
# ADVANCED NURSING PRACTICE FRAMEWORK – CANCER NURSE SPECIALIST EXAMPLE

**DRAFT**

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**Sept 2006**

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## INTRODUCTION

In recent years there has been a considerable expansion in the number of cancer and palliative care Clinical Nurse Specialist (CNS) posts. The creation of these posts has been influenced from a variety of sources such as National cancer standards and guidelines; changes in working practices (i.e. reduction in junior doctor's hours) and also socio-political lobbying by patient groups and national charities. While the significant contribution of CNSs in the planning and delivery of high quality care for patients with cancer in Scotland is widely acknowledged (CSBS 2002; SEHD 2004) the structure of these posts has often developed inconsistently across NHS Boards (*Nursing People with Cancer – A Framework 2004*). Lack of clarity and disparity between many of the functions of the CNS role was highlighted in the Audit Scotland report 'A review of Bowel Cancer Services' (2005). In response, Dr Kevin Woods, Head of the Health Department confirmed to the Audit Committee that the Health Department would support NHS Boards in the development and delivery of a sustainable model for optimal service delivery using the Clinical Nurse Specialist resource.

This document offers a structured framework to advanced practice in cancer care and Clinical Nurse Specialist[1] sustainability, covering the following key topics:

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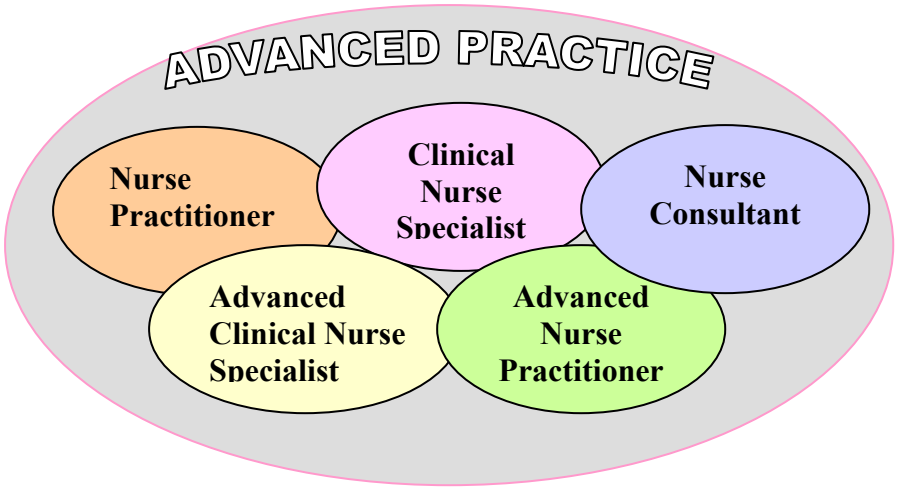
|---|
| Background and CNS reviews |
| Defining advanced nursing practice roles |
| Competency mapping and career development |
| Advanced cancer nurse specialist education pathway |
| Organisation infrastructure for sustainability |

The first section provides the background policy context and summary findings of CNS review work undertaken in Scotland over the last five years. The rest of the document describes the development of the Framework. It was considered important to start this second section by defining role titles for advanced cancer nursing practice in order to reach agreement as to where these posts 'sit' alongside other health care professionals. While this work relates specifically to Clinical Nurse Specialist Figure I details a range of roles that come under the umbrella title of Advanced Practice. Acknowledging that each role has a distinct function, for example a Nurse Consultant will have a much larger strategic component attached to his or her role, the commonality between the different roles is the level of practice and clinical decision-making which is at an advanced level.

[1] For the purpose of this work the title of Advanced Clinical Nurse Specialist is the adopted definition. This is based on the NMC Consultation document *'The Proposed Framework for the Standard for Post-registration Nursing'* (NMC 2006) and the '*Proposed Career Framework for Health'* (Scottish Executive 2006)

**Figure I – Advanced Practice**




This draft document has been developed in partnership with representation from NHS Board Directors of Nursing; Lead/Consultant nurses; Clinical Nurse Specialists; NHS Education for Scotland; Cancer Nurse Consultant (Secondment SEHD) and a SEHD Nursing Officer (Appendix A).

## SECTION 1

### Background

Scotland experiences higher incidence and mortality rates of cancer compared with other western European countries and remains the leading cause of death for people under the age of 75 years (SEHD 2001). While survival continues to improve for a number of types of cancer overall incidence rates continue to increase with a projected total number of new cases per year by 2020 being 36,500 (SEHD 2004). The burden of cancer is clear and remains one of the top priorities for NHS Scotland. Significant progress has been made in reshaping and delivery of services as a result of a programme of investment set out in the cancer plan *Cancer in Scotland* (SEHD 2001). Continuous improvement in addition to sustaining services is important and made explicit in *Cancer in Scotland: Sustaining Change* (2004).

Recognition of the way services need to develop in order to meet changing health needs is set out in *Delivering for Health* (2005). This major policy statement endorses a future model of health care outlined in *Building a Health Service Fit for the Future* (SEHD 2005) with a shift from a disease orientated system to one of integration. A key message within this document is the need for clinical change to enable sustainable care. This will involve more flexible ways of working, reviewing who is best equipped to undertake specific aspects of care and developing new skills to support local services. Both nurses and allied health professionals have a real opportunity to make a significant contribution to the delivery of this new policy agenda for the NHS. However given the inconsistencies in how CNS posts have evolved in cancer care together with the wide variation in activities and responsibilities it is clear there needs for a nationally agreed infrastructure and defined role for post holders.

The following section summaries existing CNS reviews undertaken in Scotland over the last 5 years that can usefully inform the basis of a sustainability framework for the role.

**Summary of Clinical Nurse Specialist Reviews**

Four completed reports have been identified (LUHT 2001; NGUHD 2004; SGUHD 2005; NHS Grampian 2005). In addition a further two reviews have been conducted in Glasgow related to nurse practitioners and advanced practice, and a further CNS review has been conducted in Lanarkshire (awaiting final report). The four completed reports relating to the CNS reviews included CNSs working in a variety of specialties primarily within the acute care settings (with exception of Grampian which included community). In relation to cancer, while there are a number of 'generic' oncology CNSs, predominately working in district general hospitals, the majority CNS posts that have been developed in recent years are in site-specific cancer specialities. This is in keeping with the current culture of sub-specialisation and multidisciplinary networks. While there is no National workforce guidance for the number of CNS posts required or caseload recommendations, in recognition of the essential co-ordinating role they play, in 2002 the Clinical Standards Board for Scotland suggested that patients with the four common cancers (lung, colorectal, breast and ovarian) have access to a specialist cancer nurse (CSBS 2002). Table I outlines common themes running throughout all the reports despite the different methodologies and approaches taken:

**Table I Summary of Clinical Nurse Specialist Reviews**

| |
|---|
| CNSs demonstrate a high level of skill in managing complex, chronic, progressive and life threatening disease and have a key co-ordinating role in the patient pathway |
| CNSs posts are predominantly clinical with a substantive case management component (% of time varies) |
| CNSs post holders are often involved in education of other staff but involvement in clinical research varies |
| There is generally a lack of infrastructure to support CNSs roles. This limits post holders in utilising and maximising their clinical skills to best effect (for example lack of administration support, IT) |
| The organisation and remit of the CNS role varies and is influenced by a range of factors including who the stakeholders are; whether there are clear line management structures; whether the remit and key result areas for the post have been defined and whether there are clear boundaries identified at the outset. This has led to inequities, for example level of service provision caseload numbers etc |
| There are a variety of role titles utilized to encompass 'advanced practitioner' roles leading confusion and lack of role clarity. This is reflected in the range of grading under the CNS umbrella title (range E to I with the majority at F, G and H) |
| Inconsistencies in pre-requisite academic qualifications, educational preparation for the role, implementation of Professional Development Plans, agreed Continuing Personal Development and access to clinical supervision. This has resulted in many posts becoming 'person specific' in terms of how individual practices develop |
| Ad hoc development of CNS posts funded from a variety of sources (i.e. Operating Divisions, pharmaceutical industries, charities) |
| Lack of audit collection and evaluation of interventions undertaken by CNSs – this has resulted in limited available outcome data |
| Many of the posts have been established as 'stand alone' without an adequate resource to support the role. This has led to difficulties operationalising the role due to lack of succession and strategic |

planning (eg. Cover of annual leave, shortage of suitably trained nurses to fill posts etc)

Limited number of CNS have undertaken advanced practice courses, for example prescribing[2]

In summary the findings from the reviews emphasise the central role that CNSs play within the multidisciplinary management of cancer and other chronic diseases. Equally a number of challenges have been raised at strategic, professional and operational level in terms of sustainability. These data have usefully informed the following framework, starting with advanced cancer nursing practice role elements and definitions to bring clarity to where these posts 'sit' within an organisation.

**SECTION II**

**Clinical Nurse Specialist – Generic Role Elements**

Lack of clarity and disparity between many of the functions of the CNS role was highlighted in the Audit Scotland report 'A review of Bowel Cancer Services' (2005). In many respects this is disappointing as the generic role elements of a CNS are widely recognised and defined within the literature (Hopwood 2006) and include:

- Advanced nursing practice
- Research, audit and service/practice development
- Education
- Manager/leader

It is perhaps the ad hoc nature of the development of these posts that has caused the disparity. However while individual posts may differ and indeed ought to depending upon local need, the core elements should be the comparable and made explicit. For the purpose of this document the CNS role in advanced practice cancer care can be described as:

*" .... Working as part of a multidisciplinary team and in partnership with patients and carer to plan, deliver and evaluate individualised care focused on facilitating health and enhancing well-being".*

As a minimum the key components and responsibilities of the CNS role within the context of a multidisciplinary/professional approach to care should include:

| Advanced Nursing Practice | Research, audit and service/practice development | Education | Manager/Leader |
|---|---|---|---|
| Improving and stream-lining the process of care for patients throughout their pathway<br><br>Applying specialist knowledge, competencies and critical-decision making skills to enhance | Lead clinical audit of specialist nursing services to inform practice, service development/redesign and ensure evidence-based practice<br><br>Develop clinical audit | Promote and advise on health and life style activities for patients and carers<br><br>Teach, advise and coach patients and carers with regard to the condition, treatment options and | Act as an exemplary professional role model for leading specialist nursing services<br><br>Lead and manage the nursing service within the multidisciplinary team ensuring that patient |

2 NB acknowledging, for example that nurse prescribing courses had only recently started at the time the review work was undertaken and the limited formulary which may explain this finding

| | | | |
|---|---|---|---|
| patient care – particularly in relation to managing chronic illness and the rehabilitation and follow-up of patients<br><br>Assess, diagnose and manage complex symptoms/diagnoses within agreed protocols | and act as a clinical collaborator for research programmes to support best practice which leads to continuous improvements in care | management of symptoms and treatment side effects<br><br>Develop, deliver and contribute to multidisciplinary education and training programmes to promote a wider understanding of cancer in primary, secondary and tertiary settings | needs are assessed, care is planned, implemented and evaluated in consultation with patients and their carers<br><br>Lead, motivate and contribute to the development of future CNSs and sustainability of the service |

Box I and II provide two examples of the value of CNS direct input to patient care, highlighting advanced level practice of CNS interventions in improving the cancer experience for patients; leading cancer service developments; cross-boundary and collaborative working; CNS facilitation of generalist nurses knowledge, skills and practice.

**Box I A Nurse Led Breathlessness Support Service for Lung Cancer Patients**
**(SEHD Fellowship for Nurses, Midwives and Multidisciplinary Teams Award 2002)**

Breathlessness is a common and distressing symptom of lung cancer which can significantly impact on quality of life. The total experience of breathlessness can include physical discomfort, anxiety, fear and panic, whilst restricted functional ability can lead to isolation and dependence. When the cause cannot be cured, medical approaches are limited in alleviating the experience and impact of this symptom, particularly earlier in the course of the patient's illness.

A nurse led Breathlessness Support Service was developed by a Community and Hospital CNS Palliative Care in West Lothian. A validated and evidence based model of holistic patient assessment and management is applied by the CNS in practice within the out-patient and community setting. A range of non-pharmacological interventions are used to develop and enhance positive coping strategies and maximise functional ability within the limitations of the patient's disease. In addition, a programme of education provided for Community and Hospital Nurses aims to extend the support available for patients.

Formal evaluation identified the following outcomes:

Patients

- Enhanced control over their breathlessness: reduction in anxiety and panic
- Improved or maintained functional ability
- Identification and achievement of realistic personal goals
- Early detection of and intervention for reversible disease factors e.g. pleural effusion, chest infection

Community and Hospital Nurses

- Significant increase to knowledge, skills and confidence in assessing and managing breathlessness
- Greater use of active and holistic strategies for care
- Dissemination of new knowledge to colleagues within their nursing team

Service

- Enhanced communication and collaborative working between generalist and specialist nurses
- Enhanced support in coping with breathlessness for Lung Cancer patients with both the hospital and community setting; at generalist and specialist levels

Developments over the last two years include:

- Integration of non-pharmacological and pharmacologic approaches
- Access for patients with other primary cancers and metastatic disease
- Review of the education programme: access for AHP
- Joint working with other CNSs in the care of patients with advanced non-malignant disease e.g. COPD

**Box II** **Postal Review of Men with Prostate Cancer – Clinical Nurse Specialist Service Re-Design**

**Challenge**

To create a nurse led method of review for men who are stable after treatment for prostate cancer:

Service requirement was to manage safely, increasing numbers of patients (due to increase in survival and incidence rates) with prostate cancer

Patient requirement was for a safe, convenient system of review with advice on symptom management And quality of life issues

**Service Review**

Overcrowded clinics creating pressure for short consultation

Atmosphere not conducive to disclosure

Lack of staff, continuity

Family and transport pressures due to elderly patient population

**Literature**

Mainly relating to nurse-led and telephone follow-up clinics

**Proposal**

Postal review as physical examination not required; telephone interviews potentially unhelpful due to potential hearing difficulties; reduction in hospital visits

**Postal review**

Approximately 200 men reviewed per month.

Twice yearly postal symptom assessment questionnaire sent

PSA sample taken at GP practice –

Results collated and interpretated by CNS working within an agreed multidisciplinary team protocol

**Patient Benefit**

Continuity of contact

Regular review, independent of availability of clinic slots

Holistic care

Direct referral for investigations if signs of relapse

No travelling or anxiety about hospital visits

Enhanced facilitation of sensitive issues

**Service Benefit**

Freeing up of surgical clinics appointments for more rapid throughput of urgent referral

Longer consultations to benefit new patients

No additional resource required

Reduced ambulance use

**Summary**

The saving of approximately 50 consultant surgical appointment per week has released a considerable amount of clinic capacity with the added benefit of enabling a faster throughput of new patients to meet cancer waiting times. The patient benefit identified from a satisfaction survey (n=136) included high levels of patient satisfaction and confidence in the service.

## Role Definitions

The concept of advanced nursing practice has been the subject of considerable debate over the past 15 years resulting in a range of job titles describing many different roles. In the field of cancer, the title Clinical Nurse Specialist is generally used and describes a skilled practitioner with expert knowledge working at an advanced level in a specialist area. In part, due to the growth in the number of titles that suggest an advanced level of knowledge and competencies, the Nursing and Midwifery Council propose to establish a framework to regulate advanced level practice (NMC 2006). Registered nurses will require to meet the NMC standards in order to use the protected title of Advanced Nurse Practitioner. This proposal has been sent to the Privy Council and, if accepted, will take at least six months for the necessary legislation to be put in place.

In addition to the NMC work, the Scottish Executive has proposed a new career framework for the NHS (Scottish Executive 2006). The framework has nine levels, largely based on levels of responsibility and describes how healthcare professionals can develop transferable competency-based skills bringing flexibility and opening up new opportunities to change roles. Consistency is sought by a common set of definitions for different role titles. The framework can be mapped to Skills for Health competencies (www.skillsforhealth.org.uk/careerframework). There are several interlinking strands to the Career Framework, including commissioning of education and training; defining core functions and roles and Knowledge Skills Framework outlines linked to these roles. A period of consultation closed in July 2006 and the document has been accepted as the new career framework for the NHS in Scotland (Appendix B).

Clinical Nurse Specialists work as part of multidisciplinary cancer teams and in partnership with patients and carers plan, deliver and evaluate individualised care focused on facilitating health and enhancing well-being. Accepting that they work at an advanced level the working definition for a CNS in cancer care should follow the NMC description outlined below (NMC Consultation Document- March 2006). In order to use the title Advanced Nurse Practitioner, CNSs in cancer will require to meet the criteria for advanced practice. A transition period may be necessary for existing post holder's to up-skill their competencies where appropriate (for example, in carrying out physical examinations etc).

Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat your health care needs or refer you to an appropriate specialist if needed. Advanced nurse practitioners are highly skilled nurses who can:

- Take a comprehensive history
- Carry out physical examinations
- Use their expert knowledge and clinical judgement to identify the potential diagnosis
- Refer patient for investigations where appropriate
- Make a final diagnosis
- Decide on and carry out treatment, including prescribing medicines, or refer patients to an appropriate specialist
- Use their extensive practice experience to plan and provide skilled and competent care to meet patients' health and social needs, involving other members of the health care team as appropriate
- Ensure the provision of continuity of care including follow-up visits
- Assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed
- Work independently, although often as part of a health care team
- Provide leadership
- Make sure each patient's treatment and care is based on best practice

In order to build in sustainability to a service there needs to be succession planning. The proposed Career Framework for Health (SEHD, March 2006) offers two levels for practitioners working at a higher level of practice[3] to include:

[3] NB proposed levels of practitioners do not automatically equate to Agenda for Change pay banding

**Senior Practitioners/ Specialist Practitioners - Level 6**

Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment

**Advanced Nurse Practitioners – Level 7**

Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas

Applying this to cancer nursing, for example a Level 6 practitioner will have knowledge and/or developing skills to practice as a clinical specialist nurse. He or she may chose to stay at this level of practice or develop their skills further under the guidance of a level 7 or 8 practitioner. A Level 7 post could have, for example, the title Advanced Clinical Nurse Specialist. He or she would have a wider role in developing advanced practice and cancer services.

**Competency Mapping and Career Development**

Building on this two-tier development approach to advanced practice, Benton (2003) describes a methodology to identifying career progression pathways and comparing 'families' of roles that could offer potential for shared education. He suggests the NHS Knowledge and Skills Framework (KSF) as a key tool for describing and redesigning future nursing roles. Applying this method has two possible advantages; first it provides a succinct way of illustrating a role and second it offers a potential career pathway by building on competencies. This pathway could be to extend skills within an existing role or, to progress to another.

In both the Audit Scotland Review of colorectal cancer services and in the CNS reviews, disparity between role functions, level of functioning and qualifications were identified. Applying Benton's (2003) methodology offers a development structure which would build in sustainability and open up the potential of 'growing' skill-mix teams.

KSF is about the application of transferable knowledge and skills rather the exact knowledge and skills that a practitioner needs. It is made up of six core dimensions that are applicable to any post and a further twenty-four other dimensions that apply to some but not all. Each dimension has four levels which describe the breath of expertise required for a specific role. For example, 'service improvement' is a core dimension. For a Specialist Cancer Practitioner role you might expect the post holder to *'contribute to the improvement of services'* – level descriptor 2 whereas for an Advanced Cancer Nurse Specialist role the expectation might be to *'appraise, interpret and apply suggestions, recommendations and directives to improve services'* – level descriptor 3.

A sub-group (Appendix C) of the 'Expert Group' applied Benton's methodology for specialist cancer nursing practice (utilising up-dated KSF handbook since Benton's paper). Over and above the core KSF dimensions, additional dimensions were identified for the two

CNS levels of advanced cancer nursing practice (Appendix D). Agreement was reached to the level descriptor for each dimension. Table II and III provide graphical examples for a Level 6 Specialist Nurse and a Level 7 Advanced Specialist Nurse role.

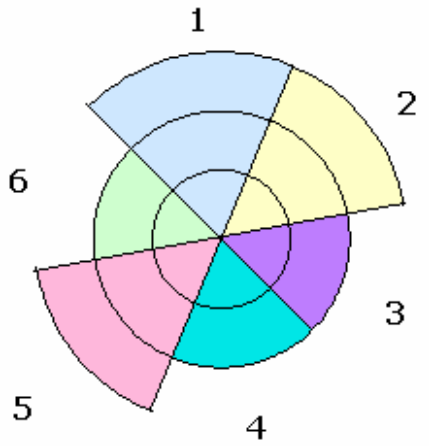
**Table II Competency Mapping of Senior Nurse Practitioner/Specialist Nurse Practitioner Role – Level 6**

**Knowledge and Skills Framework Outline**

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1 | Communication | | | x | |
| 2 | Personal & people development | | | x | |
| 3 | Health, safety and security | | x | | |
| 4 | Service improvement | | x | | |
| 5 | Quality | | | x | |
| 6 | Equality & diversity | | x | | |
| | | | | | |
| | | | | | |
| *HWB2 | Assessment & care planning to meet health & wellbeing needs | | | | x |
| *HWB4 | Enablement to address health & wellbeing needs | | | | x |
| *HW5 | Provision of care to meet health & wellbeing needs | | | | x |
| HWB6 | Assessment & treatment planning | | | x | |
| HWB7 | Interventions & treatments | | | X | |
| IK2 | Information collection & analysis | | x | | |
| G1 | Learning & development | | x | | |
| G2* | Development & innovation | | x | | |
| G7 | Capacity & capability | x | | | |
| | | | | | |

*HWB 2,4,5 - core functions - generically applicable

G2* - debate/discussion as to whether applicable - mixed views



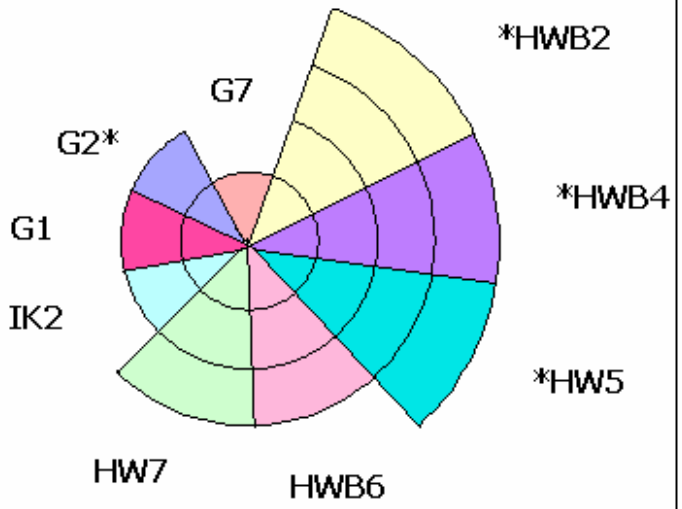



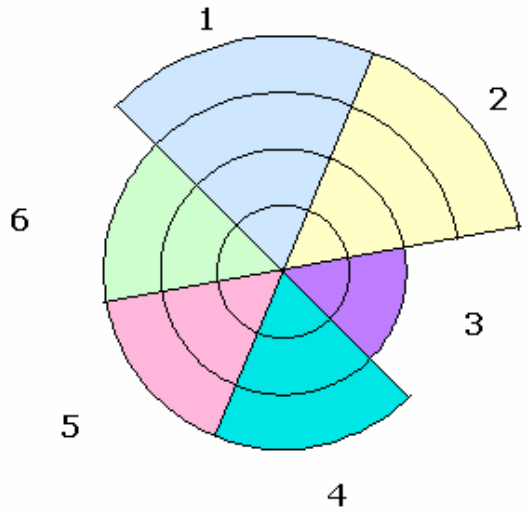
**Table III Competency Mapping of an Advanced Practitioner Role – Level 7**

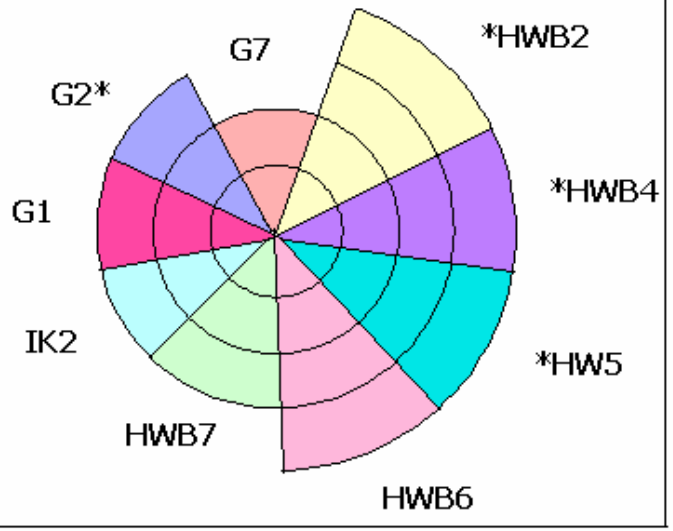
**Knowledge and Skills Framework Outline**

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1 | Communication | | | | X |
| 2 | Personal & people development | | | | X |
| 3 | Health, safety and security | | X | | |
| 4 | Service improvement | | | X | |
| 5 | Quality | | | X | |
| 6 | Equality & diversity | | | X | |
| | | | | | |
| | | | | | |
| *HWB2 | Assessment & care planning to meet health & wellbeing needs | | | | X |
| *HWB4 | Enablement to address health & wellbeing needs | | | | X |
| *HW5 | Provision of care to meet health & wellbeing needs | | | | X |
| HWB6 | Assessment & treatment planning | | | | X |
| HWB7 | Interventions & treatments | | | X | |
| IK2 | Information collection & analysis | | | X | |
| G1 | Learning & development | | | X | |
| G2* | Development & innovation | | | X | |
| G7 | Capacity & capability | | X | | |
| | | | | | |

*HWB 2,4,5 - core functions - generically applicable

G2* - debate/discussion as to whether applicable - mixed views



Applying Benton's model to a career pathway captures the knowledge and skills to be applied and from here can be mapped to key Skills for Health competencies that an individual practitioner would require to advance his/her skills. As cancer care is a very specialised area, specific competencies in cancer to which each KSF dimension and level refers would be identified. This would form the basis of a personal development plan and the education and learning required for the role. It also builds a service sustainability structure by developing practitioners and, a 'pool' of expertise.

**Advanced Cancer Nursing Career and Educational Pathway**

An education pathway for advanced cancer nursing practice can be developed by mapping competencies to the Scottish Credit and Qualifications Framework (Appendix E), the national framework for lifelong learning in Scotland.

It is the intention of the Nursing and Midwifery Council to develop a framework for the standard of advanced practice which will inform future education programmes. It is not the intention to develop the actual standards for expert knowledge for each specific field of practice, this needs to be professionally led and practice-focused. However the NMC has stated that the supporting expert knowledge should reflect a Master's degree level of thinking consistent with international standards (NMC 2006).

Building in sustainability and succession planning by mapping out a career, competency and education pathway will provide flexibility and enable practitioners to work towards acquiring the knowledge, training and experience for advanced cancer nursing practice roles. For example under Agenda for Change, two generic role profiles have been produced for a 'Nurse Specialist' and a 'Advanced/Lead Clinical Nurse Specialists' (Appendix F). The recommended knowledge, training and experience for the two levels include:

**Nurse Specialist:** Specialist knowledge across a range of procedures, underpinned by education and professional experience at SCQF level 9.

**Advanced/Lead Clinical Nurse Specialist:** Highly developed specialist knowledge, acquired through both education and professional experience at SCQF level 11

Applying this to Level 6 and 7 of the proposed NHS Career Framework, the following education structure for Advanced Cancer Clinical Nurse Specialists has been developed (TableIV).

## Table IV ADVANCED PRACTICE CAREER AND EDUCATIONAL PATHWAY

**Career Level**

9 More Senior Staff

8 Consultant Nurse Practitioners

7 Advanced Nurse Practitioners

6 Senior Nurse Practitioners/Specialist Nurse Practitioners

5 Practitioners

4 Assistant Nurse Practitioners/Associate Nurse

3 Senior Healthcare Assistant/Technician

2 Support Workers

1 Initial Entry Level Jobs

**Education and Training Pathway**

**Level 7: Advanced Clinical Nurse Specialist/ Advanced Practitioner**
Masters Degree Appraisal & PDP
Post-grad Dip
Post-grad Cert
SCQF level 11
Acquired KSF competencies – Level 7

Step on/ Step off

**Level 6: CNS + Nurse Practitioner**
Bachelors Degree Appraisal & PDP
Graduate Dip
Graduate Cert
SCQF 9
Acquired/working towards KS – Level 6

Step on/ Step off

**Level 6: CNS + Nurse Practitioner/ Trainee Advanced CNS/Practitioner**
Bachelors Degree Appraisal & PDP
Graduate Dip
Graduate Cert
SCOF level 9 working towards level 11
Working towards KSF competencies - Level 7

**Career Development & Succession Planning Structure**

| | | | |
|---|---|---|---|
| **CNS/Nurse Practitioner +/- CNS/Practitioner trainee** | **Career progression/ development** Competent practitioner working at specialist level - Refers to level of knowledge which can be acquired through clinical experience; competencies and post grad/reg study | **Advanced CNS/ Advanced Practitioner** | **Promotion/career progression** Expert practitioner – Refers to knowledge and expertise acquired through a combination of in-depth experience, competencies and post grad/reg study |

The pathway takes into account existing and future staff development:

**Level 6 Senior Nurse Practitioners/Specialist Nurse Practitioners**

There are three aspects to this role within the pathway structure. The first is based on the assumption that not all practitioners will choose to progress to advanced practice level but will have continuing professional and educational requirements.

The second is for new practitioners coming into post who may still be working towards acquiring the necessary competencies and knowledge.

The third relates to a CNS who wants to progress their career pathway to advanced practice level. The pathway identifies the education requirements and competencies to work towards

**Level 7 Advanced Nurse Practitioners**

Similarly there will be practitioners already working at advanced level and those new into post, both will have continuing professional and educational requirements.

For practitioners in development posts, a structured training and education programme would be developed as part of their Personal Development Plans. A wide range of education and training activities can be used, for example:

- Formal learning
- Academic credit for work-based learning
- Secondments
- Mentoring

The above career and education pathway may well be developed further for those practitioners aspiring to Consultant Nurse level.

**Advanced Practice - Cancer Nurse Specialist Infrastructure**

To sustain, develop and support the CNS role an organisation infrastructure has been devised based on the *Framework for Developing Nursing Roles* (SEHD 2005). This framework was originally developed to assist in the planning process to ensure that roles are needs-led, meet governance requirements, are sustainable and ensure that the role is supported by the whole team. It's application forms the basis for the following sustainability infrastructure template (Table V) outlining the key components required to maximise CNS expertise and the implementation of the career and education pathway. The advantages of having a Nationally agreed infrastructure are:

- Defined competencies for advanced cancer nursing practice that are transferable across organisations
- Structure for succession planning therefore sustainable service
- Consistency and equity of CNS expertise
- Reduction in role duplication as activity defined within a multidisciplinary structure
- Defined career and education pathway for practitioners
- Consistency in recording CNS activity for audit purposes, building an evidence base and informing service development

Table V **SUSTAINABILITY INFRASTRUCTURE TEMPLATE**

**What are the drivers for Advanced Practice – Cancer CNS sustainability?**

- Recognising that CNS posts have developed inconsistently across NHS Boards (Audit Scotland 2005)
- Lack of defined career, education and sustainability pathway for advanced practice which this document seeks to address
- Identification of gaps in the distribution of CNS posts across NHS Boards and in specific tumour types (ISD 2005)
- Recognising the need for advanced practice expertise to be directed to meet patient and service need and corporate targets
- Policy drivers influencing where services will be delivered in the future (SEHD 2005) – implications for cancer CNS sustainability
- Changing incidence and mortality rates in specific cancers – Cancer Scenarios (2001) are important and specific tools to be used in planning workforce that will enable services to be better prepared and able to respond to changing demands

**What is needed in order to develop advanced practice CNS expertise?**

- NHS Boards should (if not already completed) undertake a review of existing CNS services and activities as a benchmark
- Consideration should be given to using the North Glasgow CNS/Advanced Practitioner review tool, with the potential for gathering National data to inform future developments
- Benchmark review data will form the basis for strategic recommendations and an implementation plan to meet the needs of an individual organisation **[Example of NHS Grampian CNS Redesign Box III].** This data should be used in conjunction with the Cancer Scenarios tool (2001)

**POTENTIAL CHANGES:**

- Expansion of existing CNS role
- Development of new advanced practice roles
- Development of support worker, administration roles
- New team
- No change

**STAKEHOLDERS**

Stakeholder involvement for consultation, recommendations, and implementation plans should include:

* Patients/carers
* Nurse Directors
* Lead/Consultant Nurse
* MDT members
* Service Managers
* HR
* Finance
* Professional Practice Development team

## What Governance arrangments need to be in place to support existing and future CNS Postholders

**Strategic Considerations:**

- CNS services should be patient and service focused which may involve cross service and organisation working
- Defined clinical, managerial and professional accountability strutures should be explicit for cancer CNS. This will assist with ensuring continuity; reduce fragmentation and duplication of services
- CNS posts should 'sit' within a Multidisciplinary structure
- Consideration should be given to the establishment of one Cancer and Palliative CNS team within an NHS Board to ensure:
  - Equity of expertise for all patients with cancer
  - Flexibility in service
  - Cross-cover (for A/L, sickness etc)

**Patient Safety Considerations:**

- Defined Operational Policy for the CNS service
- Common approach to practice (i.e. consider review of nurse-led services)
- Where possible practice will be evidence based with agreed protocols/guidelines

**Resources Required:**

Funding for post
Accommodation
Equipment
Training & education
Administration support
Evaluation
Study leave
Clinical supervision

## What are the education and training requirements for advanced practice – CNS sustainability?

- The minimum education qualifications and competencies outlined in Tables III and IV for the two levels of advanced practice – CNS roles, should be considered as a pre-requisite requirement
- NHS Boards should give consideration to developing and implementing:
  - the Advanced Practice Career and Education Pathway (Table IV)
  - Application of KSF competency mapping appropriate to job profile (Table III)
- New CNS post holders should:
  - Undertake service induction programme
  - Be allocated to a designated mentor within the CNS team
- Continuing Professional Development needs should be identified and reassessed during the annual appraisal process (consider implementation of the WOSCAN multidisciplinary CPD quality assurance framework for cancer (www.qacpd.org.uk)

## What are the parameters of accountability for advanced practice – CNS roles?

- All nurse are subject to the NMC code of conduct
- CNS should operate within the boundaries of the proposed NMC register for advanced nursing practice
- NHS Boards to consider adopting the NMC definition for advanced nursing practice in the context of the proposed NHS career framework [Levels 6 & 7]
- Advanced practice cancer CNS roles will have:
  - Defined job profiles with clear structures that support individual accountability within the context of multidisciplinary teams
  - Job plan with agreed sessions [clinical/education/research/management]
  - PDP to operate at an advanced level
- Clinical supervision structures should be in place and costed into initial funding of these posts
- A record of all clinical activity of each individual's practice must be recorded for audit purposes

## What mechanisms should be in place to evaluate the CNS service and plan for the future?

**INDIVIDUAL PRACTITIONER LEVEL:**

- Annual report should be prepared by all post holders detailing patterns and trends in their service to assist with the continuous quality improvement process that ensures the service is 'fit' for purpose [Example template available from GK]
- Introduction of a new CNS service should be formally evaluated to measure outcomes of the re-design **[EXAMPLE OF NHS LOTHIAN COLORECTAL FOLLOW-UP REDESIGN – BOX IV]**

**ORGANISATIONAL LEVEL:**

- Develop periodic mapping of a MDT service –adapting and developing roles where necessary with a team

**NATIONAL LEVEL**

- National datasets for Advanced Practice – CNS activity should be developed with Information and Statistics Division (ISD) to assist with the planning of future role and service developments
- Building on E-Health opportunities, consideration should be given to the development of a National Advanced Practice CNS database. This would generate intervention data to build on and contribute to existing evidence-base

## What succession planning arrangements need to be put in place to build advanced practice – cancer CNS capacity and capability?

- Development and implement the Advanced Practice Career and Education Pathway
- Development of skill mix teams to maximise existing expertise and develop future advanced practice CNSs
- NHS Boards should consider rotation of ward/clinic and community staff to work with CNSs to broaden the knowledge and skills expected of generalist nurses
- NHS Boards should consider opportunities for Acute-based CNSs to work with Community teams to assist with developing service redesigns that facilitate services for patients closer to home
- Competency mapping for individuals aspiring to these posts
- As a reference point the Scottish Workforce Information Standand System (SWISS) databases will provide information for NHS Boards

**Box III**
**NHS Grampian**
**Cancer Clinical Nurse Specialist Services – Ensuring Equity of Access for Patients**

In Grampian, there was an inequity in the allocation of the cancer CNS resource across specialities. To address, reviews, workshops and a consultation exercise were carried out to produce a plan to redesign the existing cancer CNS service. Implementation of the plan will ensure that all patients with cancer, irrespective of their diagnosis, or where they live, will have access to a cancer CNS. Key actions for implementation :

- Establish a cancer and palliative care CNS team. *Team sits within a network of other cancer CNSs based in CHPs.*
- Identification of one line manager for the team. *Harnessing the expertise and contributions of this highly experienced and skilled group dictates a common thread in how corporate objectives and PDPs underpin and reflect the needs of the service as a whole.*
- Introduce a common system of referral to a single point. *A common system of referral will provide a consistent approach to accessing cancer CNS services that will be simple for all staff to use and understand.*
- Ward Sisters/Charge Nurses ensure that the best possible care is delivered by nursing staff within their own clinical area. *The intention is not to devolve specialist practice from specialists to generalists, but to optimise the knowledge and skills expected of generalist nurses. This generalist model is dependent on specialists supporting generalists where a problem is outwith their knowledge and skills.*

This plans sets out a challenging agenda, which will require close working with CNSs and other members of the clinical community. It is anticipated that this new way of working will continue to evolve, and will therefore require ongoing evaluation.

**Box IV NHS Lothian redesign of colorectal cancer follow-up services – nurse-led follow-up (SEHD Evidence into Best Practice Award 2005)**

One of the main challenges of colorectal cancer follow-up is the detection of early disease in order to influence survival and improve outcome. Yet, the benefits of follow-up are not only related to survival. It is well documented that patients can experience an array of problems following colorectal cancer surgery which impact upon quality of life therefore symptom management plays an important part in the overall spectrum of follow-up care. An audit of colorectal cancer services was undertaken by the CNS highlighting inconsistencies in frequency of follow-up and investigations, limited symptom documentation, and limited continuity of care. Following multidisciplinary consensus and protocol agreement the Lothian colorectal cancer CNS team redesigned the follow-up services from traditional consultant-led to CNS led. Formal evaluation was conducted demonstrating the following patient benefits:

- Improved adherence to protocol
- Reduction in numbers of investigations carried out
- Improved patient adjustment to treatment through systematic symptom assessment
- Improved quality of life and patient satisfaction
- Improved continuity of patient care

Additional service benefits include:

- Projected figures of releasing approximately 1700 consultant surgical clinic slots over a 4 year period. This will allow a faster throughput of urgent referral with the potential to impact on colorectal cancer waiting times
- Yearly savings to the NHS of around £28,000

## CONCLUSION

This draft framework provides a real opportunity to gain National consensus on advanced nursing practice using Cancer CNS role sustainability as an example. The framework offers a practical model to competency mapping with potential application to any speciality, level of practice or indeed profession. It also draws on and attempts to connect the key policy strands from the proposed NHS career framework, Agenda for Change pay modernisation and the Knowledge and Skills Framework.

Sustainability of cancer CNS roles has been a weakness in the past. The proposed framework provides a career and education structure to develop that expertise. It also has the potential to build in skill mix that allows clinicians to continue to develop their knowledge and skills within an existing role or to progress their career.

Finally by reaching consensus, the framework should ensure there is equity and consistency of advanced CNS expertise for patients with cancer across NHSScotland Boards.

## NEXT STEPS

The final draft of this document will be completed by September 2006. The following stages will include:

- CNS review of the framework in 3 Board areas (NHS Lothian, Ayrshire, Lanarkshire) July and Aug
- Consult with NHS Boards, Regional Cancer Networks, Lead/Consultant Consultant Nurses, Scottish Cancer Group
- Printers and publication – Oct/Nov
- Stakeholders Conference - Oct/Nov

Following the Stakeholder conference it is envisaged that NHS Boards will develop a strategy for Advanced Nursing Practice within their organisation.

This work serves as a template for a wider piece of work being taken forward by one of the sub-groups of Facing the Future. The sub-group looking at Career Frameworks and Modernising Nursing Careers have recognised the need for a national framework for advanced nursing practice. This work will be taken forward to that sub-group, and thereafter to a wide NHS consultation to test its utility to serve as such a framework.

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**Appendix A**

**Expert Group**

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Margaret Smith (Director of Nursing – Acute Division, NHS Greater Glasgow & Clyde)

Sheila Liggat (Clinical Nurse Specialist, NHS Lothian)

Mhairi Simpson (Clinical Nurse Specialist, NHS Lanarkshire)

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Cara Taylor (Nurse Consultant, NHS Tayside)

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Maggie Grundy (Programme Director – Cancer Care, NES)

Mark Cooper (Lecturer Practitioner (Advanced Practice), Acute Division, NHS Greater Glasgow & Clyde)

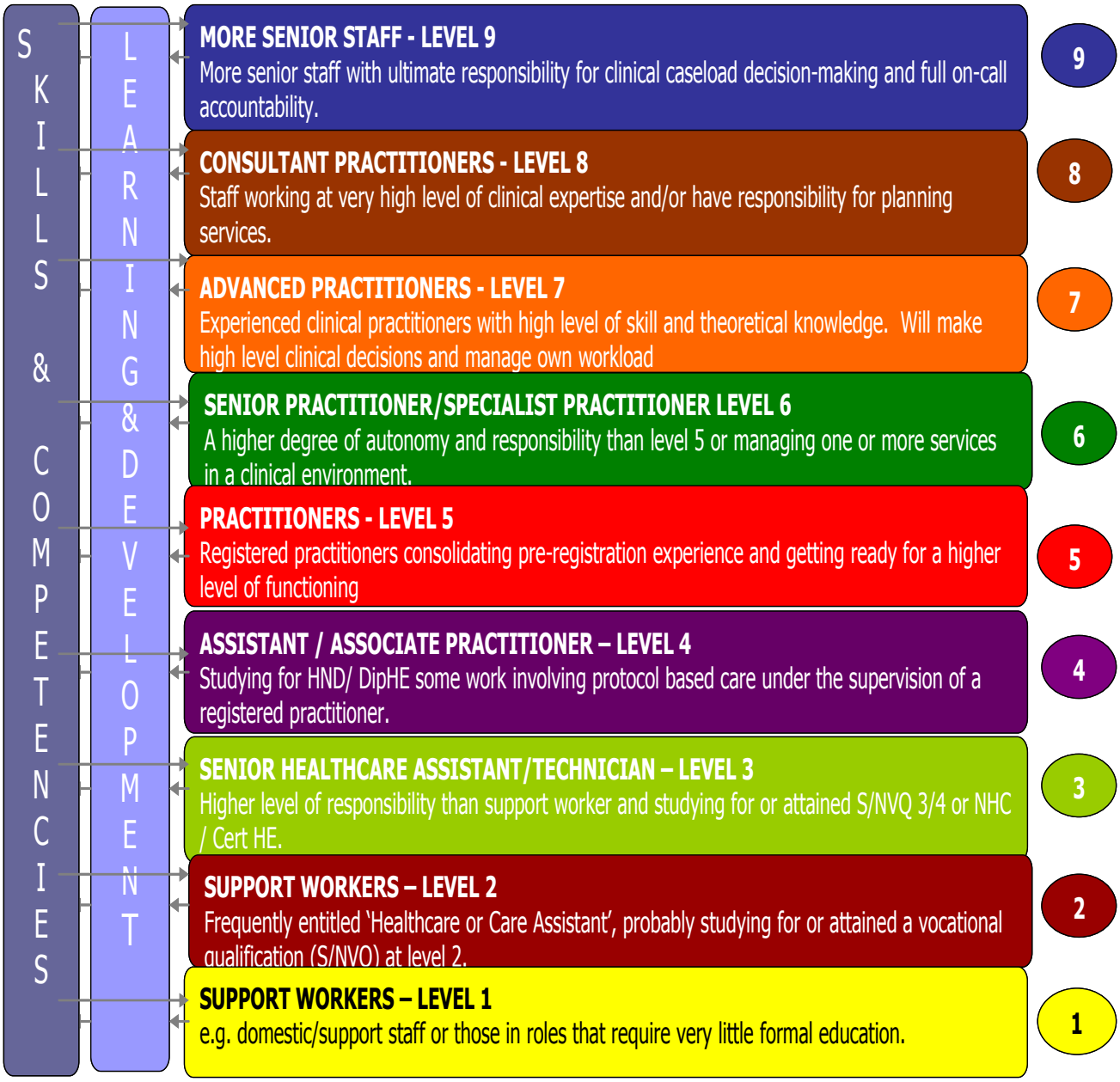
Janet Corcoran Advanced Practitioner Co-ordinator, Research and Development, NHS Lothian

Karen Lockhart (Nursing Officer – Scottish Executive)

Gillian Knowles (Nurse Consultant Cancer Care – Scottish Executive)

Dawn Arundle

**Appendix B Proposed Career Framework for Health (Scottish Executive 2006)**



**Appendix C**

| **Sub Group** |
|---|

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Gillian Knowles (Nurse Consultant Cancer Care – Scottish Executive

# Appendix D - Knowledge and Skills Dimension for Advanced Cancer Nursing Practice

**Dimensions** **Level Descriptors**

| Core | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **1 Communication** | Communicate with a limited range of people on day-to-day matters | Communicate with a range of people on a range of matters | Develop and maintain communication with people about difficult matters and/or in difficult situations | Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations |
| **2 Personal & People development** | Contribute to won personal development | Develop own skills and knowledge and provide information to others to help their development | Develop oneself and contribute to the development of others | Develop oneself and others in areas of practice |
| **3 Health, safety and security** | Assist in maintaining own and others' health, safety and security | Monitor and maintain health, safety of self and others | Promote, monitor and maintain best practice in health, safety and security | Maintain and develop an environment and culture that improves health, safety and security |
| **4 Service improvement** | Make changes in own practice and offer suggestions for improving services | Contribute to the improvement of services | Appraise, interpret and apply suggestions, recommendations and directives to improve services | Work in partnership with others to develop, take forward and evaluate direction, policies and strategies |
| **5 Quality** | Maintain the quality of own work | Maintain quality in own work and encourage others to do so | Contribute to improving quality | Develop a culture that improves quality |
| **6 Equality & Diversity** | Act in ways that support equality and value diversity | Support equality and value diversity | Promote equality and value diversity | Develop a culture that promotes equality and values diversity |
| **HWB2 Assessment and care planning to meet health and wellbeing needs** | Assist in the assessment of people's health and wellbeing needs | Contribute to assessing health and wellbeing needs and planning how to meet those needs | Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs | Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs |
| **HWB4 Enablement to address health and wellbeing needs** | Help people meet daily health and wellbeing needs | Enable people to meet ongoing health and wellbeing needs | Enable people to address specific needs in relation to health and wellbeing | Empower people to realise and maintain their potential in relation to health and wellbeing |
| **HWB5 Provision of care to meet health and well being needs** | Undertake care activities to meet individuals' health and wellbeing needs | Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency | Plan, deliver and evaluate care to meet people's health and wellbeing needs | Plan, deliver and evaluate care to address people's complex health and wellbeing needs |
| **HWB6 Assessment and treatment planning** | Undertake tasks related to the assessment of physiological and/or psychological functioning | Contribute to the assessment of physiological and/or psychological functioning | Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans | Assess physiological and/or psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans |
| **HWB7 Interventions and treatments** | Assist in providing interventions and/or treatments | Contribute to planning, delivering and monitoring interventions and/or treatments | Plan, deliver and evaluate interventions and/or treatments | Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness |
| **IK2 Information collection and analysis** | Collect, collate and report routine and simple data and information | Gather, analyse and report a limited range of data and information | Gather, analyse, interpret and present extensive and/or complex data and information | Plan, develop and evaluate methods and processes for gathering, analysing, interpreting and presenting data and information |
| **G1 Learning and development** | Assist with learning and development activities | Enable people to learn and develop | Plan, deliver and review interventions to enable people to learn and | Design, plan, implement and evaluate learning and development programmes |

| | | | | |
|---|---|---|---|---|
| | | | develop | |
| **G2 Development & Innovation** | Appraise concepts, models, methods, practices, products and equipment development by others | Contribute to developing, testing and reviewing new models, methods, practices, products and equipment | Test and review new concepts, models, methods, practices, products and equipment | Develop new and innovative concepts, models, methods, practices, products and equipment |
| **G7 Capacity & Capability** | Sustain capacity and capability | Facilitate the development of capacity and capability | Contribute to developing and sustaining capacity and capability | Work in partnership with others to develop and sustain capacity and capability |

## Appendix E The Scottish Credit and Qualifications Framework

| SCQF levels | SQA National Units, courses and group awards | Higher Education (HE) qualifications | SVQs | SCQF levels |
|---|---|---|---|---|
| 12 | | Doctorate | | 12 |
| 11 | | Masters | SVQ 5 | 11 |
| 10 | | Honours degree | | 10 |
| 9 | | Ordinary degree | | 9 |
| 8 | | HND<br>Diploma of HE | SVQ 4 | 8 |
| 7 | Advanced Higher | NHC<br>Cert of HE | | 7 |
| 6 | Higher | | SVQ 3 | 6 |
| 5 | Intermediate 2/ Credit S Grade | | SVQ 2 | 5 |
| 4 | Intermediate 1/ General S Grade | | SVQ 1 | 4 |
| 3 | Access 3/ Foundation S Grade | | | 3 |
| 2 | Access 2 | | | 2 |
| 1 | Access 1 | | | 1 |

The SCQF has been created by bringing together all Scottish mainstream qualifications into a single unified framework – higher education qualifications; HNCs and HNDs; SQA National qualifications; and SVQs. There are 12 levels ranging from Access 1 (National Qulaifcations) at SCQF 1 to Doctorate at SCQF level 12. Each qualification – unit, group of units or larger group award – has also been allocated a number of SCQF credits, each credit representing 10 notional hours of required learning . Doctorates based on a thesis are an exception. The SCQF also offers a emans to allocate levels and credit values to other assessed and quality assured learning.

*The positioning of SVQs in the table gives a **broad** indication of their place in the framework. A major project is underway to refine the position of SVQs in the framework within a UK context.*

## Appendix F – Generic Role Profiles

**Profile Label:** **Nurse Specialist**

**Current Job Titles:** **Specialist Nurse, Senior Staff Nurse, Nurse Specialist**

**Job Statement:**

1. Assesses patients, plans, implements care, provides specialist advice; maintains associated records
2. Carries out specialist nursing procedures e.g. symptom toxicity management
3. Provides clinical supervision to other staff, students
4. May undertake research, lead clinical audits in own specialist area

| Factor | Relevant Job Information | JE Band |
|---|---|---|
| **1. Communication & Relationship skills** | **Provide and receive complex, sensitive/highly complex, sensitive or contentious information, barriers to understanding**<br>Communicates sensitive/highly sensitive condition related information to patients, relatives, empathy, reassurance | 4 (a)-5(a) |
| **2. Knowledge, Training & experience** | **Specialist knowledge across range of procedures, underpinned by theory**<br>Professional knowledge acquired through degree supplemented by diploma level specialist training, experience, short courses | 6 |
| **3. Analytical & Judgement Skills** | **Complex facts or situations, requiring analysis, interpretation, comparison of a range of options**<br>Skills for assessing & interpreting specialist acute & other patient conditions, appropriate action | 4 |
| **4. Planning & Organisational Skills** | **Plan and organise straightforward activities, some ongoing**<br>Organises own specialist workload | 2 |
| **5. Physical Skills** | **Highly developed physical skills, accuracy important, manipulation of fine tools, materials**<br>Dexterity and accuracy required for e.g. intravenous injections, syringe pumps and infusions, insertion of catheters, removal of sutures | 3(b) |
| **6. Responsibility for Patient/Client Care** | **Developed specialised programmes of care/care packages; provide highly specialised advice concerning care**<br>Assess, develops & implements specialist nursing care programmes; advises patients, relatives | 6(a) (c) |
| **7. Responsibility for Policy/Service Development** | **Implement polices and propose changes to practice, procedures for own area**<br>Contributes to development of specialist protocols | 2 |
| **8. Responsibility for Financial & Physical Resources** | **Personal duty of care in relation to equipment, resources; maintain stock control**<br>Safe use of equipment/orders specialist supplies | 1-2(c) |
| **9. Responsibility for Human Resources** | **Day to day supervision; professional/client supervision**<br>Allocates work to support staff; provides clinical supervision to other staff, students | 2(a)(b) |
| **10. Responsibility for Information Resources** | **Records personally generated information**<br>Updates patient/client records | 1 |
| **11. Responsibility for Research & Development** | **Undertake surveys or audits, as necessary to own work/ regularly undertakes R&D ; clinical trials**<br>May undertake/undertakes research, clinical trails, lead clinical audit in own area | 1-2 (a) (b) |
| **12. Freedom to Act** | **Clearly defined occupational policies, work is managed rather than supervised/broad occupational polices**<br>Accountable for won professional actions: not directly supervised/lead specialist | 3-4 |
| **13. Physical Effort** | **Frequent sitting or standing in a restricted position ; occasional moderate effort for several short periods**<br>Walks, stands most of shift; occasionally moves, manoeuvres patients | 2 (a) (d) |
| **14. Mental Effort** | **Frequent concentration, work pattern predictable**<br>Concentration on patient assessments,, injections ; schedule of visits | 2 (a) |
| **15. Emotional Effort** | **Occasional/frequent distressing/highly distressing circumstances**<br>Deals with distressed relatives, care of terminally ill/deals with consequences of terminal illness | 2(a)/ 3(a) (b)- 4 (b) |
| **16. Working Conditions** | **Frequent unpleasant, occasional/frequent highly unpleasant conditions**<br>Smell, noise, dust/body fluids etc | 3(a)(b)-4(b) |
| **JE Score/Band** | **JE Score : 407-465** | **Band 6** |

**Current Job Titles:** **Nurse Advanced**

**Job Statement:** **Lead Specialist, Clinical Nurse Specialist, Senior Specialist Nurse**

1. Assesses patients, plans, implements care in hospital, community or other settings, provides specialist advice; maintains associated records
2. Lead specialist in defined area of nursing care
3. Provides specialist education and training to other staff, students
4. Undertakes research and leads clinical audits in own specialist area

| Factor | Relevant Job Information | JE Band |
|---|---|---|
| **1. Communication & Relationship skills** | **Provide and receive highly complex, sensitive information, barriers to understanding**<br>Communicates very sensitive, complex condition related information to patients, relatives, empathy, reassurance | 5(a) |
| **2. Knowledge, Training & experience** | **Highly developed specialist knowledge, underpinned by theory and experience**<br>Professional knowledge acquire through degree/diploma supplemented by specialist training, experience, short courses to master's level equivalent | 7 |
| **3. Analytical & Judgement Skills** | **Complex facts or situations, requiring analysis, interpretation, comparison of a range of options**<br>Skills for assessing & interpreting specialist acute and other patient conditions, appropriate action | 4 |
| **4. Planning & Organisational Skills** | **Plan & organise complex activities, programmes, requiring formulation, adjustment**<br>Plans specialist nursing service provision, including education & training | 3 |
| **5. Physical Skills** | **Highly developed physical skills, accuracy important; manipulation of fine tools, materials**<br>Dexterity and accuracy required for e.g. IV injections, syringe pumps and infusions, insertion of catheters | 3(b) |
| **6. Responsibility for Patient/Client Care** | **Develop specialised programmes of care/care packages; provide highly specialised advice concerning care**<br>Assesses, develops & implements specialist nursing care programmes; advice to patients,carers | 6(a) (c) |
| **7. Responsibility for Policy/Service Development** | **Propose policy or service changes, impact beyond own area**<br>Develops protocols for specialist area, impact on other areas | 3 |
| **8. Responsibility for Financial & Physical Resources** | **Personal duty of care in relation to equipment, resources/maintain stock control; authorised signatory, small payments**<br>Personal duty of care/orders specialist supplies; authorises overtime, agency nurse payments | 1-2 (c) (d) |
| **9. Responsibility for Human Resources** | **Teach/deliver core training, range of subjects**<br>Provides specialist training & education | 3 (c) |
| **10. Responsibility for Information Resources** | **Records personally generated information**<br>Updates patient/client records | 1 |
| **11. Responsibility for Research & Development** | **Regularly undertakes R&D activity/ R&D activities as major job requirement**<br>Undertakes research, leads clinical audit in own area | 2(a)-3 |
| **12. Freedom to Act** | **Broad occupational policies**<br>Accountable for won professional actions, lead specialist for defined area | 4 |
| **13. Physical Effort** | **Combination of sitting, standing, walking/occasional moderate effort for several short periods**<br>Moves, manoeuvres patients | 1-2(d) |
| **14. Mental Effort** | **Frequent concentration, work pattern predictable**<br>Concentration on patient assessments, injections, schedule of visits etc | 2(a) |
| **15. Emotional Effort** | **Occasional highly distressing or emotional circumstances**<br>Imparts news of terminal illness, bereavement etc | 3(b) |
| **16. Working Conditions** | **Frequent unpleasant, occasional/frequent highly unpleasant conditions**<br>Smell, noise, dust, body fluids, faeces, vomit etc | 3(a) (b)/4 (b) |
| **JE Score/Band** | **JE Score : 511-537** | **Band 7** |