The aim of this review is to gather information on your role and services that you provide to individual patient groups within the NHS. The data provided will be used to help plan your ongoing development and assist with succession planning.

Recognition of the way services need to be developed in order to meet challenging health needs of the future is set out in Delivering for Health (SEHD 2005). This will involve more flexible ways of working, and developing new skills to support local services. Advanced practitioner and specialists nursing posts provide a very important part in the overall delivery of services in both acute and primary care settings and therefore we need to ensure there is consistency and equity of this invaluable expertise. This is acknowledged within Delivering Care, Enabling Health (SEHD 2006) with the planned implementation of an Advanced Nursing Practice Framework by 2008.

We greatly appreciate you taking time to complete the questionnaire. The individual information you provide will treated in the strictest of confidence and collated into a wider report for presentation to the relevant Managers and NHS Board.
1. Name

2. Age range

<table>
<thead>
<tr>
<th>24-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60 +</th>
</tr>
</thead>
</table>

3a. Job Title

3b. Clinical Area of Practice (please tick ✓ box)

- Addictions
- Acute Medicine
- Alcohol
- Anaesthetics
- Anti-coagulant
- Asthma
- Blood Transfusion
- Breast Care Nursing
- Breast Feeding Co-ordinator
- Burns
- Cancer
- Cancer - Breast
- Cancer - Chemotherapy
- Cancer - Colorectal
- Cancer - Gynaecology Oncology
- Cancer - Haematology
- Cancer - Head and Neck
- Cancer - Lung
- Cancer - Neuro-oncology
- Cancer - Oncology
- Cancer - Ophthalmic
- Cancer - Other
- Cancer - Radiotherapy and Oncology
- Cancer - Sarcoma
- Cancer - Skin
- Cancer - Upper GI
- Cancer - Urology Oncology
- Cardiac Rehabilitation
- Cardiac Surgery
- Cardiology
- Challenging Behaviour
- Child and Adolescent Mental Health
- Child Protection
- Cognitive Behavioural Therapy
- Continence
- Critical Care
- Cystic Fibrosis
- Deliberate Self Harm
- Dementia Care
- Dermatology
- Diabetes
- Drugs
- Emergency Medicine
  (Record Emergency Nurse Practitioners under this specialty)
- Endocrinology
- Epilepsy
- Forensics
- Gastro-intestinal
- Genetic
- Genitourinary Medicine
- Gynaecology
- Haematology
- Heart Failure
- HIV
- Hospital at Night
- Infection Control
- Learning Disabilities
- Mental Health - Acute Care
- Mental Health - Child and Adolescent
- Mental Illness
- Midwifery
- Midwifery - Fetal Medicine
- Midwifery - Special Needs in Medicine
- Minor Illness
- Minor Injuries
- Minor Injuries and Illness
- Multiple Sclerosis
- Neuroscience/Neurology
- Neonatal Intensive Care
- Nutrition
- Occupational Health and Safety
- Older Peoples Care / Gerontology
- Ophthalmic
- Orthopaedics
- Osteoporosis
- Paediatric
- Pain
- Palliative
- Parkinson's Disease
- Perinatal Mental Health
- Perioperative
- Pre-Operative Assessment
- Psychiatric Liaison
- Psychosocial Interventions
- Renal
- Respiratory
- Resuscitation
- Rheumatology
- Severe and Enduring Illness
- Sexual Health/Family Planning
- Smoking Cessation
- Stoma
- Stroke
- Substance Misuse
- Tissue Viability
- Urological
- Vascular
- Other (please specify)
11. Do you have line management responsibility for other staff members?

Yes  ☐  No  ☐

If yes please give details of staff members and numbers (i.e. staff nurse, clerical assistant etc)

12. Are you currently studying for any academic qualifications?

Yes  ☐  No  ☐

If yes please give details
13. What specific training / educational preparation have you had for this role? Please describe any training you have had for this role please add a separate sheet if required. E.g. Endoscopy, colposcopy, Stoma care, breast examination Clinical assessment module, Nurse Prescribing, cognitive behavioural therapy, advanced communication skills training, administration of cytotoxic drugs etc

<table>
<thead>
<tr>
<th>Full Title of Course</th>
<th>Institution</th>
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<tbody>
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</tbody>
</table>

14. Do you measure any key outcomes for this role? e.g. reduced length of stay, prevention of re-admission, greater patient access, reduction in waiting time, smoking cessation, improved symptom management and quality of life

Yes ☐ No ☐

*If yes how are these key outcomes measured.*
15. **What extended nursing roles do you carry out (please tick ✓ box)**

<table>
<thead>
<tr>
<th>Role</th>
<th>Occasionally undertake</th>
<th>Undertake on a Weekly Basis</th>
<th>Undertake on a daily basis on less than 5 patients</th>
<th>Undertake on a daily basis on 5 or more patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing medications</td>
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<tr>
<td>Chemotherapy administration</td>
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<tr>
<td>Endoscopy/</td>
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<tr>
<td>Colposcopy</td>
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<tr>
<td>Cystoscopy</td>
<td></td>
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<tr>
<td>Prostate biopsy</td>
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<td></td>
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<tr>
<td>IV Drug Administration</td>
<td></td>
<td></td>
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<tr>
<td>Defibrillation</td>
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<tr>
<td>Casting (e.g. plaster casts)</td>
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<tr>
<td>Xray requesting/</td>
<td></td>
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<tr>
<td>Formal xray interpretation</td>
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<tr>
<td>Cognitive behavioural intervention</td>
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<tr>
<td>Advanced counselling / support therapy</td>
<td></td>
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<tr>
<td>Symptom management</td>
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<tr>
<td>Spinal analgesia</td>
<td></td>
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<tr>
<td>Other – please state</td>
<td></td>
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</tbody>
</table>

16. **Do you have admission and discharge rights without recourse to medical staff?**

   Yes ☐    No ☐

16b. **If yes is this from? :**

   Hospital to community ☐
   Community to Hospital ☐
   Both ☐

16c. **If yes is this through pre-arranged protocols?**   Yes ☐    No ☐

   Please Describe
17a. Are you involved in auditing your service? Yes ☐ No ☐

17b. Have you initiated or led any of these audits?

Yes ☐ No ☐

If yes, please give brief details:

17c. Have you been involved with and contributed to other multi-disciplinary audits of service?

Yes ☐ No ☐

If yes, please give brief details:

18. Have you been involved in any of the following?

Clinical trials Yes ☐ No ☐
Data collection for someone else’s study Yes ☐ No ☐
Undertaken own research study Yes ☐ No ☐

Please give brief details of the above:

19. Are you involved in service redesign of your practice? Yes ☐ No ☐

If yes please give detail below:


20 Have you been involved in any of the following?

a) Contributing to the development of protocols and guidelines as part of a wider team
   - Yes □ No □

b) Implementing protocols and guidelines
   - Yes □ No □

c) Monitoring protocols and guidelines
   - Yes □ No □

d) Leading the development of protocols and guidelines
   - Yes □ No □

21a. Do you provide educational assistance to other health care team members?

   Yes □ No □

21b. If yes complete chart below. Please please tick ✓ as many apply.

|                      | Acute Based | Community based | One to One Teaching at Study Days | Formal In-service training | University Lecturing | Supporting Link Staff | Mentoring HCPs |
|----------------------|-------------|-----------------|-----------------------------------|---------------------------|----------------------|---------------------|____________|
| Nursing              |             |                 |                                   |                           |                      |                     |              |
| Medical              |             |                 |                                   |                           |                      |                     |              |
| Ancillary            |             |                 |                                   |                           |                      |                     |              |
| Administration and Clerical |     |                 |                                   |                           |                      |                     |              |
| Other please detail  |             |                 |                                   |                           |                      |                     |              |

21c. Is the educational assistance you provide to other health care team members usually in response to any of the following? (Please please tick ✓ as many apply)

   An individual health care team member request
   - Yes □ No □

   Part of a structure teaching programme
   - Yes □ No □

   In response to the need to develop an area of practice
   - Yes □ No □

21d. Are you involved in the formal assessment of competencies of other Health Care Professionals?

   Yes □ No □

22. What form of patient and/or carer teaching do you provide?
   Please please tick ✓ as many apply

<table>
<thead>
<tr>
<th></th>
<th>Indirect (i.e HAI teaching to staff with indirect pt benefit)</th>
<th>Direct</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal</td>
<td></td>
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<tr>
<td>Informal</td>
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<td></td>
<td></td>
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<tr>
<td>Individual</td>
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<tr>
<td>Group</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
23a. Do you have a defined patient caseload?  
Yes ☐  No ☐

23b. If yes is your caseload in the

- Acute setting ☐
- Community setting ☐
- Both ☐

23c. If yes please explain the size and scope of this caseload

24a. Are you involved with multidisciplinary clinics?  
Yes ☐  No ☐

24b. Do you run independent nurse-led clinics?  
Yes ☐  No ☐

24c. If yes please answer the following:

- Number of clinics per week
- Number of patients reviewed per week
- Nature of clinic (i.e. symptom management, disease surveillance etc)

24d. Do you have defined protocols for your nurse-led clinic/s?  
Yes ☐  No ☐

24e. Please indicate the location of your nurse-led clinics

- Hospital outpatients  Yes ☐  No ☐
- Community  Yes ☐  No ☐
- Telephone  Yes ☐  No ☐
- Postal  Yes ☐  No ☐

24f. Is your nurse-led clinic/s formally registered (i.e. own clinic template etc) for ISD activity data recording?  
Yes ☐  No ☐
25. Are you regularly consulted by other groups of staff out with your speciality?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Daily</th>
<th>One /Twice weekly</th>
<th>Monthly</th>
<th>Other</th>
</tr>
</thead>
</table>

26. Many nurse practitioners and some clinical nurse specialists undertake and document formal clinical examinations of patients. Please indicate which systems/body areas you formally assess and document (if none please indicate none)

<table>
<thead>
<tr>
<th></th>
<th>Inspection</th>
<th>Palpation</th>
<th>Auscultation</th>
<th>Percussion</th>
<th>Movement</th>
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<tbody>
<tr>
<td>Cardiac</td>
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<td>Vascular</td>
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<tr>
<td>Respiratory</td>
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<tr>
<td>Eyes</td>
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<tr>
<td>Ear, nose, throat</td>
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<tr>
<td>Gastro-intestinal</td>
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<tr>
<td>Female urinary</td>
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<tr>
<td>Female reproductive</td>
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<td>Male urinary</td>
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<td>Male reproductive</td>
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<td>Musculó-skeletal</td>
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<tr>
<td>Skin, hair, nails</td>
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<tr>
<td>Neurological</td>
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<tr>
<td>Other (please list if the areas you assess are not covered adequately by the above headings)</td>
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</table>

27a. Do you take a formal ‘medical’ history from your patients?

Yes ☐ No ☐

27b. If yes, do you use a structured proforma? (e.g. an assessment form with specific questions)?

Yes ☐ No ☐

28. Do you make diagnostic decisions based on the finding of the previous questions?

Yes ☐ No ☐
29. Do you prescribe medications?

   Yes ☐   No ☐

If yes which method do you use? Please please tick ✓ as many apply

<table>
<thead>
<tr>
<th>Patient Group Directions (PGDs)</th>
<th>Supplementary Prescribing</th>
<th>Independent Prescribing</th>
<th>Community Practitioner Nurse Prescriber</th>
<th>Other – please describe</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

30. Are you responsible for devising an individual “integrated” care plan, which included both nursing and medical management of care? (medical management would include formally recommending a course of treatment or investigation)

   Yes ☐   No ☐

31. Do you screen patients for early signs of disease and risk factors? (as appropriate to your area of practice)

   Yes ☐   No ☐

If yes please explain.

32. Are you the sole provider of your service?

   Yes ☐   No ☐

33. Are there other staff in similar roles or who perform similar duties in comparable areas? Please describe.

34. Are you aware of other staff being prepared to deliver a role similar to yours? i.e. undertaking training/mentorship

   Yes ☐   No ☐

If yes please specify.
35. Are you aware of Allied Health Professionals, medical staff or non nursing personnel who carry out a similar role?

Yes ☐ No ☐

If yes please specify.

36. What implications has your role had on other disciplines or services?

37. Any other comments:

Thank you for completing this questionnaire