

ADVANCED NURSING PRACTICE FRAMEWORK – CANCER NURSE SPECIALIST EXAMPLE

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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

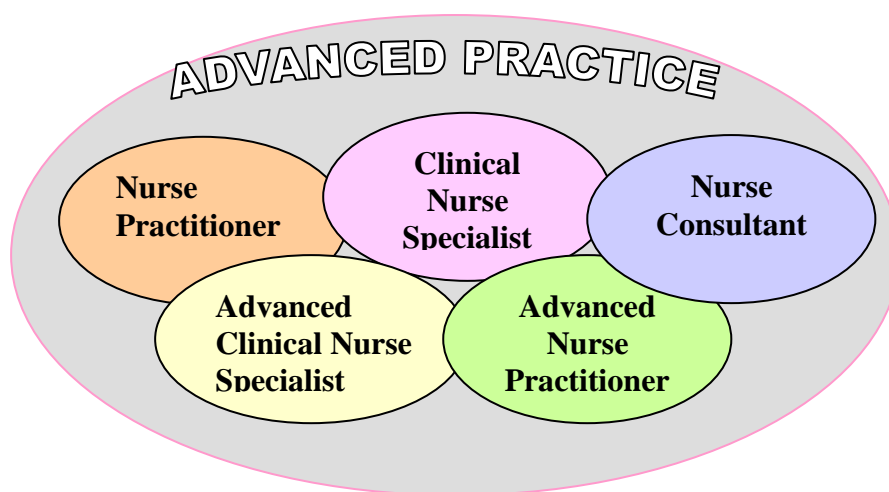
from a variety of sources such as National cancer standards and guidelines; changes in working practices (i.e. reduction in junior doctor's hours) and also socio-political lobbying by patient groups and national charities. While the significant contribution of CNSs in the planning and delivery of high 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 Specialist¹ sustainability, covering the following key topics:

- | |
|---|
| 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.

Figure I – Advanced Practice



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)

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 specialties. 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 prescribing²

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.

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

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 streamlining the process of care for patients throughout their pathway	Lead clinical audit of specialist nursing services to inform practice, service development/redesign and ensure evidence-based practice	Promote and advise on health and life style activities for patients and carers	Act as an exemplary professional role model for leading specialist nursing services
Applying specialist knowledge, competencies and critical-decision making skills to enhance patient care – particularly in relation to managing chronic illness and the rehabilitation and follow-up of patients	Develop clinical audit and act as a clinical collaborator for research programmes to support best practice which leads to continuous improvements in care	Teach, advise and coach patients and carers with regard to the condition, treatment options and management of symptoms and treatment side effects	Lead and manage the nursing service within the multidisciplinary team ensuring that patient needs are assessed, care is planned, implemented and evaluated in consultation with patients and their carers
Assess, diagnose and manage complex symptoms/diagnoses within agreed protocols		Develop, deliver and contribute to multidisciplinary education and training programmes to promote a wider understanding of cancer in primary, secondary and tertiary settings	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 interpreted 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 practice³ to include:

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

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

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

Using the NHS Knowledge and Skills Framework (KSF) for Career Development.

Building on this two-tier development approach to advance 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 that the NHS Knowledge and Skills Framework (KSF) could be utilised as a key tool for describing and redesigning future nursing roles. The KSF is a broad generic framework that describes how individuals need to apply their knowledge and skills within their job. The generic nature of the KSF means that it does not describe one job or profession; therefore it needs to be interpreted for each profession or type of post in the NHS.

The KSF comprises 30 dimensions. There are six core dimensions which apply to all jobs and 24 specific dimensions which apply to some but not all jobs. Each dimension is elaborated by a series of four level descriptors. Each level is defined by successively more advanced stages of knowledge and skill and/or increasing complexity in application of knowledge and skills to the demands of work.

The KSF is designed to support the development of individuals in their post and in their careers through the development of NHS KSF post outlines. KSF can be linked to current and emerging competence frameworks means that relevant Skills for Health (SfH) competencies can be captured within the post outlines thereby creating the basis of a personal development plan specifying learning & development needs for the role. Developing generic or indicative KSF post outlines for the two levels of practitioners working at a higher level of practice provides two possible advantages – first is provides a succinct way of illustrating a role and second it offers a potential career pathway by building on competence levels.

Using the KSF, a sub-group of the expert group developed generic KSF post outlines for level 6 and level 7 practitioners. These outlines together level descriptors and some examples of application are attached. It should be noted that outlines developed for specific posts may have fewer or additional specific dimensions depending on the purpose and the key result areas of the job. Examples of application relevant to each post would also require to be identified.

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		
*HWPB2	Assessment & care planning to meet health & wellbeing needs				x
*HWPB4	Enablement to address health & wellbeing needs				x
*HWP5	Provision of care to meet health & wellbeing needs				x
HWPB6	Assessment & treatment planning			x	
HWPB7	Interventions & treatments			x	
IK2	Information collection & analysis		x		
G1	Learning & development		x		
G2*	Development & innovation		x		
G7	Capacity & capability	x			

*HWPB 2,4,5 - core functions - generically applicable
 G2* - debate/discussion as to whether applicable - mixed views

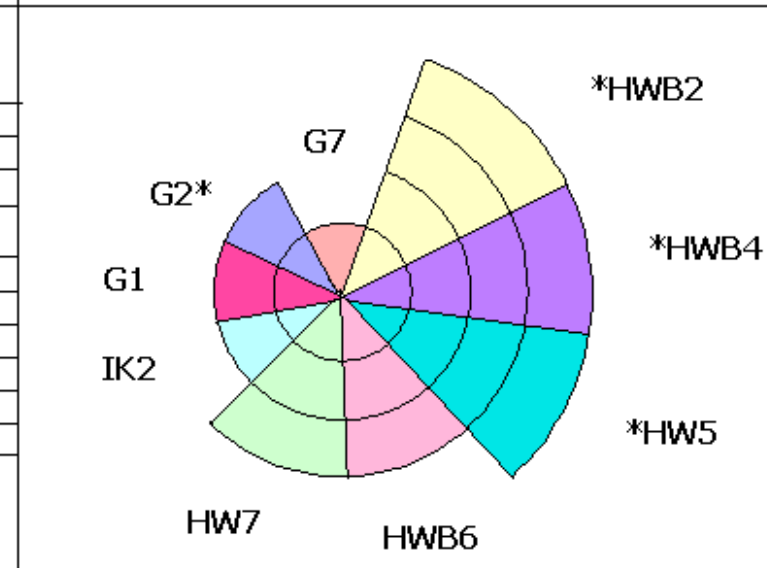
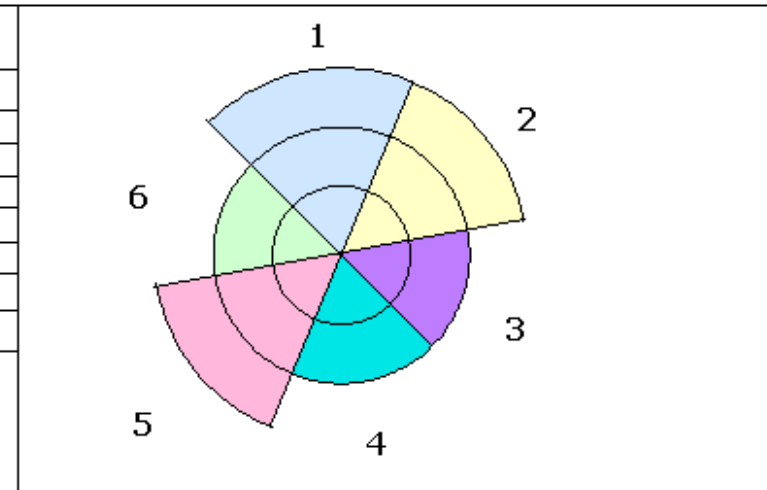


Table III Competency Mapping of an Advanced Practitioner Role – Level 7

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		
<p>*HWB 2,4,5 - core functions - generically applicable G2* - debate/discussion as to whether applicable - mixed views</p>					

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:

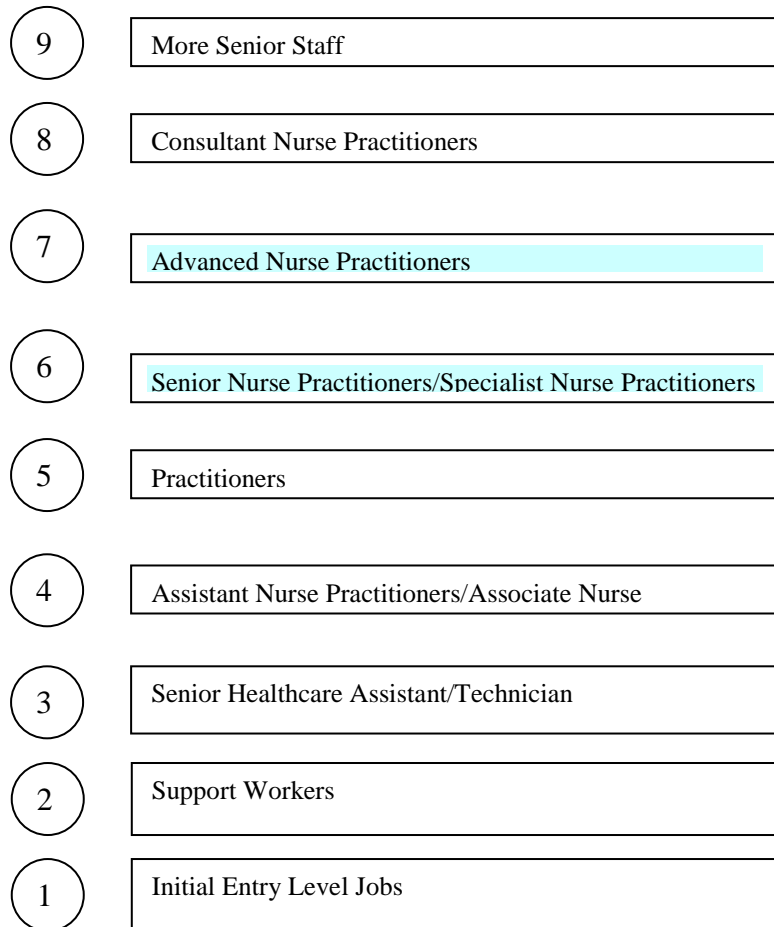
Nurse Specialist: Specialist knowledge across a range of procedures, underpinned by education and professional experience at SCQF level 9.

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

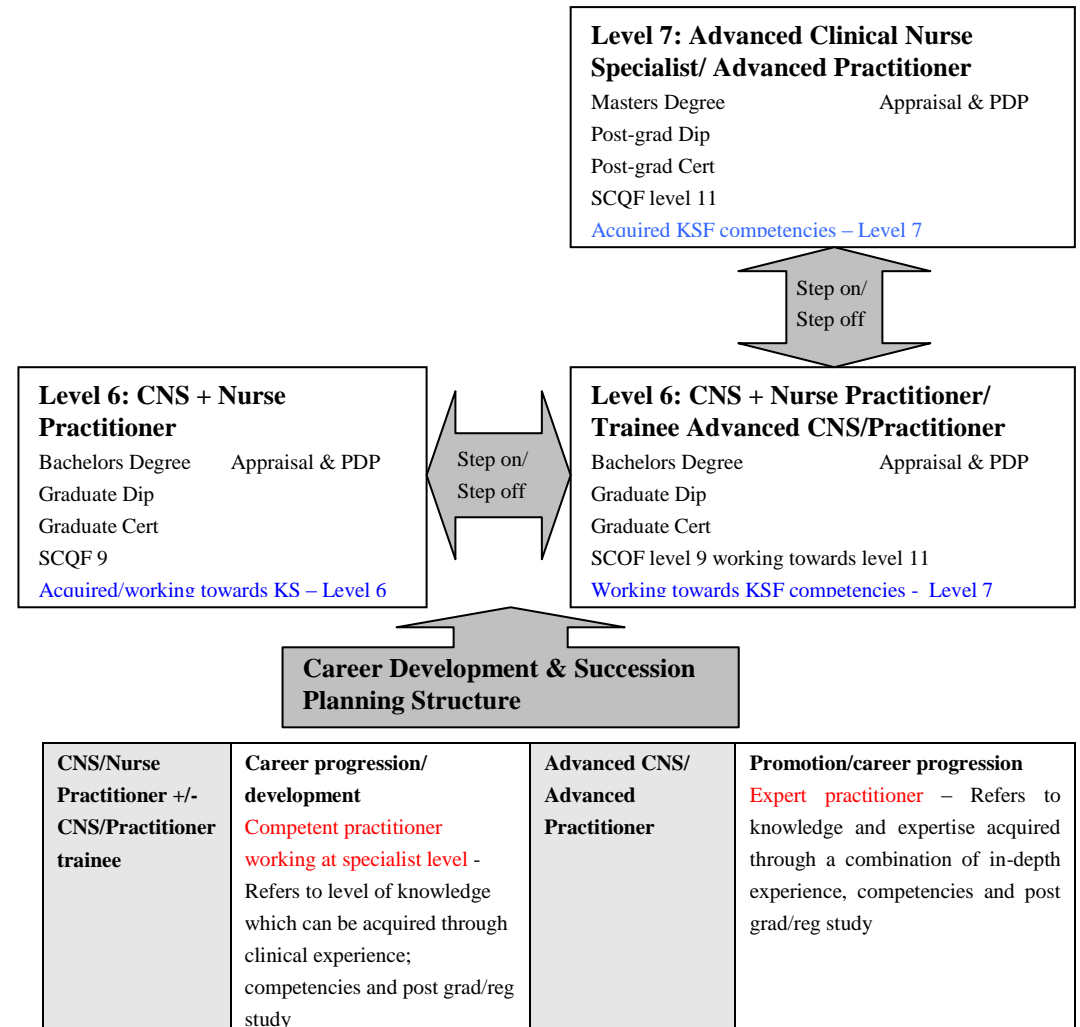
Applying this to Level 6 and 7 of the proposed NHS Career Framework, the following education structure for Advanced Cancer Clinical Nurse Specialists has been developed (TableIV).

Table IV ADVANCED PRACTICE CAREER AND EDUCATIONAL PATHWAY

Career Level



Education and Training Pathway



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 arrangements 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 structures 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 Standard 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 framework provides a model, which will ensure that cancer clinical nurse specialist posts across Scotland are appropriately developed and sustained. In addition, the model has potential application to any speciality, level of practice or indeed profession. It draws on and connects to 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. This framework provides a career and education structure to develop that expertise. It also has the potential to build in skill mix that allows practitioners to continue to develop their knowledge and skills within an existing role or to progress their career.

While developed specifically for cancer CNSs in response to the Audit Committee's review of colorectal cancer services, the framework has since been 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 and are using the cancer work as a template. A Stakeholder event was held in October 2006 with overwhelming support for a National approach to this development. It is anticipated that the final Advanced Nursing practice document will be designed in the form of a toolkit and implemented by 2008.

KEY RECOMMENDATIONS

A key aim of the Modernising Nursing Careers Group will be to ensure implementation of the Advanced Nursing Practice Toolkit with the overall objective being to improve productivity and create capacity within NHSScotland.. It is, however, important to acknowledge that there were specific concerns around ensuring access and equity of cancer CNS expertise for all patients in Scotland highlighted within the Audit Scotland report. Therefore in the interim of the Toolkit being available the following key recommendations are made⁴:

- NHS Boards to undertake a review of existing cancer CNS services and activities to serve as a benchmark
- Performance management structures are implemented to ensure the skills of the CNSs are appropriately utilised; streamline services; and reduce fragmentation. These include:
 - Job plans for all cancer CNSs
 - Core job descriptions and profiles for all cancer CNSs
 - Continuing professional and personal development plans with annual review structures in place
- Clinical activity data to be collected consistently to ensure effective measurement of advanced practice services and uniformity in performance monitoring
- Administrative support infrastructure to be put in place in order to maximise the use of existing cancer CNS expertise and clinical skills
- Mentoring systems to be in place for all new cancer CNSs

⁴ It is fully acknowledged that a few NHS Boards have already implemented or are in the process of implementing a number of the key recommendations detailed.

- A consistent approach should be applied to developing a workforce competency and education pathway for CNSs to ensure equity of expertise and service benefits

Finally it is important to acknowledge that NHS Education Scotland is currently developing a Professional Development Framework for Nurses and AHPs working with individuals with cancer and their carers. This quality assurance framework will define the capabilities required to deliver advanced level practice.

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Appendix A

Expert Group

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



Appendix C

Sub Group

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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 own 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 Diploma of HE	SVQ 4	8
7	Advanced Higher	NHC 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 Qualifications) 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 means 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 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 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 Skills for assessing & interpreting specialist acute & other patient conditions, appropriate action	4
4. Planning & Organisational Skills	Plan and organise straightforward activities, some ongoing Organises own specialist workload	2
5. Physical Skills	Highly developed physical skills, accuracy important, manipulation of fine tools, materials 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 Assess, develops & implements specialist nursing care programmes; advises patients, relatives	6(a) (c)
7. Responsibility for Policy/Service Development	Implement policies and propose changes to practice, procedures for own area 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 Safe use of equipment/orders specialist supplies	1-2(c)
9. Responsibility for Human Resources	Day to day supervision; professional/client supervision Allocates work to support staff; provides clinical supervision to other staff, students	2(a)(b)
10. Responsibility for Information Resources	Records personally generated information 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 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 policies Accountable for own 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 Walks, stands most of shift; occasionally moves, manoeuvres patients	2 (a) (d)
14. Mental Effort	Frequent concentration, work pattern predictable Concentration on patient assessments,, injections ; schedule of visits	2 (a)
15. Emotional Effort	Occasional/frequent distressing/highly distressing circumstances 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 Smell, noise, dust/body fluids etc	3(a)(b)- 4(b)
JE Score/Band	JE Score : 407-465	Band 6

Current Job Titles:
Job Statement:

Nurse Advanced

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 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 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 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 Plans specialist nursing service provision, including education & training	3
5. Physical Skills	Highly developed physical skills, accuracy important; manipulation of fine tools, materials 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 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 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 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 Provides specialist training & education	3 (c)
10. Responsibility for Information Resources	Records personally generated information Updates patient/client records	1
11. Responsibility for Research & Development	Regularly undertakes R&D activity/ R&D activities as major job requirement Undertakes research, leads clinical audit in own area	2(a)-3
12. Freedom to Act	Broad occupational policies Accountable for own professional actions, lead specialist for defined area	4
13. Physical Effort	Combination of sitting, standing, walking/occasional moderate effort for several short periods Moves, manoeuvres patients	1-2(d)
14. Mental Effort	Frequent concentration, work pattern predictable Concentration on patient assessments, injections, schedule of visits etc	2(a)
15. Emotional Effort	Occasional highly distressing or emotional circumstances Imparts news of terminal illness, bereavement etc	3(b)
16. Working Conditions	Frequent unpleasant, occasional/frequent highly unpleasant conditions Smell, noise, dust, body fluids, faeces, vomit etc	3(a) (b)/4 (b)
JE Score/Band	JE Score : 511-537	Band 7