

# National Melanoma Nurses Program Recommendations for Specialist Melanoma Nursing Practice



# Contents

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Melanoma In Australia .....	7
Context.....	8
The Specialist Melanoma Nurse .....	10
Scope of service.....	16
Implementing the Recommendations.....	18
Education .....	19
Support Systems .....	20
Medical Records.....	20
Activity and Outcome Reporting.....	20
Glossary .....	22
References .....	24



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## Melanoma in Australia



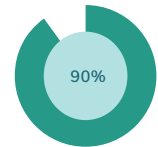
It is estimated  
16,800 Australians  
will be diagnosed with  
melanoma this year.



1 Australian  
is diagnosed  
with melanoma  
every 30 minutes.



Melanoma is the  
most common cancer  
for Australians  
aged 20 to 39.



If caught early  
90% of melanomas  
can be cured  
by surgery.

**Roughly two in three Australians will be diagnosed with some form of skin cancer in their lifetimes. Within this, more than 17,000 Australians are diagnosed with invasive melanoma each year<sup>1</sup>. This makes melanoma the most diagnosed invasive cancer in Australia after breast and prostate cancer and results in Australia having the highest per capita incidence of melanoma in the world<sup>2</sup>. As a result of the disproportionately high incidence and mortality rates of melanoma, melanoma is often referred to as Australia's 'national cancer'.**

Melanoma develops in the skin's pigment cells, known as melanocytes, and can spread via the blood and lymphatic system to lymph nodes and distant organs like the lungs, liver, and brain. Most melanomas are caused by overexposure to UV radiation from the sun. Melanoma is categorised into five disease stages<sup>3</sup>.

A diagnosis of stage 0 (melanoma in situ), I, or II melanoma is considered early and localised disease with no evidence that melanoma has spread beyond the primary location. Stage III metastatic disease is melanoma which has spread to nearby lymph nodes or tissue. Stage IV metastatic melanoma occurs when melanoma has spread to distant parts of the body and is usually considered inoperable and advanced.

Prognosis for early and localised melanoma is the best with around 98% patients alive at 5 years. Five-year survival decreases for stage III and IV melanoma (65% and 25% respectively)<sup>3</sup>. Melanoma treatments have improved significantly with the discovery of new drug therapies, which may be administered in the stage II-IV<sup>4</sup>. Several past, ongoing and future clinical trial results will impact future management which will continue to shift the medical, nursing, and system-level responses to management and care.



# Context



These recommendations have been co-developed through consultations with Australian clinical, academic, and education experts. They will undergo regular reviews and updates to align with advancements in clinical practice. The final endorsement of the guidelines is provided by the Program Steering Committee, which supports the integration of Specialist Melanoma Nurses (SMN) as multidisciplinary team practitioners in Medical Oncology and Surgical Oncology Units across Australia. This initiative is part of the National Melanoma Nurses Program, in partnership with healthcare providers. The Program is funded by the Australian Department of Health and Aged Care.

## MELANOMA MODELS OF CARE

The Optimal Care Pathway for people with melanoma (OCP) highlights the multidisciplinary nature of melanoma

care and describes an optimal, integrated model of cancer care<sup>5</sup>. The OCP is designed to be used in conjunction with clinical guidelines<sup>4</sup>, which support the delivery of best-practice treatment. The overarching principles of care delivery, as outlined in the optimal care pathway, include patient-centeredness, safety and quality, multidisciplinary collaboration, supportive environments, coordinated efforts, effective communication, and a commitment to research and clinical trials<sup>5</sup>. Coordinated care delivery means that all members of the healthcare team share equal responsibility for providing care that aligns with these principles.

Patients should receive access to streamlined, quality care and treatment for their melanoma, irrespective of where treatment and care is given. Specialist nurses play a critical role in minimising the cancer burden for patients and the health system as demonstrated across multiple tumour streams<sup>6,7</sup>. Integration of the SMN in advanced practice clinical roles, within established multidisciplinary teams and melanoma models of care, can improve health and wellbeing outcomes for patients (Figure 1)<sup>6-11</sup>.

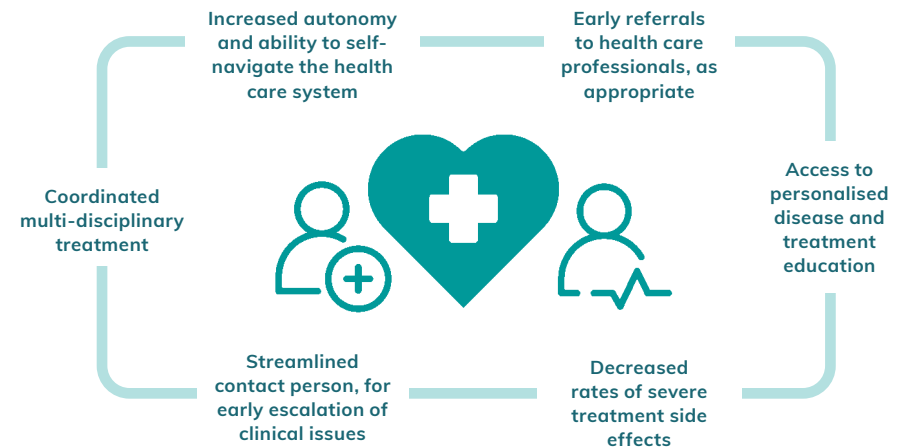


Figure 1: Optimal Health and Wellbeing Outcomes for Patients and Carers

## RECOMMENDATIONS FOR ROLE DEVELOPMENT

The National Melanoma Nurses Program Recommendations for Specialist Melanoma Nursing Practice (recommendations) define and standardise the way that advanced melanoma nursing care is delivered across Australia and health care facilities. The recommendations are designed to be used by SMNs across Australia to guide the delivery of care and maximise scope of practice to improve care and outcomes for patients diagnosed with high-risk or advanced melanoma.

The SMN should apply relevant principles and practices of these recommendations within their local work environment and other supportive services available within the region to complement existing services and roles. The exact role description and scope of services will vary between facilities. It is important to note these recommendations are not intended to replace clinical practice guidelines nor constitute medical advice or replace clinical judgement.

## The specialist melanoma nurse



**The SMN is an advanced practice nurse with skills and training in the management of clinical issues related to melanoma. The SMN is a critical member of a multidisciplinary care team.**

Specialist Melanoma Nurses will operate within Australian health care settings providing care to patients undergoing treatment for high-risk melanoma. The nurses will be embedded within melanoma cancer multidisciplinary services as part of the treatment care

team. The SMN is an advanced practice nurse with specialist knowledge and skills in melanoma care – related to disease processes, surgical treatment, and or medical management. It is the responsibility of the nurse to utilise these skills to minimise the impact of disease and treatment complications and assist in the provision of patient-centred care consistent with the melanoma treatment guidelines to optimise patient outcomes.

A key focus of the SMN is the provision of expert clinical care, management of side effects and the optimisation of complication management related to melanoma and melanoma treatments.

The SMNs will provide individualised, patient-centred support through all stages of treatment including care through the pre- and post-surgical period, neoadjuvant and adjuvant therapy, radiotherapy, and advanced melanoma therapy. As the nurses are embedded within multidisciplinary teams (specialist medical services and the MDT), nursing care will continue throughout the time the patient remains under specialist care. SMNs will sub-specialise within the areas of surgical and medical oncology nursing.

SMNs will be embedded within established multidisciplinary melanoma services as key contributors to quality clinical care.

**Adopting a patient-centred and evidence-based approach, the National Melanoma Nurses Program aims to:**

- Improve clinical outcomes for Australians with melanoma, and
- Directly improve the health and wellbeing of Australians affected by melanoma through the provision of evidence-informed care, support, and education which aligns with national optimal care pathways and evidence-based treatment guidelines

*“I am dedicated to providing care and comfort to people receiving treatment for melanoma. I also enjoy helping educate and raise awareness about melanoma prevention and early detection in the wider community.” –Shahn Coburn, Melanoma Nurse*

# The specialist melanoma nurse

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## **SPECIALIST MELANOMA NURSES WILL:**

- **Provide clinical care for patients** with high-risk stage II (B/C), stage III and IV melanoma. There may be circumstances where specialist melanoma nursing care is required for a person with curable, early-stage melanoma in the specialist surgical setting.

- **Work closely with the melanoma multidisciplinary team (MDT)** to ensure each person has the best health outcomes possible

- **Develop therapeutic relationships with people affected by melanoma** (melanoma patients / carers) to foster trust, enhance communication, and ultimately empower patients and their families to navigate the complexities of treatment and care while promoting better health outcomes and quality of life

- **Establish effective working relationships** with and refer to the other clinical team members, including referrals to community nursing, palliative care, social work, clinical psychologists or other allied health care professionals or local services as clinically indicated to deliver optimal care.

- **Contribute to medical and/or surgical consultations face to face** (or virtually where appropriate) with all new patients and follow up patients where clinically indicated and/or patients assessed with higher needs for psychosocial supportive care.

- **Inform and guide care planning for** patients, ensuring care is equitable, culturally safe and personalised across the pathway of care, through comprehensive and dynamic patient reported assessments.

- **Work with MDT colleagues** to ensure patients are aware of the opportunity for clinical trial considerations, and where possible, assist with access to trial (e.g. teletrial appointments etc), as well as any other new and emerging treatment options.

**Use a range of processes to provide clinical support to patients before, during and between medical and/or surgical consultations, procedures and treatment including but not limited to:**

- Provision of tailored education related to disease and treatment.

- Assessment and triage of symptoms related to disease process or treatment side effects. Liaise with medical team to provide timely and appropriate intervention and ongoing evaluation of all interventions.

- Initiate and implement engagement with specialist allied health professionals, including but not limited to Social Worker, Psychology or Counselling services, Exercise Physiology, Physiotherapy or Lymphoedema therapy and Palliative Care or other community nursing services.

- Utilise telehealth and virtual care platforms to minimise patient travel and support care as close to home as possible.

- Strengthen integration with Primary Care providers and community health services.

- **Conduct thorough personalised needs assessments**, including physical assessment, psychological and distress screening and, using standardised patient reported outcome and experience measures.

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## **The SMN will demonstrate clinical expertise in melanoma management with consideration for Clinical Practice Guidelines and Optimal Care Pathways<sup>4,5</sup>, including:**

- Stages of disease.

- Treatment recommendations for various stages of disease.

- Early detection and management of symptoms of disease and side effects of treatment.

- Precautions/protocols associated with treatments.

- The importance of clinical trials in melanoma management.

- Supportive care.

- The principles of palliative care.

- Health promotion, advocacy and prevention of melanoma.

## The specialist melanoma nurse



The Australian Cancer Plan recognises disparities in cancer outcomes between defined population groups within Australia<sup>12</sup>.

Melanoma affects all population groups in Australia<sup>13</sup>.

There is recognised variation in outcomes between population groups<sup>13</sup>.

Nurses will be supported to utilise adaptive and innovative approaches in the provision of person-centred nursing care to support all population groups.



### KEY ENGAGEMENT POINTS

The number and timing of interactions between a patient and nurse is entirely dependent on a person's emotional and social needs, stage of tumour, types of interventions, response to treatment and any complications.

The nurse should ideally attend and contribute at initial and subsequent consultations as needed or at designated intervals throughout the patient's treatment. This underscores the nurse's vital role as an integral part of the healthcare team, equipped with the knowledge and expertise to create nursing care plans tailored to each patient's clinical and supportive care needs.

The nurse must ensure that they are providing patient centred care, working with the patient to understand their health needs, expectations of care, and other support services available. The nurse will work with patients to determine the needs for any contact and intervention between medical consultations.

Nurses will partner with patients and their families/informal carers to manage their own care as they are able, by providing tailored education and support. By working closely with patients to identify their needs between medical consultations, nurses will facilitate self-management and help patients navigate complex health care systems independently.

*"It is a true privilege to help patients and their families through difficult times. I endeavour to ensure my patients remain safe throughout their treatment journey, and receive the support they need to maintain a good quality of life."*

**–Rebecca Biviano, Melanoma Nurse**



## Scope of service

**Patients undergoing treatment for Stage II (B/C), III, or IV melanoma at MIA or one of its partnering facilities will routinely interact with a SMN as a standard part of their treatment. The specific scope of practice for each MIA SMN will be tailored to each facility's unique service.**

Patients' needs for care will vary throughout their treatment continuum. The Specialist Melanoma Nurse will perform comprehensive biopsychosocial needs assessments with each patient and adapt the level of contact and care accordingly. Person-centred care plans will be developed and adjusted in alignment with current clinical guidelines to ensure that each patient receives tailored and effective care. The SMN will provide care to:

- People with melanoma undergoing treatment at partner facilities. All patients with Stage II-IV melanoma within these treatment centres will be eligible for referral for specialist melanoma nursing care, in accordance with the defined scope of the specialist nursing roles. Some patients with Stage 0-1 melanoma may be referred for nursing support in cases regarding complex surgical

management, or other complex supportive care needs

It is essential that the SMN is an integral part of the multidisciplinary care team. The nurse must have access to the medical records, and direct engagement with the treating physician(s). The nurse is unable to provide clinical care or advice to patients receiving treatment at other facilities, or not under the direct care of a partner facility, including those previously discharged from medical care.

**Transition in care may involve transition to General Practice care, navigational support services, or other community-based services (i.e. community nursing).**

The transition in care is a crucial process that ensures continuity of patient care as individuals move between different healthcare settings or stages of treatment. The specialist nurse plays a pivotal role in this transition by informing and supporting communication among healthcare providers, delivering with and tailoring patient education, and facilitating smooth handovers. Through their comprehensive understanding of a patient's

### DISCHARGE AND TRANSITIONS IN CARE

Patients will be discharged from the Specialist Melanoma Nursing Program care in the following situations:

- No longer receiving medical or surgical care or follow-up within the facility:
  - transfer of care to a non-partner facility
  - discharge from medical care, or
  - completion of follow up.
- Patients may also be discharged from the nursing service if they remain under the care of the medical team, but no longer require nursing input, including, for example, long-term active surveillance.

medical history and current health status, specialist nurses can help bridge gaps between different care providers promoting patient safety through effective coordination and navigation of care, that enhance overall health outcomes. Their involvement helps ensure that patients experience efficient transitions, with their care needs met effectively and their journey through the healthcare system as smooth as possible.

Family members and caregivers of deceased patients may require bereavement support from or coordinated by the specialist nurses in the period following death. Where appropriate, the nurse may recommend bereavement counselling support and ensure the care required is in place.

### REFERRAL PROCESSES AND PATHWAYS

A written referral to a SMN is not required. Access to a SMN should be considered standard of care. Ideally, the SMN will be introduced to the patient and family members/carers at the initial consultation with a Surgeon or Medical Oncologist.

# Implementing the recommendations

Through a tailored and purpose-developed induction program, the National Melanoma Nurses Program will enable the SMN to implement these recommendations in local practice and facilitate the integration of specialist nursing into the delivery of melanoma care. Key elements for operationalising the guidelines are summarised in Figure 2.

The process begins with an initial mapping of the local Melanoma Model of Care to identify care pathways for melanoma patients. This service mapping is a collaborative engagement effort designed to gather extensive stakeholder feedback and identify data that supports analysis of unmet needs and service gaps in melanoma care at the local level. The SMN, in consultation with the multidisciplinary team (MDT) and local service structures, will identify and articulate needs that can be effectively addressed by an advanced practice nurse.

By utilising principles of Advanced Practice Nursing<sup>14,15</sup> and these recommendations, the role, responsibilities, and service scope for the SMN can be clearly defined and communicated.

The SMN will receive support from both the health service and Program infrastructure to conduct ongoing reviews of service delivery and scope, ensuring the provision of quality and safe nursing care. Through a defined data collection strategy, SMNs will be encouraged to document the interventions provided during patient care and the outcomes these interventions achieve. A formal evaluation of all data gathered will be conducted to assess implementation success.

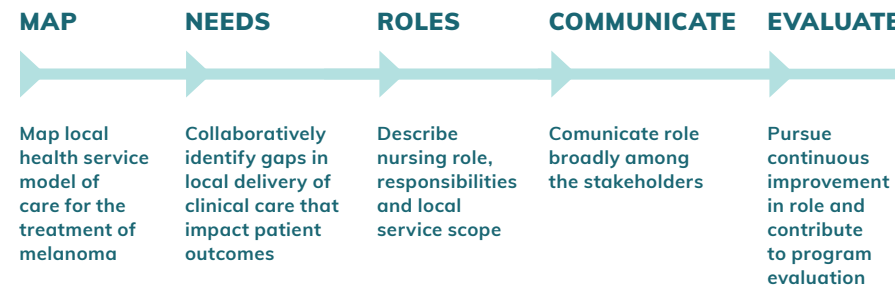


Figure 2: Diagram of implementation process

## EDUCATION

It is expected that each nurse will identify gaps in their own capabilities to perform at the advanced level of practice. The role should be defined to meet the identified needs of patients with the program providing educational support and focused training to build the skills, capabilities, and knowledge to perform the role, progressing towards an advanced level (within regulatory scope of practice limitations).

Program SMNs will have access to significant melanoma and professional development opportunities throughout the duration of the National Melanoma Nurses Program, including access to a Melanoma Nursing Community of Practice. Further, all program

nurses are expected to attend a Melanoma Conference as selected by MIA, including any pre-congress symposium as relevant.

The employing Health Service is responsible for meeting peer support, clinical supervision and professional development requirements according to any applicable state and local policies and procedures.

- The SMN must complete all local mandatory and recommended training as required by the employing facility, such as life support and emergency procedures.

- The SMN is responsible for meeting CPD requirements for registration as directed by AHPRA and in line with the Nursing and Midwifery Board of Australia (NMBA) Standards of Practice.

# Support Systems



## MEDICAL RECORDS

**All client clinical notes must be recorded in alignment with local facility policies and procedures for medical records.**

For the SMN to provide comprehensive, safe, and continuous care across facilities, the partner facility may initiate a memorandum of understanding (MOU) or service agreements with other local facilities that provide melanoma care.

For example, a Public Hospital may prepare a MOU with a neighbouring private cancer clinic to enable all melanoma patients to receive specialist nursing care. This is the responsibility of the local health facility. By doing so, the SMN will require access to all relevant medical records.

## ACTIVITY AND OUTCOME REPORTING

All SMNs will be required to report nursing interventions and outcomes on the MIA SMN Data reporting platform which will be used to evaluate the program implementation. Education regarding the reporting requirements will be provided as part of the SMN induction. This is separate to any activity reporting as required by the local Health Service.

*“I love meeting the patients and their families and being able to be a source of support for them. I aim to provide quality, patient-centred information and care.” – Danielle Goss, Melanoma Nurse*

# Glossary

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To aide in the interpretation of the Model of Care:

**Adjuvant Therapy:** Treatment given after the primary treatment (such as surgery) to reduce the risk of cancer recurrence.

**Advanced Practice:** Nurses practising at an advanced practice level incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements<sup>15</sup>. Models for advancing nursing roles and individual capabilities are available<sup>14,16</sup>.

**Burden of Disease:** The impact of a health problem measured in terms of morbidity, mortality, and economic costs.

**Clinical Practice Guidelines:** Published by Cancer Council Australia. The Clinical Practice Guidelines are evidence-based guidelines to inform health professional's practice to improve cancer management in Australia.

**Clinical Trial:** Research studies that test new treatments or therapies to determine their safety and effectiveness. Clinical trials are conducted to help find better ways to prevent, screen, diagnose or treat a disease or to improve the quality of life of those who have this disease.

**Health Promotion:** Activities aimed at improving health and preventing disease through education, lifestyle changes, and advocacy.

**Melanoma:** A type of skin cancer that originates in melanocytes, the pigment-producing cells in the skin.

**Melanocyte:** A cell in the skin responsible for producing melanin, the pigment that gives skin its colour.

**Melanoma Multidisciplinary Team (MDT):** A group of healthcare professionals from various specialties who collaborate to provide comprehensive care for melanoma patients. Multidisciplinary teams meet regularly to discuss patient care. In regional settings, the multidisciplinary team may provide care to patients with multiple cancer types.

**Model of Care:** An outline of best practice, comprehensive care for a person, population group of patient cohort with the aim of improving patient outcomes.

**National Melanoma Nurses Program:** A program funded by the Australian Department of Health and Aged Care, which supports the placement of Specialist Melanoma Nurses in healthcare facilities across Australia.

**Neoadjuvant Therapy:** Treatment administered prior to the primary treatment (such as surgery).

**Optimal Care Pathways:** endorsed by Cancer Australia and all states and territories and Cancer Council Australia. The Optimal Care Pathways outline consistent, safe, high-quality and evidence-based care for people with cancer. Relevant to every step along the cancer continuum, the Optimal Care Pathways aim to improve patient outcomes for people affected by cancer and ensure that Australians diagnosed with cancer receive the best care irrespective of where they live or receive cancer treatment.

**Partner Facility:** A healthcare facility that collaborates with Melanoma Institute Australia to receive support to employ a Specialist Melanoma Nurses through the National Melanoma Nurses Program.

**Patient-Centred Care:** An approach to healthcare that respects and responds to the preferences, needs, and values of patients, ensuring that patient values guide all clinical decisions.

**Prognosis:** The likely course and outcome of a disease, including chances of recovery or survival.

**Specialist Melanoma Nurse:** An advanced practice nurse with specialised skills and training in melanoma and the clinical issues related to the melanoma or melanoma treatments.

**Telehealth:** The use of digital information and communication technologies to provide healthcare services remotely.

**Teletrial:** A clinical trial conducted remotely using telehealth technologies to facilitate patient participation from different locations.

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We pay our respects to the Traditional Custodians of the lands on which Melanoma Institute Australia works, and their Elders both past and present, and acknowledge the deep, continuing connection of Aboriginal and Torres Strait Islander peoples to the land, waters, and sky.