Working with Individuals with Cancer, their Families and Carers

Professional Development Framework for Nurses

Specialist and Advanced Levels
This framework was developed in partnership with Macmillan Cancer Support.

NHS Education for Scotland and Macmillan Cancer Support would like to sincerely thank everyone who contributed to the development of the framework during workshops, consultation events and written consultation. We would also like to acknowledge the valuable contributions of the steering group who have guided the project. Steering group membership is shown in Appendix 3.
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Cancer remains a national clinical priority (Scottish Government, 2007). It continues to be a major cause of morbidity and mortality in the population of Scotland, with incidence continuing to rise (Scottish Executive, 2001; 2004). By 2020, it is predicted that there will be around 33,000 new cases of cancer per year in Scotland (Scottish Executive, 2005).

Demographic statistics show increasing numbers of older people in the population. By 2031, 26.6% of the population will consist of individuals over 65 years, with those over 80 comprising 8.2%. This ageing population profile points not only to an increasing incidence of cancer in the future, but also to an increase in cancer in individuals who will also be living with other chronic conditions. Healthcare services will need to respond creatively to the needs of this population, delivering care close to home, reducing inequalities and sustaining and improving health across diverse communities (Scottish Government, 2007).

Cancer is often considered to be a life-limiting illness but is increasingly viewed as a long-term condition. Involving individuals with cancer, their families and carers in their care and developing self-care and rehabilitation processes is viewed as a crucial component in developing future services (Scottish Executive 2005a; 2006; 2006a).

The contribution of nursing to the delivery of care for individuals with cancer, their families and carers continues to be recognised and valued throughout the cancer experience (Scottish Executive, 2004). Nurses provide care for individuals with cancer, their families and carers in a variety of settings, including in individuals’ homes, in the community, in care homes, in hospital wards and outpatient settings, in cancer units, in specialist cancer centres and in palliative care units. Cancer care is provided by a range of nurses and healthcare support workers at all levels working across different service environments as members of multi-professional teams.

Since the publication of Cancer in Scotland: action for change in 2001, there has been considerable development and investment in cancer services, and Better Cancer Care (Scottish Government, 2008) will continue to build on this progress. The contribution and future development of nursing in caring for individuals with cancer, their families and carers was outlined in Nursing People with Cancer in Scotland: a framework (Scottish Executive, 2004a), which called for a competency framework to support nurses’ continuing professional development and education in cancer care. NHS Education for Scotland (NES) subsequently published Working with Individuals with Cancer, their Families and Carers. Professional development framework for nurses and allied health professionals. Core level (NES, 2007).
Introduction to the framework

This is one of three documents aligned with the Career Framework for Health (Skills for Health, 2006) (see Figure 1) which together provide a comprehensive professional development framework for nurses and healthcare support workers working with individuals with cancer, their families and carers:

- the core level capability framework for nurses and allied health professionals (NES, 2007)
- this framework for specialist and advanced levels (levels 6 and 7 of the Career Framework)
- a framework for healthcare support workers (levels 2, 3 and 4 of the Career Framework).

This capability framework is primarily aimed at registered nurses working at specialist and advanced levels with individuals with cancer, their families and carers. Elements of the framework may also be relevant to other healthcare professionals. The framework focuses on the care of adults with cancer. Palliative care is an integral part of cancer care and the principles are integrated into all aspects of the framework.

This framework builds on the core-level framework (NES, 2007). It is anticipated that nurses using the framework will previously have achieved the practice learning outcomes set out in the core-level document and those at advanced practice level would have achieved practice learning outcomes at specialist level.

The proposed education and career pathway for specialist and advanced nurses is shown in Figure 2. It outlines the development and education required to enable progression to the next level. Currently nurses qualify at a range of SCQF levels (from 8 – 10). It is anticipated that to progress from practitioner level through to specialist level, continuing professional development and post graduate education will be undertaken, and that by advanced practitioner level, Master’s level (SCQF Level 11) would have been achieved. This capability framework document details the practice learning outcomes and indicative key content that would be required in education and work-based learning programmes at specialist and advanced level.
<table>
<thead>
<tr>
<th>Level</th>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td>9</td>
<td>More Senior Staff – Level 9</td>
<td>Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.</td>
</tr>
<tr>
<td>8</td>
<td>Consultant Practitioner – Level 8</td>
<td>Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.</td>
</tr>
<tr>
<td>7</td>
<td>Advanced Practitioners – Level 7</td>
<td>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.</td>
</tr>
<tr>
<td>6</td>
<td>Senior Practitioners/Specialist Practitioners – Level 6</td>
<td>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.</td>
</tr>
<tr>
<td>5</td>
<td>Practitioners – Level 5</td>
<td>Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.</td>
</tr>
<tr>
<td>4</td>
<td>Assistant Practitioners/ Associate Practitioners – Level 4</td>
<td>Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.</td>
</tr>
<tr>
<td>3</td>
<td>Senior Healthcare Assistants/Technicians – Level 3</td>
<td>Have a higher level of responsibility than Support Worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).</td>
</tr>
<tr>
<td>2</td>
<td>Support Workers – Level 2</td>
<td>Frequently with the job title of ‘Healthcare Assistant’ or ‘Healthcare Technician’ - probably studying for or has attained NVQ Level 2.</td>
</tr>
<tr>
<td>1</td>
<td>Initial Entry level Jobs – Level 1</td>
<td>Such as ‘Domestics’ or ‘Cadets’ requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.</td>
</tr>
</tbody>
</table>
Figure 2  Proposed Education and Career Pathway for Specialist and Advanced Nurses
Specialist and advanced practice

The concept of specialist and advanced nursing practice has been the subject of considerable debate in national and international literature over recent years. The result has been a plethora 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 (Knowles, 2007).

Within this document, the terms specialist and advanced levels are based on definitions offered by the Career Framework for Health (Skills for Health, 2006).

Specialist practitioners

The Career Framework for Health (Skills for Health, 2006) describes specialist practitioners as:

“Staff who 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”

Practitioners progressing to specialist level need experience and development opportunities in practising in increasingly complex and demanding environments. Practitioners working in specialist services will also need access to specialist development programmes. Many services offer induction and continuing professional development (CPD) programmes to enable practitioners to develop additional knowledge and skills, or to enhance their existing skills to move towards increasing capability and expertise in particular fields. Progression will depend on the quality and complexity of developmental experiences, rather than the length of time spent in an area of service. In cancer nursing a specialist is regarded as someone with in-depth knowledge and skills in the speciality and would usually be functioning at Level 6 on the Career Framework.

Advanced practitioners

The Career Framework describes advanced practitioners as:

“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.”

In addition, the Nursing and Midwifery Council (NMC) (NMC, 2005) defines advanced nurse practitioners as:

“Highly experienced and educated members of the care team who are able to diagnose and treat [patients’] healthcare needs or refer [patients] to an appropriate specialist if needed.”

Approval for the regulation of advanced nurse practitioners by the NMC has been delayed because of the implications of the White Paper Trust, Assurance and Safety (Department of Health, 2007) on the regulation of health professionals for the 21st century.

Four overarching advanced practice themes have been identified in work undertaken by NES, drawn from national and international literature, in the development and piloting of an advanced practice succession planning development pathway (NES, 2007a). These themes are:

- leadership
- facilitating learning
- research
- advanced clinical practice.

1 Concurrent projects that have also informed the development of this document include: Modernising Nursing Careers (Department of Health, 2006); Supporting the Development of Advanced Practice: a toolkit approach (Scottish Government, in press); and Leading Better Care. Report of the Senior Charge Nurse Review and Clinical Quality Indicators Project (Scottish Government 2008a).

2 The full NMC definition is reproduced at Appendix 1.

3 See Appendix 2 for full description.
These themes are underpinned by a number of key principles that should be developed and evidenced by all nurses working at an advanced level of practice. These include:

- **autonomous practice** – involves the freedom to exercise judgement about actions, accepting responsibility for them and being held to account
- **critical thinking** – allows advanced practitioners to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgement and decision-making
- **high levels of decision-making and problem-solving skills** – an advanced level practitioner can demonstrate expertise in complex decision making in relation to their role, including determining what to include in the decision-making process and making a decision based on judgement and critical thinking
- **values-based care** – demonstrates a high level of awareness of own values and beliefs and negotiates care with service users and carers as equal partners
- **improving practice** – delivers advanced practice which is evidence based while acting as a positive role model who enables change and practice improvement.

Both the NMC competencies and the overarching advanced practice themes have informed the development of practice learning outcomes in this capability framework. Figure 3 illustrates the relationship between the themes and the development of advanced and specialist practice and their relationship to the complexity of needs of the individual with cancer, their families and carers.
Figure 3

Facilitating learning

Leadership

Advanced clinical practice

Research

CONSULTATION AND FACILITATION TO IMPROVE PRACTICE

VALUES-BASED CARE

AUTONOMY AND RESPONSIBILITY

CLINICAL DECISION MAKING

COMPLEXITY

CRITICAL THINKING AND ANALYTICAL SKILLS

High degree of complexity of need, co-morbidity and vulnerability. Case management. Multiple unstable side-effects and symptoms.

More complex needs. Disease management. Unstable side-effects and symptoms.

Uncomplicated needs. Supported self care. Symptoms and side-effects stable and predictable.
This professional development framework is based on the concept of capability. It is informed by, and has been adapted from, previous work undertaken by the Sainsbury Centre for Mental Health (2001), the Department of Health (2004) and the Combined Sheffield Universities Interprofessional Learning Unit (2004). Capability is associated with facilitating the continuing development of practitioners’ abilities and potential and is an essential element of lifelong learning and personal and professional development. It differs from competence in that:

- **competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time, while
- **capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance (Fraser & Greenhalgh, 2001).

A further definition is provided by Stephenson (1998), who states that “capability” is:

“...an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively – not just in familiar and highly focused specialist contexts, but in response to new and changing circumstances.”

It has been argued, however, that competencies do not take into account complexity (Wilson & Holt, 2001), and that effective practitioners need more than a prescribed set of competencies to carry out their roles effectively (Sainsbury Centre for Mental Health, 2001). The ability to adapt to frequent change incorporates professional judgement, decision-making skills and experiential knowledge gained from experience in many different (but similar) situations. The more expert the practitioner, the more likely it is that he or she is able to adapt in unpredictable and unfamiliar circumstances (Benner, 1984).

**Capability frameworks** focus on:

- realising the individual’s full potential
- developing the ability to adapt and apply knowledge and skills
- learning from experience
- envisaging the future and contributing to making it happen.

These elements are part of continuing professional development, lifelong learning and personal development goals, each of which is vital to current and future healthcare practitioners. A capability approach to learning incorporates flexibility to respond to the specific, self-identified learning needs of practitioners (Gardner et al, 2006). A capability approach fits well with the NHS Knowledge and Skills Framework (KSF) (Scottish Executive 2004b), the overarching framework for reviewing the development of most staff groups in the NHS as part of the Agenda for Change agreement. The KSF defines and describes the knowledge and skills staff need to apply in practice to deliver quality services, and the review process is the means for providing evidence of continuing capability.

Capabilities incorporate several components (Sainsbury Centre for Mental Health, 2001):

- a performance component – identifies what individuals need to possess and what they need to achieve in the workplace
- an ethical component – concerned with integrating knowledge of culture, values and social awareness into professional practice
- a component that emphasises reflective practice in action
- the capability to effectively implement evidence-based interventions in the changing context of health services
- a commitment to working with new models of professional practice and accepting responsibility for lifelong learning.
A capability framework is a broad outline of what practitioners should be able to do in practice. Capability frameworks are usually supported by discipline-specific competency frameworks detailing the level of expertise required. This framework incorporates practice learning outcomes to detail what practitioners should be able to achieve and to capture the notion of capability as current competence combined with the development of future potential competence.
The Ten Essential Shared Capabilities (Department of Health, 2004) have been adapted for cancer care and to reflect the core values of nursing, midwifery and the allied health professions described in Delivering Care, Delivering Health (Scottish Executive, 2006). It is anticipated that the capabilities will be appropriate for practitioners working with individuals with cancer, their families and carers at all levels of the professional development framework.

**Essential Capabilities for Cancer Care**

There is no implied ranking of importance in the way the Essential Shared Capabilities are presented – all are equally important.

Practitioners working with individuals with cancer, their families and carers as part of multi-professional teams are expected to develop their ability in the following areas.

1. **Working in partnership.** Developing and maintaining constructive working relationships with individuals with cancer, their families and carers and multi-professional colleagues to design, deliver and evaluate care and treatment across organisational, geographical and professional boundaries.

2. **Respecting diversity.** Providing care and treatment in ways that respect and value diversity in, for example, age, race, culture, disability, gender, spirituality and sexuality.

3. **Practising ethically.** Recognising the rights of individuals with cancer, their families and carers, and providing information to increase understanding, inform choices and support decision making. Providing care and treatment based on professional, legal and ethical codes of practice.

4. **Challenging inequality.** Identifying where care could be improved and devising solutions to ensure individuals with cancer, their families and carers have access to the best quality care, irrespective of the type and stage of cancer, their personal circumstances or geographical location.

5. **Identifying the needs of individuals with cancer, their families and carers.** Working in partnership to identify health, well-being and social care needs of individuals, their families and carers.

6. **Providing safe and responsive patient-centre care.** Providing safe, effective and responsive care and interventions that meet the identified holistic needs of individuals with cancer, their families and carers within the parameters of the role and in accordance with professional codes of conduct and clinical governance.

7. **Promoting best practice.** Continually reviewing and evaluating to ensure best-quality, evidence-based, values-based care designed to meet the individual needs of individuals with cancer, their families and carers is offered.

8. **Promoting rehabilitation approaches.** Recognising the relevance of rehabilitation for all individuals with cancer at all stages of disease and treatment. Working in partnership with individuals, their families and carers and multi-professional colleagues to set realistic goals, foster hope and develop and evaluate realistic, sustainable programmes of rehabilitation that emphasise self care.

9. **Promoting self care and empowerment.** Taking active steps to work with, involve and support individuals in addressing their own healthcare needs, maximising their potential within the limits of their illness and enabling them to live as independently as possible.

10. **Pursuing personal development and learning.** Keeping up to date with changes in practice, seeking opportunities to extend knowledge, skills and experience and participating in lifelong learning activity. Pursuing personal and professional development for self and others through supervision and reflection in and on practice.

Although communication is not identified as an essential capability, it is recognised as being fundamental to all aspects of healthcare and is integrated into all aspects of the framework.
This framework builds on the Professional Development Framework for Nurses and Allied Health Professionals: Core Level (NES, 2007). It was developed in partnership with a wide range of nurses working with individuals with cancer, their families and carers. An initial workshop was held for stakeholders at the Beardmore Conference Centre, Clydebank on 4 and 5 June 2007 to identify the specific behaviours, skills and knowledge for specialist and advanced practitioners in cancer care. A draft framework was developed and wide consultation undertaken with relevant stakeholders, during which the framework was examined and amended. This process was overseen and approved by a national steering group (see Appendix 3 for membership).

**Structure of the framework**

The framework is presented under five domains, which encompass the Ten Essential Capabilities for Cancer Care:

- Knowledge for Practice
- The Multi-professional Approach
- Practising Ethically
- Care and Intervention
- Personal, Professional and Service Development

**Knowledge for Practice** is the foundation of effective practice. The capability of a practitioner would involve the interplay between knowledge and the practical application of cancer care skills.

**The Multi-professional Approach** describes the capabilities required to work effectively in partnership with individuals with cancer, their families and carers, multi-professional and multi-agency teams.

**Practising Ethically** makes assumptions about the values and attitudes needed to practice with individuals with cancer, their families and carers.

**Care and Intervention** are capabilities specific to evidence-based biological/psychosocial approaches to cancer care.

**Personal, Professional and Service Development.** Personal and professional development includes keeping up to date with changes in practice and participating in lifelong learning and personal and professional development for self and colleagues through supervision, appraisal and reflective practice (Department of Health, 2007a). Service development includes development of the quality, efficiency and effectiveness of the service, and leadership, management and supervision.

Each of the domains contains:

- **Capabilities** – broad statements of intent
- **Practice learning outcomes** – detailing the knowledge, skills, attitudes and behaviours professionals should be capable of demonstrating in practice
- **Key content** – depicting an outline knowledge base required to achieve practice learning outcomes
- **Indicative KSF links**
**Advanced communication skills**

This framework makes reference to advanced communication skills. The National Institute for Clinical Excellence (NICE) (2004) identifies that those who communicate particularly complex or distressing information should have enhanced skills acquired through undertaking further training.

Specialist and advanced level nurses working with individuals with cancer, their families and carers are expected to:

- demonstrate sensitive listening
- be able to communicate significant news
- explain complex treatment options
- explore uncertainty (particularly in relation to prognosis)
- discuss end-of-life issues.

Wilkinson et al. (2003) suggest other areas for the development of skills, including:

- facilitating expression of concerns through building rapport
- handling difficult questions
- dealing with unrealistic expectations, collusion, denial and strong emotions
- managing interpersonal relationships with individuals with cancer, their families (including children) and carers, and members of the multi-professional team.

In addition, advanced communication includes the ability to adapt and communicate information across a range of organisational levels.

**Use of the framework**

The framework can be used:

- for self assessment
- for planning personal development
- to develop teams
- as a guide to developing education and training
- as a guide to developing work-based learning.

It is anticipated that those using the framework for professional development purposes would be supported and guided by an experienced mentor.

This framework does not stand alone in offering guidance to specialist and advanced level nurses working with individuals with cancer, their families and carers, as is shown in Figure 4, which draws together the current policy context and significant structures that underpin the development of this document.
Figure 4

Modernising Nursing Careers
Agenda for Change
SCQF
Delivering Care, Enabling Health
Advanced Practice Toolkit
Better Health, Better Care
Cancer in Scotland: Action for Change
Nursing People With Cancer in Scotland
NHS QIS Standards for Cancer Services
Better Cancer Care
THE CAPABILITY FRAMEWORK
Domain: Knowledge for Practice

Capability 1.1 The nurse continually develops and updates his or her knowledge of research evidence, and policy initiatives relevant to caring for individuals with cancer, their families and carers, to promote and develop effective, evidence-based care.

<table>
<thead>
<tr>
<th>Practice learning outcomes</th>
<th>Indicative KSF links</th>
<th>Practice learning outcomes</th>
<th>Indicative KSF links</th>
<th>Key content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIALIST</strong></td>
<td></td>
<td><strong>ADVANCED</strong></td>
<td></td>
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</tr>
<tr>
<td>Is aware of how to influence and shows political awareness in contributing to the development of local policy and guidelines for own area of practice.</td>
<td>C5</td>
<td>Leads and contributes to the development of local and regional policy and guidelines by demonstrating political and strategic astuteness within a multi-professional and multi-agency context.</td>
<td>C5</td>
<td>• Key local, regional, national and international policies and guidelines related to cancer services and care</td>
</tr>
<tr>
<td>Maintains and develops knowledge and understanding of relevant local, regional and national policies and guidelines and collaborates with other members of the multi-professional/multi-agency team to implement them in own area of practice.</td>
<td>C5</td>
<td>Leads and supports the development of strategies that support the implementation of guidelines and policy at local and regional level.</td>
<td>C5</td>
<td>• Policy-making process</td>
</tr>
<tr>
<td>Maintains a detailed knowledge of current legislation relating to health and social care and the implications for practice.</td>
<td>C5</td>
<td>Enables and supports research capability within own area of practice and supports others to develop expertise.</td>
<td>C5</td>
<td>• Political drivers</td>
</tr>
<tr>
<td>Critically appraises research in specialist area and uses knowledge of relevant findings to inform clinical decision making.</td>
<td>C5</td>
<td></td>
<td></td>
<td>• Legislation related to health and social care</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Leadership skills, e.g. types, styles, behaviours</td>
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<td></td>
<td></td>
<td></td>
<td>• Critical appraisal skills</td>
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<td>• Research process</td>
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<td>• Research utilisation</td>
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<td></td>
<td></td>
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<td>• Research dissemination</td>
</tr>
</tbody>
</table>
## Domain: Knowledge for Practice

### Capability 1.1
The nurse continually develops and updates his or her knowledge of research evidence, and policy initiatives relevant to caring for individuals with cancer, their families and carers, to promote and develop effective, evidence-based care.

<table>
<thead>
<tr>
<th>Practice learning outcomes</th>
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<tbody>
<tr>
<td>SPECIALIST</td>
<td></td>
<td>ADVANCED</td>
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</tbody>
</table>
| Disseminates research and audit findings relevant to service improvement locally in collaboration with the multi-professional team. | C5 | Evaluates and synthesises research evidence to identify relevance and applicability to practice and implements research findings into practice. | C5 | • Audit  
  • Clinical governance framework  
  • Writing for publication  
  • Presentation skills |
| Works collaboratively with others to initiate the implementation of research and audit findings into practice. | C5 | Undertakes and contributes to the design and conduct of research and audit within own area of practice. | C5 | |
| Uses specialist knowledge of the field of practice to identify areas of potential research and audit. | C5 | | | |
| Contributes to audit and research design, data collection and analysis. | C5 | Collaborates with multi-professional and academic colleagues, within and outwith own area of practice, to initiate research projects to further the body of knowledge. | C5 | |
| Disseminates audit and research findings through presentations and publications. | C5 | | | |
**Domain**  
Knowledge for Practice

**Capability**  1.2 The nurse maintains, develops, and analyses his or her knowledge of cancer epidemiology, prevention, process, diagnosis, treatments and care interventions to make professional judgements in meeting the needs of individuals with cancer, their families and carers.

<table>
<thead>
<tr>
<th>Practice learning outcomes</th>
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</tr>
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<tbody>
<tr>
<td><strong>SPECIALIST</strong></td>
<td></td>
<td><strong>ADVANCED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critically analyses and applies theory, models, principles and concepts relevant to nursing individuals with cancer and collaborates with others to include them in practice.</td>
<td>C5</td>
<td></td>
<td></td>
<td>• Theory, models and concepts related to nursing individuals with cancer, e.g. models of loss, coping, life transition, bereavement</td>
</tr>
<tr>
<td>Understands the principles of epidemiology and demography to recognise populations at risk, patterns of disease and effectiveness of prevention and intervention.</td>
<td>C5</td>
<td></td>
<td></td>
<td>• Access to and appraisal of relevant research and demographical, epidemiological, sociological and environmental sources of evidence</td>
</tr>
<tr>
<td>Incorporates health promotion, lifestyle assessment, risk reduction, screening and preventative strategies into practice.</td>
<td>HWB1</td>
<td></td>
<td></td>
<td>• Public health and health promotion and prevention principles, concepts, approaches and methods, e.g. smoking cessation, exercise, diet</td>
</tr>
<tr>
<td>Has detailed knowledge and understanding of the patho-physiological effect and disease process on the individual with cancer.</td>
<td>HWB2</td>
<td></td>
<td></td>
<td>• Principles of screening and early detection</td>
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<td></td>
<td>• National screening programmes</td>
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<td>• Referral guidelines for suspected cancer</td>
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<td>• Familial and genetic risk factors</td>
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<td>• Clinical judgement</td>
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<td>• Clinical decision making</td>
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<td></td>
<td></td>
<td></td>
<td>• Application of patho-physiological processes to cancer</td>
</tr>
</tbody>
</table>
## Domain Knowledge for Practice

### Capability 1.2
The nurse maintains, develops, and analyses his or her knowledge of cancer epidemiology, prevention, process, diagnosis, treatments and care interventions to make professional judgements in meeting the needs of individuals with cancer, their families and carers.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>SPECIALIST</strong></td>
<td></td>
<td><strong>ADVANCED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critically understands diagnostic pathways, investigations and staging processes in own area of practice.</td>
<td>HWB7</td>
<td>Utilises critical thinking and reasoning in clinical decision making and problem solving in managing complex situations.</td>
<td>HWB7</td>
<td>• Knowledge of presentation, natural history, staging and progression of cancers within sphere of practice</td>
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<td>• Contraindications for alternative and complementary therapies</td>
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<td>• Health psychology, including attitudes, values and beliefs, loss, grief, coping, counselling, problem solving, anxiety management</td>
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<td>• Sociology of health and illness</td>
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<td>Maintains and continues to develop an in-depth knowledge of treatments and their intent, contemporary modes of delivery and regimes encountered in own area of practice.</td>
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<td>Is critically aware of the range of alternative and complementary therapies that could be utilised in the care of an individual with cancer and can advise appropriately.</td>
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<td>Is critically aware and is able to initiate strategies to assist the individual with cancer, their family and carers with the psychological, social and spiritual impact of diagnosis and treatment.</td>
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<td>Acts as a source of specialist knowledge and assists in meeting the information needs of individuals, their families, carers and staff members both directly and indirectly through information provision and signposting.</td>
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## Domain: The Multi-professional Approach

### Capability 2.1 The nurse actively contributes to a team approach within the multi-professional and multi-agency context of care to ensure effective communication, continuity and consistency of patient-focused care within and across care settings.

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| Actively contributes to discussions, reviews and decision-making processes in multi-professional team meetings. | C1 C5 | Initiates interdisciplinary working and leads the multi-professional team through the development and implementation of collaborative and innovative practices, ensuring that the individual with cancer is at the centre of care across organisational boundaries. | C1 C5 | • Team cultures, structures and development  
• Multi-professional and multi-agency working and co-ordination  
• Decision making  
• Relationship between leadership and management in care services  
• Information technology  
• Models of service delivery, e.g. nurse-led initiatives, outreach service, care pathways, service redesign  
• NHS QIS Cancer Standards  
• SIGN Guidelines  
• Significant event analysis  
• Root cause analysis  
• Learning organisations |
| Participates as a key member of the multi-professional team through the development and implementation of collaborative and innovative practices. | C1 C5 | Builds and maintains a therapeutic team to promote optimum outcomes of care. | C1 C5 |             |
| Influences the multi-professional team in the development and management of services that meet the needs of individuals with cancer, their families and carers. | C1 C5 | Facilitates the team in learning from significant event analysis and root cause analysis and develops, implements and evaluates action plans to support team learning. | C1 C5 |             |
| Contributes to multi-professional and multi-agency discussions related to significant event analysis and root cause analysis. | C1 C5 | Develops in partnership multi-professional and multi-agency management protocols which cover pathways of care across organisational boundaries. | C1 C5 |             |
## Domain: The Multi-professional Approach

### Capability 2.2
Uses knowledge of the available roles and services within the multi-professional and multi-agency context to participate in care and initiate appropriate supportive services (when required) to ensure continuity and consistency.

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| Demonstrates an in-depth understanding of the different roles in the multi-professional and multi-agency teams and Managed Clinical Networks, and the communication channels between them that support individuals with cancer, their families and carers. | C5 | Shows a critical understanding of all the different roles in multi-professional and multi-agency teams and Managed Clinical Networks and demonstrates skilled leadership of cancer services in own area of practice to ensure patient-focused, responsive services. | C5 | • Diverse range of services across the sectors and the interface between them  
• Health and social care agencies  
• Voluntary agencies  
• Duty of care of different agencies  
• Communication channels  
• Managed Clinical Networks  
• Strategic thinking  
• Patient and public involvement  
• Carers’ rights and legislation  
• Clinical governance framework |
| Utilises specialist knowledge of multi-professional and multi-agency services to develop individualised pathways of care across organisational and geographical boundaries. | C1 | Takes a strategic overview across organisational and geographical boundaries to promote delivery of consistent, equitable service. | C5 |  
Develops strategies that give service users and professionals an opportunity to contribute to joint decision making in partnership with multi-professional and multi-agency teams. | C4 C6 |
| Facilitates individuals with cancer, their families and carers to be involved in their care and to provide feedback on services to the multi-professional team. | C1 C4 | Actively promotes the development and management of service-user involvement. | C4 C6 |  

## Domain: Practising Ethically

### Capability 3.1
The nurse continually develops his or her knowledge of culture, diversity and ethical, professional and legal frameworks and uses this knowledge to support interactions with individuals with cancer, their families and carers and to promote their participation in care.

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| Recognises the threats to dignity, equality and diversity of the individual and seeks to address them while ensuring the delivery of quality care at all stages of the cancer journey. | C6 | Leads and carries out equality-impact assessment and risk assessment when developing new services, policies and protocols. | C6 | • Personal awareness of attitudes and beliefs towards cancer  
• Cultural, equality, diversity and disability legislation and local and national guidelines  
• Advanced communication skills  
• Information and support-giving skills  
• Translation and interpretation services  
• Crystal Mark for plain English  
• Information material that addresses ethical and cultural issues and which can be used by individuals with specific communication needs, e.g. visual impairment, learning difficulties  
• Multimedia information  
• Advocacy, empowerment  
• Vulnerable groups, capacity, Adults with Incapacity legislation, social inclusion  
• Clinical trial procedures  
• Ethical considerations |
| Uses advanced communication skills to assess information needs and convey complex and sensitive information to individuals with cancer, their families and carers. | C1 C5 | | |
| Acts as an advocate for individuals, particularly those who are most vulnerable, disempowered or disengaged in society. | C1 C6 HWB2 HWB5 | Leads the development of service-user focused education and information materials within area of practice both locally and nationally. | C5 |
| Sources and critically reviews information materials that addresses the needs of individuals with cancer, their families and carers. | C5 | | |
### Domain
**Practising Ethically**

#### Capability 3.1
The nurse continually develops his or her knowledge of culture, diversity and ethical, professional and legal frameworks and uses this knowledge to support interactions with individuals with cancer, their families and carers and to promote their participation in care.

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<td>Enables individuals with cancer, their families and carers to understand the information provided to support their choices, decision making and ability to give informed consent to care and/or treatment, which may include clinical trials.</td>
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<td>Critically applies ethical frameworks informing decision making and works as an autonomous practitioner, giving due consideration to the management of clinical risk.</td>
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<td>Acknowledges and advocates for the rights of individuals, their families and carers within the care environment and recognises the influences of power, control and conflict.</td>
<td>C1 C5 HWB2</td>
<td>Ensures that areas of own practice and that of others within teams comply with legislative requirements related to the care and management of individuals with cancer, their families and carers.</td>
<td>C3 C5</td>
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<td>Incorporates professional and legal accountability and responsibility to ensure safe and effective practice within the context of the multi-professional team to meet the needs of individuals with cancer, their families and carers.</td>
<td>C3 C5</td>
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- Autonomous practice
- Risk management
- Case load management
- Ethical decision-making processes and judgement
- Developing high-level judgement skills
- Informed consent
- Advocacy
- Ethical frameworks
- NMC Code: Standards of conduct, performance and ethics for nurses and midwives
- Scope of Professional Conduct
- Ethical and legal issues, including accountability and responsibility
## Domain: Care and Intervention

### Capability 4.1

The nurse uses professional judgement and knowledge of the potential and actual impact of cancer and its treatment to assess the holistic needs of individuals with cancer, their families and carers and to provide and evaluate evidence-based care.

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| Uses knowledge and advanced communication skills to develop and enhance therapeutic relationships with the individual with cancer, their family and carers to sensitively assess the impact of cancer at all stages of the patient pathway. | C1 HWB2 HWB5 | Demonstrates a high level of autonomy and clinical decision making regarding nursing assessment, care interventions, referral and service provision in more complex or unstable situations. | C1 HWB2 HWB5 HWB7 | • Advanced communication skills, e.g. dealing with anger, denial, collusion, ethical dilemmas  
• Clinical assessment skills  
• Clinical decision making and judgement  
• Emotional intelligence  
• Interpersonal skills  
• Negotiating skills  
• Assertiveness skills  
• Influencing skills  
• Family dynamics, theories and models  
• De-escalation training  
• Loss and grief  
• Role modelling |
| Demonstrates understanding of the impact of cancer on family dynamics and uses knowledge to assess and provide appropriate support and advice, recognising the need to refer for specialist support in more complex situations. | C1 HWB2 | | | |
| Uses specialist knowledge and advanced communication skills when sharing and discussing significant news with individuals with cancer, their families and carers. | C1 HWB2 | Acts as an expert resource and role model for others in communicating significant news to individuals with cancer, their families and carers and supports the development of others. | C1 HWB2 | |
### Domain: Care and Intervention

#### Capability 4.1
The nurse uses professional judgement and knowledge of the potential and actual impact of cancer and its treatment to assess the holistic needs of individuals with cancer, their families and carers and to provide and evaluate evidence-based care.

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| Uses advanced communication skills and specialist knowledge in assessing and screening for psychological and spiritual distress. | C1 HWB2 | Acts as a role model and resource to other members of the nursing team in the assessment and provision of psychological and spiritual support to individuals with cancer, their families and carers. | C1 HWB2 | - Psychological manifestations, including anxiety and depression  
- Coping and adjustment  
- Spiritual distress  
- Models of psychological support, e.g. problem solving, CBT, anxiety management  
- Models of spiritual support  
- Sources of specialist support  
- Knowledge of available resources, services to support individuals with cancer, their families and carers, e.g. Benefits Agency, employment legislation  
- Evidence-based assessment and screening tools for psychological and spiritual distress  
- Care management principles  
- Case management principles  
- Supported self care  
- Cancer as a long-term condition |
| Applies theories and principles of structured psychological and spiritual support within sphere of practice and recognises the need to refer to other appropriate services in more complex situations. | C1 HWB2 | | | |
| Uses specialist knowledge and advanced communication skills in assessing and screening for the potential social and economic consequences of cancer on individuals with cancer, their families and carers. | C1 HWB2 | | | |
| Provides specialist support and advice and makes appropriate referrals in response to social and economic consequences of cancer. | C1 HWB2 | | | |
| Works collaboratively with the multi-professional, multi-agency team, integrating principles of case/care management, to plan, provide and co-ordinate care across different care settings and organisational boundaries to ensure consistent, safe, effective and patient-centred care. | HWB5 HWB7 | | | |
The nurse uses professional judgement and knowledge of the potential and actual impact of cancer and its treatment to assess the holistic needs of individuals with cancer, their families and carers and to provide and evaluate evidence-based care.

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| Demonstrates in-depth knowledge of symptoms related to cancer and side-effects of specific cancer treatments and implements evidence-based interventions to prevent, minimise, manage or eliminate these. | HWB5 HWB7 | Uses advanced knowledge and skills to assess, examine, diagnose and manage symptoms and side-effects. | HWB5 HWB7 | • Disease process and management  
• Assessment proforma  
• Physical assessment and examination  
• Knowledge of side-effects of treatments for cancer, including chemotherapy, surgery, radiotherapy, biological therapies, hormonal therapies  
• Diagnostic reasoning  
• Prevention of admission  
• Evidence-based symptom management: pharmacological and non-pharmacological evidence-based interventions for side-effect management  
• Theory and practice of prescribing  
• Disease progression  
• Management of oncological emergencies |
| Provides specialist advice to other healthcare professionals on the nursing management of cancer treatment-related side-effects, including delivery of education to health and social care providers. | C5 HWB2 | Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making. | HWB5 HWB7 |             |
| Uses specialist knowledge of evidence-based assessment and care interventions to contribute to, develop and evaluate patient management plans. | C1 HWB5 HWB7 | Leads and advises the care team on the integration of evidence-based assessment and care interventions within sphere of practice, using extensive practice experience and contemporary knowledge. | C5 HWB2 HWB5 HWB7 |             |
| Demonstrates specialist knowledge and assesses changes in the individual’s behaviour or condition that may indicate disease progression, treatment-related side-effects or an oncological emergency and implements appropriate interventions and referrals. | C1 HWB2 | Undertakes advanced assessment and provides specialist advice and education to other healthcare professionals on the appropriate interventions for suspected disease progression, treatment-related side-effects and oncological emergencies. | C1 HWB2 HWB5 HWB7 |             |
### Domain Care and Intervention

#### Capability 4.2
The nurse works collaboratively as part of the multi-professional team to optimise general health and well-being by promoting empowerment and supporting the development of supported self-care capacity.

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| Uses advanced communication and assessment skills to identify and enhance confidence and ability of individuals with cancer, their families and carers to engage in supported self care. | C1 HWB4 | Provides expert support and advice to the care team on the integration into practice of self-care theories and strategies. | C1 HWB4 | • Empowerment  
• Self care and supported self care  
• Local resources to support self care  
• Health promotion and health education  
• Public health  
• Risk reduction  
• Motivational interview for behaviour change  
• Epidemiology and demography  
• Changing population patterns  
• Theories of teaching and learning  
• The patient as an educator  
• Coaching  
• “Living with cancer” |
| Utilises knowledge and maximises opportunities to incorporate health promotion activity into interactions with individuals with cancer, their families and carers. | HWB1 HWB4 | Applies principles of epidemiology and demography in practice to maximise health promoting activity and preventative strategies. | HWB1 HWB4 |             |
| Works collaboratively with local health improvement initiatives for cancer prevention, uptake of screening, early detection and diagnosis of cancer within area of practice. | HWB4 | Contributes to the development of local, regional and national population-based health improvement programmes within own area of practice. | |             |
| Employs skills and knowledge of teaching and learning to assess the motivation for learning of individuals with cancer, their families and carers. | C1 HWB4 | Leads on the identification and development of educational resources that meet the needs of individuals with cancer, their families and carers. | C5 HWB4 |             |
Capability 4.2 The nurse works collaboratively as part of the multi-professional team to optimise general health and well-being by promoting empowerment and supporting the development of supported self-care capacity.

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<td>Provides individuals with cancer, their families and carers with focused education, coaching and support to promote: - general health and well-being - understanding of cancer and its impact - anticipation, prevention and management of cancer-related symptoms and treatment-related side-effects.</td>
<td>C1 HWB4</td>
<td>Leads the development/implementation of anticipatory care planning and/or advanced care planning.</td>
<td>C1 HWB4</td>
<td>• Anticipatory care planning • Advanced care planning</td>
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<td>Uses in-depth knowledge of disease process, cancer treatments (including clinical trials) and side-effects to provide verbal and written information for individuals with cancer, their families and carers and to more junior colleagues.</td>
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### Domain: Care and Intervention

**Capability 4.3** The nurse recognises that rehabilitation is relevant throughout the patient pathway and contributes to rehabilitation, quality of life and follow-up planning for individuals with cancer, their families and carers.

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| Advises the multi-professional team in complex situations to ensure smooth transitions between different care settings through timely participation in the formulation and implementation of transfer/discharge plans. | C1 HWB5 HWB7 | Takes a proactive role in the identification of potential and actual challenges to seamless care and negotiates with others to agree solutions. | C1 C5 HWB5 HWB7 | • Theories and concepts of rehabilitation  
• Care delivery settings  
• Knowledge of locally available services and resources  
• Cancer as a long-term condition  
• Theories and models of quality of life  
• Rehabilitation  
• Survivorship issues  
• Vocational rehabilitation |
| Critically applies knowledge to provide structured follow-up, within agreed protocols, to individuals with cancer, their families and carers across organisational boundaries, in collaboration with the wider multi-professional team. | C1 HWB5 HWB7 | Challenges existing ways of working and leads the development and implementation of innovative systems of follow-up and future care for individuals with cancer, their families and carers. | C1 C4 HWB5 HWB7 |
| Critically applies knowledge and advanced communication skills to identify with individuals with cancer, their families and carers opportunities to enhance quality of life, promote independence and maximise rehabilitation during and following treatment. | C1 HWB5 HWB7 | Leads and facilitates the development of innovative care practices for individuals with cancer, their families and carers. | C4 |
| Demonstrates and applies knowledge and understanding of the implications of recovery and survivorship on the individual, their family and carers. | HWB4 | | | |
### Domain: Care and Intervention

**Capability 4.4** The nurse continually develops, promotes and demonstrates understanding of and respect for different cultures and belief systems in caring for individuals who are dying or who are bereaved.

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| Applies knowledge of loss, grief and bereavement and utilises communication skills in interacting with individuals with cancer, their families and carers. | C1 | Uses knowledge, clinical judgement and decision-making skills to manage, advise and offer support in highly complex situations in end-of-life care. | C1 C5 HWB2 HWB5 HWB7 | • Models of grief, loss and bereavement  
• Ethical issues in end-of-life care, e.g. euthanasia, hydration, sedation, resuscitation  
• Cultural practices associated with death and dying  
• Managing risk and complexity  
• Advance directives  
• Advanced care planning, including preferred place of care  
• Power of attorney  
• Risk assessment tools for complicated grief  
• End-of-life care pathways  
• Psychological interactions  
• Counselling skills  
• Bereavement services |
| Provides appropriate information and opportunity for patients, carers and families to discuss their wishes for end-of-life decision making and care. | C1 C6 HWB2 HWB4 | Creates an environment that supports dialogue about end-of-life care. | C1 C6 HWB2 HWB4 | |
| Identifies those at risk of complicated bereavement reactions, monitoring and referring to specialist services if appropriate. | HWB2 HWB5 HWB7 | Leads the implementation of recognised frameworks and pathways for end-of-life care. | C5 C6 | |
| Works collaboratively to adapt and implement recognised frameworks and pathways for end-of-life care. | C5 C6 | | | |
### Capability 5.1
The nurse uses professional knowledge and judgement to co-ordinate, manage and develop the provision of high quality, evidence-based, cost-effective care for individuals with cancer, their families and carers.

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| Uses knowledge of change management and works collaboratively to initiate the implementation of evidence-based findings, guidelines and policies into practice. | C4 C5 | Assesses, leads and manages change and monitors the effectiveness and impact of change. | C4 C5 | - Change management  
- Leadership theory and practice  
- National and local clinical governance and quality improvement frameworks, e.g. NHS QIS Core Standards for Cancer Services  
- People and resource management  
- Business planning  
- Project management  
- Nurse-led services  
- Succession planning  
- Health policy and political influences  
- Organisational theory  
- Influencing skills  
- Assertiveness  
- Negotiating skills  
- Statutory and voluntary organisations involved in cancer care  
- Networking |
| Contributes to the development and conduct of the audit cycle and works collaboratively to act on findings to enhance the care of individuals with cancer, their families and carers. | C4 C5 | Leads and initiates the audit cycle and then works collaboratively to act on findings to enhance the care of individuals with cancer, their families and carers. | C4 C5 |             |
| Works collaboratively to identify gaps in service provision within own setting and across geographical and organisational boundaries. | C4 C5 | Demonstrates management and leadership skills to: i collect evidence to support a business case for service development or redesign to enhance efficiency, cost and quality ii works with others to gain commitment and funding for initiatives designed to improve patient care iii lead a team approach to service redesign. | C4 C5 |             |
| Works collaboratively to implement initiatives to streamline patient care and enhance or redesign services. | C4 C5 | Influences the strategic direction of specialist services within own area of practice. | C4 C5 |             |
| Is critically aware of cancer-related developments in policy and strategic initiatives at local, regional and national levels from statutory and voluntary agencies. | C4 C5 | | |             |
| Actively participates in clinical forums or professional groups to forge sustainable partnerships. | C4 C5 | | | |
**Domain**  
**Personal, Professional and Service Development**

**Capability 5.2** Maintains and develops professional knowledge and practice by participating in lifelong learning, personal and professional development for self and with colleagues through supervision, appraisal and reflective practice.

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<th>Practice learning outcomes</th>
<th>Indicative KSF links</th>
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<th>Key content</th>
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<tbody>
<tr>
<td><strong>SPECIALIST</strong></td>
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<td><strong>ADVANCED</strong></td>
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</table>
| Accepts personal responsibility for professional development and the maintenance of professional competence and credibility. | C2 | Ensures systems and processes are in place to promote professional development of staff and promote a positive learning environment. | C2 | • Clinical supervision  
• Models of reflective practice  
• Learning theories, facilitation of learning  
• Teaching skills  
• Practice education  
• Curriculum development principles  
• Creating a learning environment  
• NMC codes of professional conduct, performance and ethics  
• Professional networking  
• Knowledge and Skills Framework  
• Preceptorship, mentorship, clinical supervision and coaching  
• Team working  
• Critical incident analysis  
• Peer review  
• Management skills  
• Delegation  
• Decision-making and prioritisation skills  
• Leadership theories and implementation of leadership into practice |
| Engages in clinical supervision, reflective practice and self evaluation and uses this to improve care and practice. | C1 C2 | Provides case or clinical supervision. | C1 C2 | |
| Facilitates others to care for individuals with cancer, their families and carers through provision of specialist nursing advice and support. | C1 C2 | Works collaboratively to develop staff through professional development plans and team development to meet the needs of individuals with cancer, their families, carers and staff. | C1 C2 | |
| Appropriately delegates and supervises and supports others within the scope of each individual’s role, competence and capability. | C1 C2 | Provides leadership across professional and organisational teams aimed at improving patient-focused care through team development. | C1 C4 C5 | |
| Identifies and participates in the development and delivery of educational initiatives for health and social care providers that address the needs of individuals with cancer, their families and carers. | C1 C2 | Works in partnership with education providers to influence the development of education programmes. | C1 C2 C5 | |
REFERENCES


National Institute for Clinical Excellence (2004) Improving Supportive and Palliative Care for Adults with Cancer. London: NICE.


NMC (2005) Definition of the ‘advanced nurse practitioner’

“Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat your healthcare needs or refer you to an appropriate specialist if needed.”

The Association of Advanced Nurse Practice Educators (AANPE) (2006) working with the NMC and other key stakeholders further developed a set of competencies which were seen as articulating the skills and attributes of an advanced nurse practitioner.

Advanced nurse practitioners (ANPs) are highly skilled nurses who can:

- take a comprehensive patient history
- carry out a physical examination
- use their expert knowledge and clinical judgement to identify the potential diagnosis
- refer patients for investigations where appropriate
- make a final diagnosis
- decide on and carry out treatments, including the prescribing of 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 care needs, involving other members of the healthcare 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 if needed
- work independently, although often as part of a healthcare team
- provide leadership
- make sure that each patient’s treatment is based on best practice.
Overarching themes of advanced practice (NES, 2007a)

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Facilitating Learning</th>
<th>Research</th>
<th>Advanced clinical practice</th>
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<tbody>
<tr>
<td>Identifying the need for change, leading innovation and managing change, including service development</td>
<td>Principles of teaching and learning</td>
<td>Ability to access research/use information systems</td>
<td>Decision making/clinical judgment and problem solving</td>
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<td>Developing case for change</td>
<td>Supporting others to develop skills and knowledge</td>
<td>Critical appraisal/evaluation skills</td>
<td>Critical thinking and analytical skills incorporating critical reflection</td>
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<td>Negotiation and influencing skills</td>
<td>Promotion of learning/creation of learning environment</td>
<td>Involvement in research/audit</td>
<td>Managing complexity</td>
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<td>Networking</td>
<td>Patient teaching and information giving</td>
<td>Ability to implement research findings into practice, including development of policies, protocols and guidelines</td>
<td>Clinical governance</td>
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<td>Developing patient education materials</td>
<td>Conference presentations</td>
<td>Equality and diversity</td>
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<td>Advanced values-based knowledge</td>
<td>Publications</td>
<td>Ethical decision making</td>
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<td>Assessment, diagnosis, referral and discharge</td>
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<td>Achievement of NMC draft competencies</td>
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<td>Developing higher levels of autonomy</td>
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<td>Assessing and managing risk</td>
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<td>Developing confidence</td>
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<td>Developing therapeutic nursing to improve patient outcomes</td>
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<td>Higher-level communication skills</td>
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<td>Patient focus/public involvement</td>
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</tbody>
</table>
Steering group membership

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