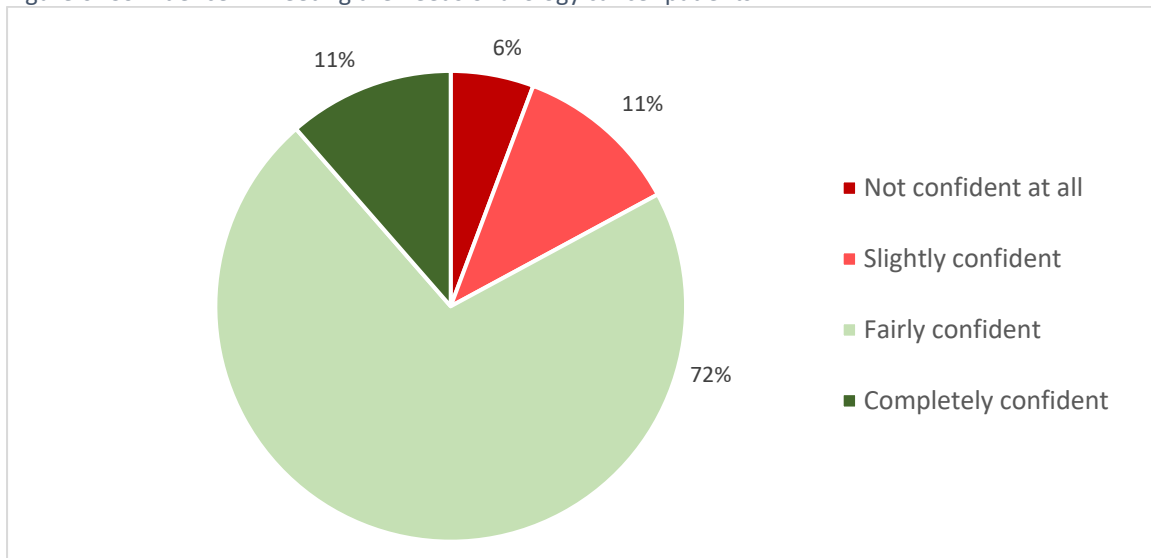
*'I suppose that my difficulty now is not feeling very confident. We've been in the middle of a pandemic and supervision hasn't been as much as I would have liked. I would like more supervision and more of what the medical team get. I think because I'm the only*

*one in the department and haven't got sort of a role model to follow. My manager is a Consultant Nurse. So, she does a lot of strategy and big picture work, and high-level meetings, whereas I'm more on the ground, seeing the patients and very, very clinical'.  
(ACP)*

**Confidence and perceived access to training in Urology Cancer Care**

As previously stated, almost all staff who worked in urology care also performed urology cancer-care related tasks. An exploration into levels of confidence and perceived access to training with regards to cancer care showed similar results as those presented above: Overall, 17.2% (n=6) of uro-oncology staff felt slightly confident/not confident at all that they were meeting their patients' needs, whilst 82.8% of staff felt fairly/completely confident (Figure 6).

Figure 6: Confidence in meeting the needs of urology cancer patients.



In addition, almost half of staff (49.6%, n= 17) felt that they did not have sufficient access to uro-oncology specific training/education.

*'I would like to receive training related to the role I am passionate about. Instead, I have to seek out information from the hospital library or other members of the team. Training with urology cancer care is required for staff nurses and is sadly lacking'.  
(Survey respondent, Primary care)*

**Summary of main findings in section 2.3:**

- 85% of Urology staff felt fairly or completely confident that they were meeting their patients' needs
- 42.5% of Urology staff felt that they did not have sufficient access to training and education resources
- Confidence levels appeared to be linked to staff experience, the time that was spent on urology tasks and perceived levels of peer support and supervision.
- A perceived lack of access to training was reported across professions, levels of experience and payment bands.
- Of the staff that worked in urology cancer care, 82.8% felt fairly/completely confident that they were meeting their patient's needs.
- 49.6% of respondents felt that they did not have sufficient access to uro-oncology specific resources.

## 2.4. Recommendations for Training

### ***Training Recommendations for Urology Care staff***

Urology staff were asked to reflect on their training needs and provide 3 recommendations for areas of focus for training. This question was answered by 30 respondents, who reported 50 recommendations for training in urology care. These recommendations have been roughly categorised under the following themes: assessments and examinations (n=13); catheter care (n=9); specific conditions (n=9); general training (n=5); procedures/treatments (n=5); non-clinical skills; patient support (n=2) and community care (n=1). Table 8 provides a detailed overview of the suggested training topics and the number of times this topic was mentioned. Training needs related to general catheter care, urodynamic assessments, DRE/physical examination and continence issues were reported most frequently, although it should be noted that a wide spread of topics was reported.

Table 8: Suggested training/education topics relating to urology care.

<b>Assessments and examinations (n=13)</b>	<b>N</b>	<b>General training (n=5)</b>	<b>N</b>
Digital Rectal examination (DRE)	3	General urology	3
Physical examination	2	Acute care (incl. renal colic, testicular torsion)	2
Urodynamic assessment	4	Endourology	1
Flexible cystoscopy	1	Pharmacology	1
Prostate MRI interpretation	1		
Prostate assessment	1	<b>Procedures/treatments (n=5)</b>	
Use of ECG	1	Innovative new treatments for benign disease	1
		Bladder washout	1
<b>Catheter care (n=9)</b>		Use of bladder scanner	1
General catheter care	4	Common urological operations and their indications	1
Complications- problem solving	2	Managing post-op care and different pathways involved	1
Catheter care for non-nurse ACPs	1		
Self-management	1	<b>Patient Support (n=2)/ Community care (n=1)</b>	
Bypassing catheters management	1	Psychosocial support	1
		Peer support	1
<b>Specific conditions (n=9)</b>		Community care for urological conditions	1
Continence issues (incl. overactive bladder)	3		
Erectile dysfunction	2	<b>Non-clinical skills (n=4)</b>	
Ureteric stones	2	Research skills	1
Haematuria	1	Leadership skills	1
Prostatitis	1	Career development options	1
		Booking porters online	1

One of the topics in the table above included training on general urology, which is perhaps not expected as a training need highlighted by a urology workforce. Qualitative data revealed that these requests may have come from staff who work in uro-oncology, but who have come from an oncology background, as opposed to a urology background. These members of staff felt that they required basic urology training in order to provide holistic care to patients who presented with urological problems related to their cancer, signalling a potential need for more generic urology training within the uro-oncology workforce.

*'I've always worked in oncology; I don't have that general urology experience. When patients have a problem with the catheters and things like that, I don't have that experience; I must send them on to the urology department because the three of us that work as specialist nurses haven't got that general urology background. We*



*especially have a lot of patients that have problems with the effects of radiotherapy, but it tends to be the general urology issues'. (CNS)*

*'Whilst you may have knowledge of prostate cancer pathways for example, you still need the bigger picture on things like urinary tract symptoms. Patients get complications from interventions for prostate cancer and end up on the benign side of urology. In some ways you need some training from both ends, so you have a clear overall picture. When you lack that bit, the care is a bit disjointed, not holistic in some ways. It also helps you communicate better with colleagues'. (Staff Nurse)*

*'I think people need to be exposed to the urology specialty before they get into the oncology role. One needs background, ward-based experience before they come into it. You can be a cancer specialist, but you need to have a good understanding of the benign issues as well, because within the cancer treatment, benign issues come up. We do some benign stuff because it's within the cancer diagnosis as well'. (CNS)*

It should be noted that this was not the case for all uro-oncology staff, and that others work across urology and oncology, without expressing a gap in their urology knowledge.

*'Initially, I was a urology nurse in the general sense. My role was quickly developed into a lot of nurse-led service. I then moved on to a more oncology role. I do a benign erectile dysfunction clinic with one of my colleagues. And we cross cover, we will certainly carry on seeing a lot of urological patients with several ongoing issues'. (Uro-oncology specialist nurse).*

*'It's quite a mixed and varied role. I give chemotherapy and immunotherapy treatments to patients. I also do some benign work seeing patients for assessment for lower urinary tract symptoms. It is a bit of everything really'. (Nurse Consultant)*

The participants also reported that it is not necessarily just clinical skills-based teaching that would be required, but that learning needs to be focused on the context of the knowledge underpinning the skills. Research skills were also highlighted as being beneficial:

*'You can teach somebody a skill; the skills are relatively easy to teach. But the background knowledge is not there'. (Department Manager)*

*'The only thing that I think would be more useful that people understand more about like clinical trials and research generally and get more confident to initiate like nurse led research. Obviously, that's not applicable to all urology roles. I think that is something that I struggled to get education for. I think it's important that it forms the basis of competencies and frameworks for nurses and other staff, because patients should be offered access to a clinical trial wherever appropriate. Cancer Care Coordinators, and Navigators tend to get questions about studies as well. Research is something that's not always widely understood'. (Urology CNS)*

Some interview participants also identified some areas of 'soft skills' they felt should be included in other future learning and development opportunities, both for the existing and future workforce:

*I think communication skills have been very important, so you know, everybody working in our team does have advanced communication skills training'. (CNS)*

*'A programme of support, coaching, and learning from the excellent team that we've got already and have medical and medical supervisors as well. So that they can portfolio their evidence'. (Nurse Consultant)*

*'Breaking bad news, how to develop and support their own resilience, listening, the impact of what's happening to patients when they've had cancer diagnosis'. (Nurse Consultant)*

### **Training Recommendations for Urology Cancer Care staff**

Almost all general urology staff recognised the importance of urological cancer-related skills training: 35 respondents (87.5%) felt that it was extremely important, and a further 4 respondents (10%) felt that it was somewhat important. Perhaps unsurprisingly, amongst urology staff who performed cancer-related tasks, the proportion of staff who felt it was extremely important was even higher, at 91.5%.

Survey respondents were also asked to reflect on their training needs related to uro-oncology care. 27 staff members responded to this question, listing a total of 38 recommendations for training topics. These topics were organised across the following themes: general uro-oncology module (n=9); treatment-related topics (n=9); specific cancer types (n=8);

diagnostics (n=3); care pathway (n=2); and an ‘other’ category (n=5). As seen in Table 9 the largest proportion of staff indicated a need for a general uro-oncology module, which provided information about all the main cancer types and related aetiology, symptoms, pathways of care and treatment options. More specifically, staff also wanted to learn more about novel treatment options, and side effects of radiotherapy and treatment.

Table 9: Suggested training/education topics relating to uro-oncology care.

<b>General uro-oncology module (n=9)</b>	<b>N</b>	<b>Diagnostics (n=3)</b>	<b>N</b>
General cancer training – types, aetiology, symptoms, pathways and treatment options	9	LATP prostate biopsy	2
		Gene testing	1
<b>Treatment-related topics (n=9)</b>			
Side effects of radiotherapy and treatment	3	<b>Care pathway (n=2)</b>	
New treatment options for urology cancers (incl. metastatic disease)	3	Basic knowledge of cancer pathways	1
Drug regime	1	MDT function, members and roles	1
Prescribing considerations for community managed uro-oncology	1		
Types of treatments (e.g., bladder washouts) to complete or avoid	1	<b>Other (n=5)</b>	
		Community support	1
<b>Specific cancer types (n=8)</b>		Communication skills	1
Bladder cancer management (incl. side effects of bladder transplant)	3	End-of Life Care	1
Testicular cancer/tumour management	2	Long-term management plans	1
(Advanced) prostate cancer management, incl. trials	2	Dementia care	1
Kidney cancer	1		

Whilst many staff expressed a need for general cancer training, some staff asked for more training and support on bladder cancer care specifically. Interviewees shared a perception that bladder cancer is often overshadowed by other cancers such as prostate and renal cancer. Accessing TTEP material on bladder cancer was noted to be difficult. The need for TTEP on bladder care was said to be particularly urgent in community care, although secondary care staff also struggled to access resources on the topic.

*‘I could improve in bladder cancer. I think bladder cancer gets a little bit left out because prostate and renal cancer tend to take over. I think there's less support for*

*bladder cancer patients we've got. I'd say bladder cancer when I started the post was a big learning curve for me because it wasn't an area I worked in a lot'. (CNS)*

*'I'm constantly met by, I'm not going to name names, people saying there are big, big pockets of gaps in bladder care. Greater Manchester is huge, but we are the worst on the map. And the cause, there is no education in community quarters. I know the hospital might do great work, but if it's all stemming from the community, it just falls flat on its feet. We have huge amounts of work to do. If carers aren't being told the basics, honestly, you won't believe the stories we get told. It it's awful! There is a big knowledge gap in bladder care services'. (Service Lead)*

*'I suppose bladder cancer would be an area to focus on. It shames me to say but I feel that that bit of the pathway doesn't really stick in my head'. (ACP)*

*'I think we have got less support for bladder cancer patients. I struggle because as a nurse you want to make things better and I think with bladder cancer because they have like urgency frequency, they have they struggle with incontinence and heavy pain on passing urine and things like that'. (CNS)*

*Accessing any training to do with bladder cancer is a challenge: there's nothing out there. I can't find anything for bladder cancer. I have looked and looked. Prostate cancer, yes, general cancer, yes, specifically targeted to bladder cancer, I can't find anything. (CNS)*

### ***Urology/uro-oncology training needs by profession***

Table 10 provides an overview of the training need responses presented above across the different profession. Whilst this gives us a first initial insight, further explorations are needed to gain a deeper understanding into specific learning needs from different professions<sup>3</sup> and across different Trusts.

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<sup>3</sup> Whilst the numbers of surgical care practitioners, advanced clinical practitioners, and healthcare assistants are perhaps too small to draw generalisable conclusions from, this table mainly provides insight into some of the learning needs of Clinical Nurse Specialists and Nurses.

Table 10: Overview of urology/uro-oncology training needs across professions.

<b>Urology Care</b>	<b>Urology Cancer Care</b>
<b>Surgical Care Practitioner (n=1, Band 8a)</b>	
Managing post-op care and different pathways involved	Treatment options for prostate cancer
Acute care (incl. renal colic, testicular torsion, AUR)	Bladder cancer management
Management of stone forming patients	Management of testicular tumours
<b>Advanced Clinical Practitioners /Nurse Consultant (n=4, Band 7-8)</b>	
Acute care (incl. renal colic, testicular torsion, AUR)	Prescribing considerations for community managed uro-oncology
Diagnosis and management of prostatitis	Management of advanced prostate cancer (incl. trials)
Catheter care, problem solving	
Catheter self-management	
Catheter management for non-nurse ACPs	
Community urological conditions diagnosis, assessment and management	
Research skills	
Leadership development	
<b>Clinical Nurse Specialists (N = 13, Band 6-7)</b>	
General catheter-related training (process and care, including nephrostomy care) (x3)	Side effects of radiotherapy and treatment (x3)
DRE examination (x2)	New treatment modalities for urology cancers, including metastatic disease (x3)
Physical examination – abdominal and scrotal (x2)	Basic knowledge of cancer pathways
General urology knowledge, including anatomy and physiology (x2)	Full module on urology oncology covering all cancers (investigations, treatment and follow-up)
Urodynamic (lower urinary tract) assessment (x2)	MDT function, members and roles
Management of indwelling catheter complications	Bladder cancer (incl. side effects of transplant) (x2)
Guidance for routine bladder washout: care, criteria, process and recommendations	Gene testing
Peer support meetings/ support groups	LATP (x2)
Patient psychological support	Kidney (ureteric) cancers

Innovative new treatments for benign disease	Testicular cancers
Flexible cystoscopy	Types of treatments (e.g. bladder washouts) to complete or avoid
MRI prostate understanding	
Erectile dysfunction	
Overactive bladder problems	
Management of haematuria	
Managing bypassing catheters better	
<b>Nurses/Urology Specialist Nurse (n=8, Band 5-6)</b>	
Endourology	General cancer training (bladder, kidney, prostate) – types, aetiology, symptoms, pathways and treatment options (x6)
Career development options	Community support
Catheter care	Communication skills
Continence issues/care (x2)	General health issues relating to cancer treatment
Benign urology – all aspects	Drug regime
Urodynamic assessment (x2)	Long term management plans
General pharma knowledge	
Prostate assessment	
Erectile dysfunction	
Care for patients with ureteric stones	
DRE examination	
<b>Healthcare Assistants/Support Workers (N=4, Band 2)</b>	
Bladder scanner	General cancer training (x2)
Hoist	End-of-Life care
Electrocardiogram	Dementia care
Booking porters online	
Common urological operations and their indications	

Generally, CNSs and nurses requested training on how to perform exams and assessments and general catheter care. They requested courses that were specifically designed for nurses:

*‘Specific urology nurse courses, practical courses to enhance on the job training’. (CNS)*

Conversely, those in more senior roles needed more advanced training, yet said this was not offered in their Trust:

*'The Trusts seem to do training for putting a catheter in (which I don't need) but neglect the rest of the problem-solving aspects which I do need'. (ACP)*

Related to urology cancer care, it was mainly the nurses who asked for more general training on the subject.

*'I would like to learn more about Urological cancer, we support many patients within the department but my knowledge in the area is very limited'. (Nurse)*

*'A training day on the different types of cancer stages and treatments provided would be beneficial'. (Nurse)*

*'I have no knowledge of this [urology cancer] except for blood in urine being something to look out for'. (Nurse)*

Only a few HCAs completed the survey, yet they specifically requested more training from senior members of staff.

### ***Training needs of non-urology staff***

Lastly, 14 survey respondents did not perform any urology related tasks. Of these, 3 had received urology related training. A pharmacist had been taught about urology during the MPharm degree, and a nurse and ACP had both received training in a previous role. None of the non-urology staff are currently undertaking any urology related training.

Whilst seven non-urological staff did not report any urology training needs, seven others reflected that basic introduction into urology care would be useful, around urological medicines (Pharmacists), basic practical skills (Health Care Assistant), red flags (Allied Health Professional), and options for signposting. Similarly, with regards to uro-oncology, four non-urology staff reported that it would be useful to have some basic knowledge on early signs of urology cancers, treatment plans (Healthcare Assistant) and side effects of treatment (CNS). Others did not report any oncology training needs.

Whilst half of the non-urology respondents found it somewhat important to receive urology cancer care training, the other half were neutral about this, or felt it was not important in their current role.

#### **Summary of main findings of section 2.4:**

- 87.5% of staff felt that it was extremely important to have uro-oncology training.
- Urology staff reported a wide range of training needs, yet training on general catheter care, urodynamic assessments, DRE/physical examination and continence issues was requested most frequently.
- Urology cancer care staff reported a wide range of training needs across the following themes: general uro-oncology module (n=9); treatment-related topics (n=9); specific cancer types (n=8); diagnostics (n=3); care pathway (n=2).
- In addition to a need for general training in uro-oncology, training on bladder cancer care, novel treatment options and side effects of radiotherapy were common training needs among uro-oncology staff.
- Further explorations are required to provide more in-depth understanding of differences in training needs across professions and Trusts.

### **2.5 Urology Specialist Training Needs**

Whilst the sections above describe specific, individual topics that respondents identified as training needs, participants who were interviewed talked at length about a more general need to educate and train staff to support the urology workforce. Staff expressed worries about the numbers of experienced staff who were retiring, whilst there were difficulties recruiting new staff who had specialist knowledge. It is important for GMCa to note this and focus on putting in place succession plans and actively seeking and developing the non-medical urology workforce so that that workforce levels are sustained in the long term:

*‘I think about retiring. I’m getting older. I’ve been in the NHS for 41 years now this year. For me, I think it’s a very important thing when you’re looking at the service’. (Nurse Consultant)*



*'I think that the biggest challenge for us coming up in the next six months is that we are starting to lose the experienced members of staff that have been with us for, say, 20 years, as they come into retirement'. (Urology Department Manager)*

*'Over the past few years, we've had people retiring, leaving, who have had a lot of input with training. And it takes us about two years to train a specialist nurse to do the things that they need to do within the department'. (Nurse Consultant)*

*'In a clinical nurse specialist setting, there's about 40% of the workforce that is going to retire in the next five years. We were really going to struggle with specialist nurses. We've got so many nurses of similar age that are to retire quite soon'. (CNS)*

Interviewees described issues with finding and appointing new members of staff. Because of this, staff reported several instances in which they have had to employ people who do not necessarily have the required knowledge or experience. A need to provide further training on the job was clearly articulated, exemplifying the importance of adequate TTEP opportunities, particularly for new members of staff.

*'There's a problem with recruiting clinical nurse specialists that we have generally. And being able to get people in post that have got the level of experience that we need is very, very difficult. So, we're finding that people are having to kind of jump into their roles without having a full foundation of the knowledge that they need to do it. They should find alternative and practical ways to offset the negative impacts of this on the future workforce'. (Lead Cancer Nurse)*

*'When you put up a post for specialist nursing, there aren't that many people that you could just pick up. You're not going to get somebody that can just walk into the job. You're going to have to train them. We had a difficult time trying to recruit into a post and we appointed somebody who said they were doing the job but turned out they weren't. Then we appointed a very capable band 5 into a band 6 training post and then two years later she's developed. It took two years to get her up to speed but you don't find many of those people around she was exceptional'. (Consultant Nurse)*

*'There are things [training resources] specifically for cancer nurses. But the actual workforce that we've got at Band four level, like pathway navigators, and the cancer*

*care coordinators, they're key to moving a lot of work forward at the moment, because of the operational pressures being so great'. (Cancer nurse)*

In addition, it was felt that there was a need to put avenues in place to formally attract, train, and develop junior staff into specialist roles earlier on.

*'I think that specialist nurses need to be identified very early. We need to target people and train them on whatever pathway. You just can't pick people from out there and expect them to do the work. You must train them. It takes on average 2-3 years to get somebody into a junior specialist nurse role, and then they only blossom after they've done all that initial basic training. It should be done by doing the job, working, and learning on the job, because that's the best place to learn'. (Nurse Consultant)*

*'I think it has to start from the urology wards really, sparking interest with the band fives on the ward'. (Nurse Consultant)*

Previously, the urology wards were a common starting ground for urology careers, as a place where staff initially developed an interest and gained experience and then worked their way up to more senior and specialist positions. However, in recent years, some Trusts have removed the urology departments, which means that more junior staff get less exposure to urology specific work. This lack of exposure is further caused by staff shortages on the ward, which sometimes means that staff nurses do not get the opportunity to complete a rotation alongside specialist staff. Interviewees felt that this meant that current junior staff working in these generic departments would need more training to perform a specialist role than junior staff working in urology departments previously. Concerns were also expressed that this may impact on the number of staff who are interested in a career in urology.

*'One of my biggest concerns is that we used to have a urology Ward and that's often where, nurses got inspired, picking interest in urology. We don't have that anymore'. (Nurse Consultant)*

*'It is difficult, the wards can't spare staff to send them to specialist areas because they're so short. We used to have the staff nurses when they first qualified on the ward coming to work with the specialist nurses for a while and see what we do, to see if that*

*sparked an interest. But the wards don't want to release somebody for 2-3 weeks at a time when they've got nobody to replace them on the ward'. (Consultant Nurse)*

*'We had a specific urology ward where patients would be admitted for whatever procedure. It seems to be not specific to urology anymore. There is a bit of everything out in the wards nowadays. And I think that's probably been a downfall to having people trained up to do specific roles. I know a retired colleague who worked on the urology ward for 20 years before she got the CNS job. Her background in urology was amazing because she worked in urology for 20 years'. (CNS)*

There were several initiatives reported in the interviews that appeared to be focusing on these new starters, for example:

*'So, we have started up an aspiring nurse programme. It is a pilot nurse programme we've got with Health Education England. They give us some backfill money for somebody one day a week to work with specialist nurses, they've got competencies to do and a project to do at the end of it. So that's for a band five to come and work one day a week with the specialist nurses to get to know what the job is and learn the job and work with different teams to see if there's any area that that they would like to specialise in. And that's something that's happening across Greater Manchester'. (CNS)*

## 2.6. Barriers to training/education

Interview data shed some light on current barriers to accessing training and education<sup>4</sup>. Three major barriers were identified, namely: staffing and time constraints, funding, and a lack of available training. The added pressures and restrictions put in place due to COVID-19 were also mentioned as an impediment to training opportunities.

Firstly, it was explained that due to current pressures on the clinics, it was often difficult to release staff from clinical roles for training. In addition, due to staffing constraints, staff were not always able to rotate into the urology department and gain experience that way.

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<sup>4</sup> It should be noted, however, that these insights have come from a limited number of interviews and that further investigations would be necessary to gain a deeper understanding of the issues

*'We let her go for further training but had to reduce the clinics. We must speculate to accumulate. At the end of her training, maybe in 12 months, she will be able to take more of the clinics. We take the hit now and reduce the clinics but when she's finished, she'll be able to do more clinics for us. In 12 months' time, we will get a nurse that's able to do far more. It was a trade-off because there's no funds there to backfill anyone. It's just impossible. You do these kinds of things if you want to improve your service, you've just got to just got to do it'. (Department Manager)*

*'Sadly, such opportunities for visiting other Trusts are limited now. Even pre-COVID, it was difficult to get that clinical study time, you know, to be released to do that. It's the pressure to just get on and get working'. (CNS)*

*'Although I have access to training, the option to access this training is limited due to time constraints'. (Survey respondent)*

*'We were supposed to attend erectile dysfunction clinics, but we don't have time to get involved. It is difficult to get the time off because everybody's just so stretched, to do the trainings is difficult.' (CNS)*

*'I've just finished a new patient clinic. I've got hundreds of letters I need to sign off, then lots of emails. In between it all, I haven't got that time to just think about the case that I struggled with, and how I could have approached it differently, or what I could do differently. I feel like I'm on a hamster wheel because we've got hundreds of patients on a backlog to see. We have an advanced practice group in the hospital, that again, fell by the wayside because of COVID and work pressures and people couldn't meet'. (ACP)*

*'I did attend a course a couple years ago, on flexible cystoscopy, because that's the hope that I'm going to get established in that. But then I didn't have the time to then go and do that practical training. So that is the thing for the future to hopefully get established with that'. (CNS)*

Some participants reported that they felt that the needs of the service and personal needs took priority over commencing post graduate courses. For example:

*'At the moment, I am trying to ensure I can balance family life and commit to my role. You know, you can go off and do training courses, sometimes you've got to ensure balance and that you are fulfilling the job roles'. (CNS)*

*'I think my departmental needs for a staff nurse take priority over my development needs. I am the only staff nurse in the department, there are eight specialist nurses'. (Staff Nurse)*

E-learning, in the form of online courses or pre-recorded webinars were seen as a good solution to still offer staff the flexibility of undertaking additional training when their work allows:

*'The convenience of video conferencing in terms of streaming is good for us in community because we are time pressured, and we must go out and about a lot. We were quite short staffed. We are working antisocial hours to a point where we work 8:30am to 10pm a lot of the time. E-learning or zoom sessions or recorded resources like webinars are good because you can always review them'. (ACP)*

There was a feeling that nurses were more restricted in finding time for TTEP than other medical professionals who had time ringfenced for study leave.

*'It's usually in my time but I do have an allocation of study leave and academic leave. I very rarely use it all, but I would be freed up to do that. I'm supported to do that; I suppose I'm saying'. (Consultant Radiographer)*

*'I suppose it's the role. Medics seem to have a lot more protected time for their own development and to go to conferences and to do things and I think nurses do because you've always got to fight for every little bit that you've got that you want to do well, you know, we're just perceived as different'. (ACP)*

Secondly, funding for training opportunities was an issue. This could either be related to not knowing how or where to obtain funding, or funding not being available. As earlier reported, some staff have been supported by charities like Prostate Cancer UK (PCUK) to undertake training.

*'I do not know how to obtain funding for such professional development'. (Survey respondent)*

*'Funding and time are an issue. I was lucky enough to get funded by Prostate Cancer UK, because the cost was £4,300 and that was just one module'. (CNS)*

Lastly, some staff also felt that there were not enough opportunities for TTEP on offer within Trusts, that resources were difficult to access, or that there was a general lack of resources available. Like previously stated in relation to bladder care, nurse identified a lack of available resources for Band 4 staff who are currently taking on many higher-level tasks. There was a feeling that there could be more training offered within the urology departments.

*'The Trust needs to offer more opportunities to expand skills within the Trust. The Urology department is not sufficiently enabling teaching'. (Nurse)*

*'There aren't any resources out there available for people at that level. So, there are things specifically for cancer nurses but the actual workforce that we've got at Band 4 level, like pathway navigators, and the cancer care coordinators, they're key to moving a lot of work forward at the moment because of the operational pressures being so great. But there's very little that I can give them. I'm kind of pulling information from where I can, and well, there isn't something they can particularly work towards'. (Cancer Nurse)*

*'I would recommend on-site training/ education for urology nurses to further their knowledge. It would also be helpful to have other educators come to Urology to discuss information, teach new skills etc. We don't always get time to gain competencies'. (Nurse)*

As part of this exercise, the research team undertook a desk-based review of urology cancer related educational resources and training opportunities that are currently available across the UK. Section 3 contains a tabular summary of these resources and their provider, which may guide staff and line managers in the planning of future TTEP activities.

Lastly, some staff stated that they use resources such as NICE guidelines or journal articles to guide their practice. In this regard, it is important that staff are able to access these resources and that they have the necessary skills to critically appraise the information they find.

*'I wouldn't say I feel that confident. I just have to read up on it, you know, check it out. Usually Google, or, you know, check out NICE. I feel like there's a lot to be learned from that point of view'. (ACP)*

*'I would also allow them access to the Urology nursing journals so they could have access to resources. Currently I have to try and access them via the online library which can often be difficult'. (Nurse)*

*'It is important that staff know how to understand and apply evidence and research in urology nursing. I think we've just talked about the importance of research evidence and scholarly activity to high quality nursing, key elements and research, ethical activity, research processes, you know'. (Consultant Nurse)*

**Summary of main findings in section 2.5 and 2.6:**

- In general, concerns about the future of the workforce were reported, with many staff approaching retirement age. Instead, many new staff were longer coming through Urology wards.
- There was a sense that due to difficulties related to staff recruitment, staff new into nursing/specialist roles do not always possess the required experience, knowledge and skills. This then places further urgency on offering staff appropriate TTEP opportunities.
- Three major barriers to training/education were identified, namely time/staffing constraints, funding and general access to/existence of resources.
- Section 3 contains an overview of currently identified TTEP opportunities across the UK.
- It is important that staff possess critical appraisal skills when they search for resources themselves online.
- Nurses appeared to have more difficulty with ringfencing time for development and training than other professions such as consultants, who were perhaps more supported in getting time for TTEP.

## Section 3: Focus Group Sessions Feedback

The aim of the scoping review was to understand the workforce and training needs across all settings, however response from Primary Care, Community and Social Care was relatively low. To build on this, the Greater Manchester Cancer Academy conducted 3 targeted focus group sessions with healthcare professionals across primary, secondary and community care settings. These groups were the Northern Care Alliance (NCA) Bladder and Bowel Service Community team (n=4), the Urology Cancer Nurse Specialist Forum (n=3), and the Greater Manchester Primary Care and Community Practice Nurses Forum (n=20). There were 3 main questions: 1) what are the learning needs for people working in / dealing with urological cancers (or urological conditions as a consequence of cancer treatment), 2) what training resources were available, and 3) what mechanisms would they benefit from within an ePortfolio offering?

### 3.1 Focus Group Training Needs

#### 3.1a Common Training Needs identified:

- Continence assessment training - the group shared scenarios where patients have been given continence pads when not required, resulting in patients feeling uncomfortable or not receiving the most appropriate care. This excessive, incorrect usage also has financial implications. It would benefit the workforce who encounter patients struggling with continence issues to receive detailed training such as, management of bowels, constipation, use of commodes, medication to ease symptoms, when to refer for a scan, urine tests, checking for infections, dietary suggestions and lifestyle advice. With incontinence often being a side effect of receiving cancer treatment, there is a need for more healthcare professionals to acquire urological skills, on a broader scale, to address this issue and support the needs of the patients.
- Catheterisation training - Nursing homes currently experience a high turnover of staff who have already been trained in catheterisation, so a centralised training resource would be beneficial. Additionally, District Nurses are often called to care homes to catheterise patients however, with the right training staff working in care homes / hospices could perform this activity. Patients who are experiencing side effects of treatment, bed-bound or receiving end of life care at home would benefit from more staff in the community being trained on catheterisation to prevent unnecessary trips to hospital.
- Vaginal examination training for the pelvic floor - Nurses have to shadow departments, such as women's health, to gain these skills as no training is currently provided.
- Urinary Tract Infections – non-complex / complex and how to manage this.



Table 11 gives a breakdown per care sector of the training needs identified from the focus group sections.

*Table 11: Overview of focus groups training needs across care sectors.*

Community	Catheterisation training, continence assessment, training, vaginal examination training, safeguarding
Primary	Haematuria, UTIs, Prostate, Infections,
Secondary	Catheterisation training, continence assessment, Explaining antibiotic resistance

### 3.1b Additional Training Needs

- Bladder wash-out
- Prostate, testicular and bladder cancer
- Infections in all aspects
- Moisture lesion training
- Nephrostomy bags
- Metastatic urological cancer
- Haematuria
- Overactive bladder treatments

### 3.1c Training Needs Delivery Method and Interventions

- Face to face learning e.g. events, conferences and forums that allow for networking and sharing best practice
- Online learning should be accessible outside of the workplace and via various devices e.g. laptop, tablet or smartphone with plenty of visual stimuli
- Short Webinars that can be watched live or on-demand depending on work schedules and ability to ask/leave questions for experts to respond to were preferable
- Skills labs for teaching hands-on, practical skills that can't be delivered virtually and need to be assessed by technique
- More virtual resources for staff to access training and updates on learning
- Case-based learning that maps to the patient pathway, in-line with workforce training needs
- Peer to peer support - safe spaces to discuss concerns, seek advice for colleagues and share best practice
- Clinical Supervision for consolidating interventions

- Learning tools available post-training such as further reading or resources that can be referred to retrospectively e.g. Podcasts
- Informatics

### **3.2 Training resources**

**These have been added to the training resources collated by University of Salford in Appendix 4**

### **3.3 Focus Group ePortfolio Requirements**

- Revalidation records are currently stored in the form of hard paper-copy or on a computer. There is no central place to store learning in any care setting (except for ESR for mandatory training within secondary care).
- Clear career development routes that highlight how to climb the career ladder
- A more formal process was desired to store documentation of development, accreditations, case studies and notes.
- There was a strong desire for assurances to be in place to ensure that learning was fit for purpose.
- Learners would benefit from educational listings relevant to their career development, so they have a clear trajectory.
- Appraisals currently do not pertain to urology specifically. Objectives are often generic and do not adequately address urological areas of work. The Urology Cancer Nurse Specialist Forum highlighted that appraisals would have more value if they related to urology specifically. For staff specialising in urology, it was thought having an appraiser with this background would be beneficial.
- Appraisers are often not from a urological profession, therefore have difficulties understanding competencies required and are unable to assess the learner correctly as there is no guidance on this.
- Work-based trainers need to be able to relate to the person that they are supporting
- The group found it easier to have approval granted for learning courses that had CPD points attached to them when requesting study leave. Additionally, this would help with appraisals and revalidation processes when evidencing learning.

### **Summary of main findings in section 3.0 to 3.3:**

- There was a strong need from the focus groups for further training in continence assessment and catheterisation
- Many focus groups wanted the option to access online learning modules that would allow them to complete the learning at convenient times
- The need for peer-to-peer support to share case studies, best practice and ideas in a safe environment was prevalent throughout these sessions
- Most training resources accessed by the focus groups was provided by representatives of pharmaceutical companies
- Courses with a fee attached to them could be accessed via a study leave request to present the justification for requiring funded learning
- The group found it easier to have approval granted for learning courses that had CPD points attached to them when requesting study leave
- The focus groups found the idea very appealing for a central ePortfolio where learners would be able to store their learning credentials, assessments and case studies and use this as part of their personal development reviews as evidence. There is currently no centralised system in place to hold all learner's educational profiles
- Learners would benefit from educational listings relevant to their career development, so they have a clear trajectory
- Most appraisers did not have a urological background and were not fully aware of what the appraisees role was. Most appraisals were generic and failed to meet the urological needs and understanding of the appraisees' role

## Conclusions & Recommendations

Although an extensive scoping exercise was conducted, there are limitations that need to be considered. Due to clinical pressures, uptake was low, particularly across the different care settings. Not all professional groups were represented, and not all localities engaged therefore, findings may not be fully representative.

Despite the limitations, the scoping has enabled a number of recommendations to be made to the system, which will also inform the next steps of the Cancer Academy:

- Around half of urology and uro-oncology staff felt that they did not have sufficient access to training resources related to their role. This signalled a general need for increased access to TTEP opportunities.
- The need for adequate TTEP opportunities is more important than ever in a time considering the current staffing and recruitment challenges with managers not having access to staff with the experience and skillset. Extra attention should be paid to new staff to ensure that they feel supported and confident. Related to this, a specific need for training resources for Band 4 staff was identified.
- Only a small proportion of the workforce is currently undergoing or intending to undertake formal training, which could hamper progress in professionalism and developing the workforce into more advanced roles. It would be beneficial to consider supporting staff in this area through funding and by partnering with some of the providers identified in this report.
- Although urology/urology cancer tasks varied across the workforce, it was noted that staff generally needed a basic understanding of both urology and urology cancer, because patients often presented with dual diagnoses. Fragmenting care would not only strain the already busy workforce, but also increase waiting times for patients and waste other precious resources. Staff should therefore be trained in both to build their confidence and enable them to provide more personalised holistic care. Staff themselves also identified this need, as many asked for general training on uro-oncology.

- Related to the above, the findings suggest that there may be unique urology training needs amongst oncology staff who do not have any urology background, which require further investigation.
- Staff reported a wide range of training needs and further investigations are needed to explore these in greater detail across different professions. Future research could offer staff a choice out of predefined training options to comprehensively capture which trained needs are met and where gaps exist. Current investigations highlighted training needs related to general catheter care, urodynamic assessments, DRE/physical examination and continence issues as the most frequently mentioned urology-related gaps. For uro-oncology, general training, in addition to training on bladder cancer care, novel treatment options and side effects of radiotherapy were listed as priorities.
- Previous and current TTEP did not appear to follow a formalised framework for development in terms of shape, content and mode of delivery of training. Further explorations will be needed to guide the development of a TTEP framework for different professions at GM Trusts. For the nursing profession, work is currently underway nationally and internationally on developing an educational framework of urology specific competencies. Future work across the GMCa could explore possibilities of feeding into this.
- The main barriers to TTEP include staffing/time restraints and lack of funding to attend TTEP. In response to these challenges, TTEP should be designed around the workplace and include opportunities for mentoring, role-modelling, work-based supervisions and departmental learning. This will reduce the impact of staff being abstracted from the workplace. Placement experiences across NHS Trusts through staffing exchanges could support networking and knowledge-building of the developing workforce. Staff require protected time for learning and development and need to be made aware of any funding available to support TTEP.
- Related to this, the wealth of knowledge and experience within the existing workforce should be harnessed to support future training and development. Consultants are a major resource for supporting the learning of the non-medical urology workforce;

availability of this support should be further expanded and promoted. The expertise of the senior non-medical staff will also ensure that learning is sustained and is bespoke to the role and scope of practice of staff. This could take the form of an academy of urology/urology cancer trainers, focal persons or champions in each Trust who could train and mentor staff.

- A structured approach to career development would enhance succession planning for the future non-medical urology cancer workforce. A high proportion of the current workforce is nearing retirement age; these staff have significant understanding of urology roles and are keen to pass this on to the next generation of staff to ensure it is sustained. Efforts should be made to ensure this transition is gradual and seamless. Although removal of urology wards in some Trusts may have been beneficial for patients, it took away the facilities in which many staff initially developed their interest in urology. The increasing time and workload pressures on the workforce means that managers struggle to release Band 5s to clinics and urology departments for experiential learning. In addition, there should be improved pathways for attraction and development of junior staff into more specialist roles.
- It is important that staff are equipped with basic skills for critical appraisal, so that they are able to judge the quality and evidence-base of (online) resources they access on their own account. Basic research training could also be beneficial to support staff and patients to participate in future research and support them to utilise the latest evidence to improve their practice.

The findings from this report will not only inform the educational offerings developed by the Cancer Academy to enhance urological cancer care across GM, but also the method of delivery, and have validated the need for a digital solution (e-portfolio) to support career development.

The Cancer Academy will continue to engage with healthcare professionals to ensure any offers developed are driven by workforce need, and that it fulfils the ambition of being the hive of education for the Greater Manchester Cancer Workforce.

## Appendices

### Appendix 1: Electronic Survey



University of  
**Salford**  
MANCHESTER

Training Needs Analysis and Scoping of Education and Training in the Urology Non-Medical Clinical Workforce in Greater Manchester (benign and cancer)

To inform the Greater Manchester Cancer Academy Urology project

The purpose of this survey is to inform the Greater Manchester wide urology non-medical clinical workforce training needs analysis, scoping of education and training, and focus the academy's education/training priorities. We really need your experiences to help shape how we can support your education in the future, for you, the urology service and for the patient's benefit.

The procedure involves filling an online survey that will take approximately 15 minutes. Replies will be anonymous for the collated report, email only asked for if you agree to be contacted for interview.

At the end of this survey, you will be asked if you are interested in participating in a follow-up interview (remotely).

If you choose to provide your email address for the follow-up interview, it will no longer be anonymous to the research team. None of the contact information you provide will be included in any presentations based on these data and your responses will remain confidential.

If you have any questions, concerns, or complaints about this study, or experience an adverse event or unanticipated problem, contact the researcher on (Email and Telephone contact)

Please complete this survey by 5:00pm on 27th September 2021.

Thank you for your time and participation.

**1. What is your job title?**

- a. Nurse
- b. Clinical Nurse Specialist
- c. Advanced Clinical Practitioner
- d. Nurse Consultant
- e. Nursing Associate
- f. Health Care/Clinical Support Worker
- g. Health Care Assistant
- h. Surgical Care Practitioner
- i. Physician Associate
- j. Assistant Practitioner
- k. Pharmacist
- l. Allied Health Professional
- m. Registered Manager (Social Care)
- n. Other - please specify  
.....

**2. Which is the main care setting that you work in?**

- a. Primary care
- b. Secondary care
- c. Community care
- d. Social care

If answer to Qn. 2 is secondary care (b), please proceed to Qn. 3. If not, proceed to Qn. 4.

**3. In which area in secondary care are you mainly based?**

- a. Ward
- b. Theatre
- c. Emergency department
- d. Outpatients Department
- e. Other: please specify.....

**4. Which trust do you work in? (optional)**

- a. Bolton NHS Foundation Trust
- b. Wigan, Wrightington and Leigh Foundation Trust
- c. Salford Royal Foundation Trust
- d. Pennine Acute Hospitals NHS Foundation Trust
- e. Tameside and Glossop Integrated Care Foundation Trust
- f. Stockport NHS Foundation Trust
- g. Manchester University NHS Foundation Trust
- h. The Christie NHS Foundation Trust
- i. N/A

**5. Where are you primarily based?**

- a. Bolton
- b. Wigan
- c. Salford
- d. Bury
- e. Heywood, Middleton, & Rochdale
- f. Oldham
- g. Manchester
- h. Trafford
- i. Stockport
- j. Tameside and Glossop



**6. What is your Agenda for Change pay band? (**

- a. Band 1
- b. Band 2
- c. Band 3
- d. Band 4
- e. Band 5
- f. Band 6

- g. Band 7
- h. Band 8a
- i. Band 8b
- j. Band 8c
- k. Band 8d
- l. Band 9
- m. N/A

**7. How long have you been in your current role?**

- Less than a year
- Between 1-2 years
- Between 2-5 years
- Between 5-10 years
- Over 10 years

**8. Do you perform any urology related tasks or care for urology patients in your current role?**

- a. Yes
- b. No

(If Yes, proceed to Q9. If NO, proceed to Q.16)

**9. How much of your time is spent performing urology related tasks or care for urology patients?**

- a. 1 – 20%
- b. 21 – 40%
- c. 41 – 60%
- d. 61 – 80%
- e. 81 – 100%

**10. In total, how many years of experience do you have working in Urology/or urology related care?**

- a. Less than a year
- b. Between 1-2 years
- c. Between 2-5 years
- d. Between 5-10 years
- e. Over 10 years

**11. Within your current role, how confident do you feel that you are meeting the needs of urology patients?**

- a. Completely confident
- b. Fairly confident
- c. Slightly confident
- d. Not confident at all

**12. Does your role involve urology cancer-related care?**

- a. Yes
- b. No

If yes go to 13, If no go to 16

**13. Approximate percentage of your role involving urology cancer-related patient care**

- a. 1 – 20%
- b. 21 – 40%
- c. 41 – 60%
- d. 61 – 80%
- e. 81 – 100%

**14. In total, how many years of experience do you have working in urology cancer-related care?**

- a. Less than a year
- b. Between 1-2 years
- c. Between 2-5 years
- d. Between 5-10 years
- e. Over 10 years

**15. Within your current role, how confident do you feel that you are meeting the needs of urology cancer patients?**

- a. Completely confident
- b. Fairly confident
- c. Slightly confident
- d. Not confident at all

**16. Have you previously completed any teaching, training, education or placement experience specifically relating to urology?**

- a. Yes
- b. No **No = branch to Q19**

**17. Was this (tick all that apply):**

- a. As part of professional pre-registration education (e.g., undergraduate course or professional qualification)
- b. During a previous role
- c. During your current role

**18. Please explain briefly what this training entailed and whether it met your needs:**

**19. Are you currently undertaking, or have you applied to start, a postgraduate course?**

- Yes
- No (go to Q.21)

**20. (Yes), please state course title and provider and why you chose to study it**

**21. Are you currently undertaking any other learning/training/education that is NOT directly urology related (e.g., leadership skills, communication skills or non-medical prescribing)?**

Yes

No (go to Q.23)

**22. (Yes), please state training/course title and provider and why you chose to study it**

**23. What other ways of learning have you had experience of, relating to your current role? (Please select all that apply)**

- a. Workplace based supervision
- b. Mentoring
- c. Coaching
- d. Peer support

- e. Visiting other trusts/organisations
- f. Conferences/workshops
- g. Webinars
- h. Pharma events
- i. Departmental teaching
- j. Journal club
- k. Reading journal articles
- l. Other: please specify

**24. If you answered "Other" to the previous question. Please write your answer here.**

**25. Reflecting on gaps in your own urological skills/knowledge, please provide up to 3 recommendations of areas to focus on for training/education?**

**26. Focusing specifically on urological cancer related skills/knowledge, please provide up to 3 recommendations of areas to focus on for training/education?**

**27. In general, within your role, do you feel you have sufficient access to training, education, information or guidance relating to urology related care?**

Yes

No

**28. Focusing on urological cancer related care, within your role, do you feel you have sufficient access to training, education, information or guidance relating to urological cancer related care?**

Yes

No

**29. How important do you think it is for staff working in your role to receive training/education in urology cancer care?**

- a. Extremely important
- b. Somewhat important
- c. Neutral
- d. Somewhat not important
- e. Not important at all

- 30. Reflecting on any gaps in your own urological skills/knowledge, what would be your 3 recommendations for areas to focus on for training/education?**
- 31. Do you have any other thoughts or comments you would like to share about this subject?**
- 32. Would you be happy to take part in a short interview (20-30 mins) relating to staff awareness and understanding of urological cancers, and of training and educational needs (all will be conducted via telephone or Microsoft Teams)?**
- a. Yes (interview)
  - b. No
- 33. If yes, please provide your full name, email address and phone number (your details will remain confidential and will not be shared with any third party):**
- 34. What is your age? (Optional)**
- Under 18 years**
- a. 18-24 years
  - b. 25-34 years
  - c. 35-44 years
  - d. 45-54 years
  - e. 55-64 years
  - f. 65 years and over
- 35. Which gender do you identify as? (Optional)**
- a. Female
  - b. Male
  - c. Genderqueer or non-binary
  - d. Agender
  - e. Other, please specify
- 36. How would you describe your ethnic origin? (Optional)**
- a. Asian or Asian British
  - b. Black or Black British
  - c. Mixed
  - d. White
  - e. Other ethnic group (Including Chinese)
- 37. How do you like to describe your sexual identity or sexual orientation? (Optional)**
- a. Asexual
  - b. Bisexual
  - c. Gay man
  - d. Heterosexual or straight
  - e. Gay woman/Lesbian

- f. Pansexual
- g. Queer

**38. Do you identify as a person with a disability or are you a person with accessibility needs? (Optional)**

- a. Yes
- b. No
- c. Prefer not to say

**39. Do you identify with any of the following religions? (Optional)**

- a. Protestantism
- b. Catholicism
- c. Other Christian
- d. Judaism
- e. Islam
- f. Buddhism
- g. Hinduism
- h. Inter/non-denominational
- i. No religion
- j. Prefer not to say

**40. To what extent do you agree/disagree with the following statements about your workplace? (Optional)**

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel like I belong in my workplace					
I feel like I belong in my workplace					
I feel like I belong in my workplace					
Workforce diversity is valued at our workplace					
The people I work with treat each other with respect					
I am included in decisions that affect my work					

**Thank you for completing this survey**

## Appendix 2: Interview schedule for one-on-one interviews

The aim of this interview is to explore in greater depth the content and format of any future learning resources to be developed and delivered to staff working across the eight provider Trusts and from Primary, Community and Social Care in Greater Manchester. The prompts are to help with answers and include a range as the interviews are with urology specialist staff and general staff too.

Key objectives are to:

1. Understand your role in more detail
2. Understand what training and education is required to inform future learning resources across all 4 care settings, for non-medical clinical staff who perform urology-related tasks (whether as a specialist in urology, or general staff who perform urology-tasks/care for urology cancer patients but work outside of the urology specialty)

### Interviewee details:

Name:	
Job Title:	
Organisation:	
Care setting (primary, secondary, community or social care):	

### About you and your role

- 1) Where are you mainly based (Urology dept., OPD, ward, in which PCN, or locality, where geographically?)
- 2) Can you tell me about your work on a typical day? What does your role involve? **Prompt:** Tasks, responsibilities, specific areas of work?
- 3) How long have you been in your current role?
  - a. Has it changed since you started in this role?
  - b. Are the responsibilities changing over time? In what way?
- 4) How often do you encounter patients with urology cancers? (As a %, some examples would be useful). **Prompt:** may have urology patients post-surgery on the ward, or caring for a patient with a urological cancer (prostate, bladder, renal, testicular, penile) or referring patients with suspected cancer.

### Knowledge/skills/experience and any training/learning needs?

- 5) Can you tell me what knowledge, skills and experience you have in relation to the provision of urology cancer care?
- 6) How confident do you feel when caring for people with urology cancer or suspected urology cancer?
  - a. What difficulties do you face? **Prompt:** could be how the patient may react, how the patient feels as may feel very vulnerable/anxious, or as a staff member you may not feel equipped to answer the questions you may be asked? How to tell a patient they may need to go on a suspected cancer pathway (until proved it's not cancer). Where to signpost patients/carers to for help. Time constraints as in a busy clinic. Not comfortable to perform certain tasks/interventions.
  - b. What might help you to feel more confident?

- 7) Where do you go for further information, educational resources or training materials relating urology cancer care provision?
  - a. Do you think the resources are adequate?
  - b. What additional resources might you find useful?
  
- 8) What additional training would support you in your role/enhance your practice?
  - a. What would it include?
  - b. What format would the training take? **Prompt:** Self-directed, skills lab with an expert trainer, training on the job by a colleague
  
- 9) What additional education would you like to see provided?
  - a. What would it include?
  - b. What format would the training take? **Prompt:** Formal via a University, attending a masterclass or webinar, attending a conference, pharmaceutical sponsored event, self-directed, journal articles, journal club, departmental/organisation teaching/meetings
  
- 10) What skills/knowledge do you feel you would like to develop or would enhance your role further? **Prompt:** How to perform specific interventions (which ones), non-medical prescribing, understanding haematuria pathway, urinary continence/incontinence, catheter care, managing difficult conversations (specific communication skills), knowing more about UTIs
  
- 11) Are there any areas of urology cancer care you would you like to know more about? **Prompt:** a specific urology cancer, specific treatment, side effects, interventions, complications, supporting patients on follow up or with metastatic disease, bone health (prostate cancer), radiology, urological emergencies, urology red flag symptoms, managing co-morbidities, or managing catheter care or urinary tract infection (UTI)?
  
- 12) Do you have a professional development plan or other formal plan/appraisal in place?
  - a. What does it include?
    - b. How often is it reviewed with your appraiser/reviewer/manager?
    - c. Are their reasons at work why you can't undertake or attend study/events? **Prompt:** No cover if away from work, no funding available, can't get necessary supervisor or mentor if this is a requirement of the course, course not deemed suitable for current role.
  
- 13) Is there anything else you would like to tell me about?
  
- 14) Do you have any questions for me?

**Thank you for your participation**

## Appendix 3: Staff job profiles

Role	Description of role
Consultant radiographer	<ul style="list-style-type: none"> <li>· Looks after patients having prostate brachytherapy, about 300-400 annually.</li> <li>· Makes an independent list for planning for the low dose rate prostate brachytherapy patients.</li> <li>· Intraoperative ultrasound for the high dose rate prostate brachytherapy patients.</li> <li>· Transactional ultrasound for treatment planning.</li> <li>· New radiotherapy referrals and follow ups for all radiotherapy to the prostate.</li> <li>· Independent clinic initial reviews for acute toxicities.</li> <li>· Sees new referrals and follow ups for all radiotherapy patients.</li> <li>· Runs a clinic to review patients with acute toxicities.</li> </ul> <p><b>External involvement</b></p> <ul style="list-style-type: none"> <li>· The Society of Radiographers.</li> <li>· Four tier structure with the Department of Health.</li> </ul>
Urology CNS	<ul style="list-style-type: none"> <li>· Mainly oncology.</li> <li>· Patients with prostate and testicular cancers.</li> <li>· Triaging patients for Best Time Pathways for prostate cancer.</li> <li>· Assisted by a prostate navigator.</li> <li>· Diagnosis in clinics with the consultants.</li> <li>· Key workers' point of contact.</li> </ul>
Lead Cancer Nurse and Clinical lead for personalised care	<ul style="list-style-type: none"> <li>· Service development and improvements of cancer tumour sites workforce.</li> <li>· Develop services and the staff within them, mainly clinical nurse specialists, cancer care coordinators, pathway navigators, MDT coordinators.</li> <li>· Workstream lead for personalised care.</li> <li>· Holistic needs assessments.</li> <li>· Competency development for the different roles.</li> <li>· Strategic service developments within each of the different cancer services.</li> <li>· Improving patient pathways.</li> <li>· Working towards better outcomes.</li> </ul>
Macmillan urology CNS	<ul style="list-style-type: none"> <li>· Working with consultants within clinics.</li> <li>· Acting as key workers for new patients.</li> <li>· Developed a wide range of nurse-led follow ups.</li> <li>· Reviewing patients, particularly prostate cancer patients after treatment in community.</li> <li>· Supporting and assessing Outpatients before treatment, through treatments and after treatment.</li> </ul>
Consultant nurse	<ul style="list-style-type: none"> <li>· Manage clinical nurse specialists.</li> <li>· Facilitator on leadership programme.</li> <li>· Lead on the bladder cancer patients and their pathway.</li> <li>· Developing practice.</li> </ul>



	<ul style="list-style-type: none"> <li>· Flexible cystoscopy and surveillance.</li> <li>· Holistic needs assessments.</li> <li>· Transurethral laser ablation (Tula).</li> <li>· Botox therapy into bladders.</li> <li>· Research studies to improve treatments.</li> </ul>
Community clinical practitioner. Advanced clinical practitioner	<ul style="list-style-type: none"> <li>· Community based admission avoidance service.</li> <li>· Part of MDT community crisis response team.</li> <li>· Accept referrals from the emergency department, urgent care settings, ambulance service, social care, GP and district nurses.</li> <li>· Risk assessments and triage.</li> <li>· Supporting patients to stay at home.</li> <li>· Escalate and signpost to other services.</li> <li>· Understanding pathways of care and management of the different conditions.</li> </ul>
Urology CNS Lead cancer nurse	<ul style="list-style-type: none"> <li>· Nurse led clinics.</li> <li>· Give diagnosis results for prostate and bladder cancer patients.</li> <li>· Daily support for patients and families.</li> <li>· Give advice and signpost patients to other areas.</li> <li>· Support the oncologists and surgeons in clinics.</li> <li>· Attend multidisciplinary team meetings and senior multidisciplinary team meetings.</li> <li>· Run personalised oncology clinics.</li> <li>· Give treatment, oral hormone treatment for metastatic cancer patients, prostate patients.</li> <li>· General oncology follow-up post radiotherapy.</li> </ul>
Departmental manager for Urology	<ul style="list-style-type: none"> <li>· Attend meetings regarding staffing issues and the utilisation of beds.</li> <li>· Managing the unit and 25 staff.</li> <li>· One clinical day per week.</li> <li>· Diagnostic clinic for urological cancers.</li> <li>· Bladder clinic for post-operative bladder tumours.</li> </ul>
Clinical nurse specialist	<ul style="list-style-type: none"> <li>· Support oncology clinics with consultants.</li> <li>· See new patients and those returning post-surgery.</li> <li>· Support patients (e.g., with disease progress and bad news).</li> <li>· Carry out holistic needs assessments, personalised care plans.</li> <li>· Macmillan led project work.</li> <li>· Nurse led kidney cancer surveillance clinic.</li> <li>· Manchester cancer pathway surveillance.</li> <li>· Referral to other services.</li> <li>· Administer BCG to bladder cancer treatment and arrange follow-up.</li> </ul>
Advanced nurse practitioner	<ul style="list-style-type: none"> <li>· Working in an advanced practice role.</li> <li>· Running independent clinics.</li> <li>· Prostate cancer surveillance.</li> <li>· Performing flexible cystoscopies.</li> <li>· New patient and follow-up clinics.</li> </ul>
Staff nurse urology outpatients	<ul style="list-style-type: none"> <li>· Supporting 8 clinical nurse specialists in clinics.</li> <li>· Carrying out skills-based work including teaching patients intermittent self-catheterisation.</li> </ul>

	<ul style="list-style-type: none"> <li>· Passing catheters, giving intravenous and intramuscular injections.</li> </ul>
Uro-oncology specialist nurse	<ul style="list-style-type: none"> <li>· Independent nurse led service.</li> <li>· Urology diagnostic unit.</li> <li>· Own caseload of patients, clinics.</li> <li>· Key worker role for newly diagnosed cancer patients.</li> <li>· Support for patients.</li> <li>· Individualized clinics, results, and follow ups, post treatment.</li> <li>· Benign erectile dysfunction clinic.</li> </ul>
Service lead for bladder and bowel service	<ul style="list-style-type: none"> <li>· Manager of a team of nine.</li> <li>· Nurse prescriber.</li> <li>· In-house bladder and bowel prescription service.</li> <li>· Prescribe intermittent catheters, nephrostomy bags, indwelling catheters, trans-anal irrigation products, bladder products, overactive bladder (OAB) treatments, constipation treatments and urology products.</li> <li>· Prescribe for 24 GP practices.</li> <li>· 3000 active long-term patients.</li> <li>· End-of-life caseload.</li> <li>· 800 patients on prescription.</li> <li>· Non-medical work colleagues based in nursing homes and residential homes.</li> <li>· Nurse led community clinics.</li> <li>· Treatment pathways.</li> <li>· Bladder retraining</li> <li>· Home delivery service when patients are prescribed containment products.</li> </ul>
Consultant nurse	<ul style="list-style-type: none"> <li>· Track all the cancer referrals.</li> <li>· Perform at one stop haematuria clinics. Performing flexible cystoscopy.</li> <li>· Diagnostic work.</li> <li>· Cancer follow-up patients in clinics.</li> <li>· Step in to be the key worker for cancer diagnoses in the absence of the Macmillan and urology specialist nurses.</li> <li>· Benign work - see patients for assessment for lower urinary tract symptoms.</li> <li>· Administer chemotherapy and immunotherapy treatments to patients.</li> <li>· Administration of triage and referrals.</li> <li>· Training with other members of staff to perform cystoscopy and nurse led clinic.</li> <li>· Training with new starters.</li> </ul>

#### Appendix 4: Review of Available Educational Resources

This section presents the findings of the desk-based review of relevant educational resources and training opportunities currently available to staff in Greater Manchester.

<b>TTEP Provider</b>	<b>Courses/modules</b>	<b>Length, Mode of study (FT/PT, FTF), Level</b>	<b>Aimed at which staff groups?</b>	<b>Open access or fee</b>	<b>CPD/CME or other credits? Accredited?</b>
Guy's Cancer Academy	Systemic Anti-Cancer Therapy (SACT)	12 weeks, study time. Assignment completion is 150 hours. Fully online. Level 6 or 7	Registered Health professionals required to administer SACT or manage patients prescribed with SACT	Fees	30 academic credits Accredited by King's College London.
	UKONS SACT Competence Passport	1 hour, Online	Supervisors and Managers	Open access	CPD/CME
	Personalised care planning for people with cancer	5-35 hours Online	Not clear		
Gateway C	Prostate cancer- responding to a PSA screening request	2 hours Online	Primary care professionals across the NHS including practice nurses.	Open access	CPD/CME
	Metastatic prostatic cancer	2 CPD hours Online	Primary care professionals across the NHS including practice nurses.	Open access	CPD/CME Accredited by RCGP
	Symptomatic prostate cancer	2 CPD hours, Online	Primary care professionals across the NHS including practice nurses.	Open access	CPD/CME Accredited by RCGP
PCUK <a href="#">Online learning  </a>	Male Urology in Primary care available in November 2021. Consisting of 8 modules.	6:20 hours. Online course	Primary health care professionals.	Open access	Not clear

<a href="#">Prostate Cancer UK</a>	Prostate disease: essentials for pharmacists	2:30 hrs. Online course	Pharmacists	Open access	
	Service transformation	1:30 hrs. Online course	Health professionals covering service improvement, redesign and transformation as applies to prostate cancer.	Open access	
	Side effects of pelvic radiotherapy for health professionals new to radiotherapy.	2:00 hrs. Online course	Health professionals with limited existing radiotherapy knowledge.	Open access	
	Side effects of pelvic radiotherapy for radiotherapy health professionals.	1:55 hrs. Online course	Radiotherapy and related professionals.	Open access	
	Prostate cancer essentials: Introduction to prostate cancer	1:45 hrs. Online course	Healthcare professionals.	Open access	
	Prostate cancer essentials: Diagnosing and staging	1:45 hrs. Online course	Healthcare professionals.	Open access	
	Prostate cancer essentials: The screening debate	0:45 hrs. Online course	Healthcare professionals.	Open access	
	Prostate cancer essentials: Localised prostate cancer	2:45 hrs. Online course	Healthcare professionals.	Open access	
	Prostate cancer essentials: Locally advanced prostate cancer	1:00 hr. Online course	Healthcare professionals.	Open access	
	Prostate cancer essentials: Metastatic prostate cancer	1.15 hrs. Online course	Healthcare professionals.	Open access	
	Prostate cancer essentials: Supportive care	0.45 hr. Online course	Healthcare professionals.	Open access	Not clear
	Sex and prostate cancer	1:25 hrs. Online course	Healthcare professionals.	Open access	Not clear
	mpMRI before biopsy	3:00 hrs. Online course	Radiologists	Open access	

	Supported self-management	8:00 hrs. Online course	Health professionals involved in delivering personalised stratified follow up care	Open access	
BAUN	Post Graduate Certificate Urology Practice	1 year, Face-to-face or Virtual Level 7	Nurses	Fee	Edge Hill University, St Helens and Knowsley Teaching Hospitals NHS Trust
The Urology Foundation	Nurses Communication Course	Face-to-face	Staff who have worked within urology for at least 4 years, and have an education level of BSc/MSC	Free	
European Association of Urology nurses (EAUN)	EAUN webinar: Updates in bladder cancer treatment and care	1 hour, E-course	Nurses	Fees, Free to members	EU*ACNE accredited
	The ins and outs of indwelling catheterisation and patient assessment for pelvic floor rehabilitation	1 hour, E-course	Nurses	Fees, Free to members	
	The effects of androgen deprivation therapy (ADT), the role of nurses and exercise in prostate cancer patient care	1 hour, E-course	Nurses	Free to members	EU*ACNE accredited
	Preventing Catheter-associated Urinary Tract Infections	1 hour, E-course	Nurses	Fees, Free to members	Royal College of Nursing (UK).
	Nephrostomy Pigtail Catheter	1 hour, E-course	Nurses	Free to members	
Health Education England	Ultrasound - Men's Health introduction to gastro-intestinal (GI) and genito-urinary (GU) imaging. Staging Prostate Cancer	Not clear	Not clear		

eLearning for Health (HEE eLfH)	<a href="https://portal.elfh.org.uk/Search">https://portal.elfh.org.uk/Search</a>				
Future Learn	Demystifying targeted cancer care treatments	Part time, 5 weeks Online	Clinical cancer nurses Research nurses	Open access	CPD points, Accredited by Cancer research UK
ecancer.org	prostate - bone metastases. Online videos and e-Learning open access <a href="https://ecancer.org/en/about-ecancer">https://ecancer.org/en/about-ecancer</a>	Part time, Online	Healthcare professionals	Free Open access	CME points
BAUS	Post graduate certificate in urology practice <a href="mailto:baun@fitwise.co.uk">baun@fitwise.co.uk</a> <a href="https://www.baun.co.uk/education">https://www.baun.co.uk/education</a>	1 year, FT/PT. One day study days. Face to face/virtual Level 7	BSc Hons 2:1 and above 6 months urology experience Nurses and Physicians associates	£780 for each 20-credit module	60 credits Edge Hill University, St Helens and Knowsley Teaching Hospitals NHS Trust, Whiston Hospital
University of Bradford	PGD/MSc Advanced Clinical Practitioner. *No specific urology modules but work based dissertation	2 years, PT Face to face, distance and blended Level 7	BSc 2.2 and above Nurses	£568 per module, £2,459 for dissertation	Royal College of Nursing
University of Huddersfield	MSc Advanced Clinical Practice Post graduate Level 7 *Cancer care module	Part time 3 years Face to face and some online	Nurses, HCP, pharmacists	Eligibility of Masters Loan	Royal College of Nursing
University of Salford	PGC/PGD/MSc Advanced Clinical Practitioner *No specific urology modules but work based portfolio of evidence	2 years, PT Blended Level 7	BSc 2.2 and above plus some experience HCP	Employer funded.	

University of Central Lancashire (UCLAN)	MSc Advanced Clinical Practice	2 years, PT Blended Level 7	BSc 2.2 and above plus some experience HCP	Some courses are now apprenticeships	
CRUK Alliance for cancer early detection	Summer School, Conference October virtual recordings <a href="https://www.cancerresearchuk.org/funding-for-researchers/research-opportunities-in-early-detection-and-diagnosis/international-alliance-for-cancer-early-detection">https://www.cancerresearchuk.org/funding-for-researchers/research-opportunities-in-early-detection-and-diagnosis/international-alliance-for-cancer-early-detection</a>	3 days, Online presentations	HCP	Fees for conference and Summer School Presentations are free access	Linked to University of Manchester
British Journal of Urology Institute knowledge	Female urology, cancer including bladder and kidney cancer etc. <a href="https://bjuiknowledge.bjuinternational.com/">https://bjuiknowledge.bjuinternational.com/</a>	Hours to complete modules, Virtual Self-directed	Senior urology specialists e.g., nurses	Signing up subscription fees	CPD
<b>Additional training identified through focus groups</b>					
Janssen	Pharmaceutical company <a href="https://www.janssen.com/">https://www.janssen.com/</a>				

National Association for Continence (NAFC)	<a href="https://www.nafc.org">https://www.nafc.org</a> <a href="https://www.nafc.org/learning-library">https://www.nafc.org/learning-library</a>				
Association for Continence (ACA)	<a href="https://www.aca.uk.com/education/Events">https://www.aca.uk.com/education/Events</a>				
Bladder and Bowel UK	<a href="https://www.bbuk.org.uk">https://www.bbuk.org.uk</a>				
Good eLearning	<a href="https://www.goodelearning.com/">https://www.goodelearning.com/</a>				



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