# Clinical Nurse Specialist Roles

# INTERIM

# Job Planning Guidance

HSC Public Health Agency

NIPEC

## Development of Job Planning Guidance for Clinical Nurse Specialist Roles

A Steering Group comprising the Executive Directors of Nursing from across the five Health and Social Care (HSC) Trusts and the Public Health Agency (PHA), facilitated by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), is leading the development of job planning guidance for clinical nurse specialist's. A Working Group of key stakeholders (see Appendix One) was established, to develop in partnership, job planning guidance and regionally agreed high-level job plans, in the acute (hospital) sector in the first instance.

## Contents

## 1.0 Introduction

Within Northern Ireland, the Health and Social Care (HSC) system is facing unprecedented challenges. We have changes in: demography with a 40 percent increase in the number of individuals aged over 75 years; we need to respond to new and innovative treatments, devices and technology; we know that we need to do more to progress strategies for reducing infection rates, reducing untoward incidents across all areas of practice and achieving real improvements in hygiene to improve outcomes; and we know that central to this is the need to provide a service that is person-focused, compassionate and caring.

We also know that resources in all areas of the public sector are under pressure and we must be sure that those we use deliver the best outcomes for our populations and contribute to reducing the inequalities in our system.

Nurses are central to the delivery of services and, therefore, key to achieving the change required. Those working in areas of specialist practice, in either hospital or community, are in the vanguard of that change.

## 2.0 Background

Nurses have developed clinical specialist roles, particularly in the areas of long-term conditions management, and increasingly in the management of acute conditions such as urology, dermatology and cancer care and treatment.

The contribution of these roles has been described in numerous publications including *Excellence in Cancer Care: the Contribution of the Clinical Nurse Specialist,* published in 2010[1]. This shows that Clinical Nurse Specialists reduce inefficiency, drive innovation and improve the quality of care and the patients' experience. This report suggests that the role of Clinical Nurse Specialists is vital, and the unique nature of their interventions means that they can quickly identify emerging issues and reduce the need for admission

[1] National Cancer Action Team and MacMillan Support (2010) *Excellence in Cancer Care: the Contribution of the Clinical Nurse Specialist*. London: HMSO.

to hospital. In contrast, patients whose care is unplanned and uncoordinated are more likely to need emergency care.

An analysis by CHKS[2] of National Health Service (NHS) referrals has found that Clinical Nurse Specialists are playing a much greater role in the delivery of healthcare than they were five years ago. In 2005, there were 115,000 referrals (first outpatient attendances) to a Clinical Nurse Specialist clinic. By the end of 2010, this had increased by 535,000 to 650,000 attendances.

The Royal College of Nursing (RCN) reported that Clinical Nurse Specialists add value to patient care, while generating efficiencies for organisations through new and innovative ways of working. In its report, *Specialist nurses Changing Lives* (RCN, 2010)[3], the RCN stated that studies had demonstrated the direct and indirect benefits of specialist nursing roles, including "reducing referral times, the length of hospital stays and the risks of complications post-surgery."

While much has been achieved through the introduction of Clinical Nurse Specialist roles, there remains, in some instances, a lack of clarity about roles, titles, responsibilities and the explicit and unique contribution of some posts. Although guidance on job planning has been available for medical staff for some time and is now a mandatory part of a new consultant's job,[4] with the exception of the work led by NIPEC on the development of new roles[5], there has been an absence of specific job planning guidance for nursing staff, in Northern Ireland. In 2008, however, the National Health Service (NHS) Greater Glasgow and Clyde published guidance to assist senior specialist and

[2] Caspe Healthcare Knowledge Systems (CHKS) facilitates clinical benchmarking and analysis of healthcare data.

[3] Royal College of Nursing (RCN) (2010) *Specialist nurses Changing lives.* February 2010. London: RCN.

[4] Department of Health and Social Services and Public Safety (DHSSPS) (2009) *Regional Guidance on Job Planning for Associate Specialists and Specialty Doctors in Northern Ireland*. June 2009. Belfast: DHSSPS.

[5] Visit www.nipecdf.org/roles to access the NIPEC's Role Guide and Audit tool.

advanced practitioners, in the development of job plans, in the West of Scotland[6]. Their work has helped inform this job planning guidance.

## 3.0 Job Planning Tool Kit

3.1 The aim of this work is to:

- provide a job planning tool to assist nurses, managers and commissioners to design Clinical Nurse Specialist roles
- ensure that nurses are supported in their roles as specialists
- ensure that we, who are responsible for our health and social care system, can account for and value appropriately the contribution such roles increasingly make to the provision of services.

3.2 The first phase of this project focused on developing a high level job plan template for, the nineteen most common, hospital-based (acute) Clinical Nurse Specialist roles, across all five HSC Trusts (Appendix Four). The high level job plan template with descriptors (see Appendices Three and Four) was initially developed for Clinical Nurse Specialists who:

- **have the title Clinical Nurse Specialist**
- **carry a defined caseload of patients and/or run their own clinics.**

3.3 High level job plans for the other acute Clinical Nurse Specialist roles, which exist across the five Trusts, are in the process of being collated and benchmarked. These will be added to this job plan toolkit when the associated proposed norms have been agreed between the Workforce Leads, Director of Nursing/Nurse Consultant PHA and NIPEC.

3.4 The next phases of the project will focus on developing high level job plan templates for Clinical Nurse Specialist roles which cross the hospital/community interface or are solely community based.

[6] NHS Greater Glasgow and Clyde (2008) *Senior specialist and advanced practitioner job planning guidance.* Available for download at www.library.nhsggc.org.uk/mediaAssets/nursing%20and%20midwifery/WoS%20Prac%20Group%20Job%20Planning%20Guidance.pdf , accessed on 09/11/2011

## 4.0 What is job planning?

Job planning provides the opportunity for nurses, managers and commissioners to assess the needs of patients/clients and design roles that best meet these needs. It allows nurses and their managers to anticipate the needs of the organisation as it delivers its objectives, and continuously seeks to develop and maintain services for patients/clients.

Job planning also affords nurses opportunities to reflect upon current practice, assess progress and consider alternative ways of working, developing services or treatment options.

### 4.1 What makes up a job plan?

A job plan is a description of the work of the Clinical Nurse Specialist over an average week.

A full-time specialist nurse's week is divided into **10 sessions**: five morning and five afternoon sessions, as part of a 37.5 hour week, excluding lunch breaks. The sessions that make up the Clinical Nurse Specialist's job plan are grouped under two headings: (1) Clinical Activity sessions and (2) Supporting Professional Activity sessions. See Figure 1 for examples of activities within the two categories.

The activities carried out by Clinical Nurse Specialists can be complex and varied and are at times difficult to define and quantify. This complexity must be considered when developing the job plan so that it accurately reflects the role of the nurse and his/her impact on patients/clients and services.

**Figure 1. Clinical and Supporting Professional Activity Sessions and Examples of Activities.**

1. ***Clinical Activity sessions*** can include activities such as: independent clinics, multi-disciplinary clinics; ward-based work, case management discussions and telephone consultations.
2. ***Supporting Professional Activity sessions*** can incorporate, for example, audit; continuing professional development (CPD); teaching; clinical governance activity; research and administration.

It is important to note that some activities may not occur every week so it is important that the assessment is calculated as an average of the actual activities.

In an average full time working week of 10 sessions the split between Clinical Activities and Supporting Professional Activities will vary among clinical nurse specialists, but generally:

An average week may be divided as follows:

**8.5** sessions of Clinical Activities

and

**1.5** sessions of Supporting Professional Activities.

***Remember, a job plan should be flexible and will change to meet the needs of patients and clients.***

### 4.2 How often should job planning happen?

Job planning should commence when managers in HSC Trusts and commissioners are discussing the development of any new Clinical Nurse Specialist post(s). In this way, there is a clear and agreed expectation and understanding of the role and the contribution of the post to the service and to patient/client care.

Job planning and the review of a job plan are also part of the overall development of the nurse and it should link to an individual's personal development plan, appraisal and the Knowledge Skills Framework. The job planning process should enable Clinical Nurse Specialists to articulate more clearly their contribution to the service and provide a focus for their personal career development.

It is recommended that each Clinical Nurse Specialist's job plan be reviewed annually[7]. A review should also take place if there is a significant change to

[7] For commissioning purposes a full time clinical nurse specialist' s job plan is calculated over a period of 42 weeks.

the role, for example, a change in personal circumstances, a change in commissioning direction or the impact of a new treatment or service model. The commissioner should always be involved in the job plan review process if there are resource implications related to the Clinical Nurse Specialist's ability to deliver anticipated or previously agreed outcomes.

### 4.3 Are job plans fixed?

Job plans should be flexible to meet the changing needs of patients and should not be viewed as restrictive. The splitting of the job plan into different activities should reflect the complexity of each role.

### 4.4 Who should complete a job plan?

All clinical nurse specialists, including those in established and in new roles, should have a job plan. The process of completing a job plan for established and new posts is detailed below.

*Established Posts*

The Clinical Nurse Specialist and his/her line manager, linking with the relevant clinical supervisor/professional lead, should complete a job plan as part of the annual review process within a HSC Trust. The role of the clinical supervisor/ professional lead is to ensure appropriate professional involvement.

A job plan review for an established post holder can be incorporated as part of the individual's annual appraisal meeting, with the proviso that there is professional involvement as stated above.

*New Posts*

The business case for proposed new Clinical Nurse Specialist posts should include a job plan, regardless of the funding stream. This job plan should be developed in partnership with the relevant Nurse Consultant at the Public Health Agency, the manager of the service and the HSC Trust's Nursing Workforce Lead, taking account of this guidance. The latter will liaise with the HSC Trust Executive Director of Nursing as required. This partnership

approach should ensure that there is a shared expectation of the role and its impact on service and avoid any unnecessary delays in approval processes.

## 5.0 How to complete a job plan

### 5.1 Established Posts

The best way for the Clinical Nurse Specialist in an established role to complete a job plan is to review the role and responsibilities of the post using the template in Appendix Three of this document. The information gathered from this template can then be used to facilitate a discussion between the post holder, line manager and professional lead. This is known as a Job Plan Review Meeting. The role of the clinical supervisor/professional lead is to ensure appropriate professional involvement.

A job plan review for an established post holder can be incorporated as part of the individual's annual appraisal meeting, with the proviso that there is professional involvement as stated above.

*Responsibilities*

To contribute to the Job Planning Review meeting, it is important that the clinical nurse specialist, line manager and professional lead prepare well for the discussion. Prior to the meeting:

*The Clinical Nurse Specialist should*

Stage 1: Read the template and familiarise him/herself with the key areas of practice identified. Further explanation of what each area covers is detailed in Appendix Three.

Stage 2: Review his/her diary for an average calendar month and categorise the activities into the key areas of practice listed in the template.

Stage 3: Choose from one of the high-level job plans for his/her area of specialist practice in Appendix Four. These high-level job plans provide a guide to indicative hours and activity levels for a particular role.

*The Line Manager and Professional Lead should*

Stage 1: Review the Clinical Nurse Specialist's activity and analyse information available from for example, Patient Administration System (PAS).

Stage 2: Consider changes in complexity of case load, clinical practice, service or treatment regimes, which may impact on the Clinical Nurse Specialist's practice, either now or in the next few years.

Stage 3: Provide any appropriate information on the Trust corporate objectives or changes in commissioning direction.

*Shared Responsibility*

The Job Plan Review meeting provides the clinical nurse specialist, line manager and professional lead with the opportunity to discuss the information they have gathered in the preparation phase. From their discussions, they are responsible for reaching a consensus job plan, which reflects the needs of the patients/clients and makes best use of the skills and competency of the nurse concerned. If the activity within the job plan is below the proposed norms listed in Appendix Four, then, a consensus action plan should be agreed to resolve this.

*The PHA Nurse Consultant and Commissioner should*

Once the job plan has been agreed between the Clinical Nurse Specialist, line manager and professional lead it will be finally approved by the Trust Workforce Lead. Each approved job plan will then be shared with the corresponding PHA Nurse Consultant who will meet with the relevant HSCB Commissioning Lead to incorporate current activity levels for each specialist nursing post in to Service Budget Agreements (SBAs); and using any action plans, predict future activity levels for each post.

## 5.2 New posts

If a new Clinical Nurse Specialist post is being commissioned by the HSCB/PHA, discussions about the expectations for that post will be held between the PHA Nurse Consultant and Commissioning Lead at Local Commissioning level and the HSC Trust service and professional leads.

This discussion will be informed by issues such as:

- The Commissioning Direction provided by the DHSSPS
- The Joint Commissioning Plan and priorities within the commissioning services teams
- Local Health Economy priorities
- Current service provision.

When the job plan is agreed, including details of outpatient activity, where appropriate, an implementation plan should be developed to take account of the need for any incremental development of skills, competencies or any increase in activity. The HSC Trust and Local Commissioning Group should review this after an agreed period, generally six months.

## 6.0 Summary

The role and contribution of Clinical Nurse Specialists are well documented and valued by patients/clients and the HSC system. The job planning process will enable a more consistent, person-centred approach to these roles, with shared expectations and a greater understanding of the unique contribution of clinical nurse specialists.

## Appendix One

### MEMBERSHIP OF WORKING GROUP (Phase One)

| Organisation | Representative |
|---|---|
| PHA | Mary Hinds, Director of Nursing (Chair) |
| PHA | Paul Kavanagh, Nurse Consultant |
| Belfast HSC Trust | Nicki Patterson, Co-Director of Nursing (Workforce Lead) |
| Northern HSC Trust | Allison Hume, Assistant Director of Nursing (Workforce Lead) |
| South Eastern HSC Trust | Caroline Lee, Assistant Director of Nursing (Workforce Lead) |
| Southern HSC Trust | Glynis Henry, Assistant Director of Nursing (Workforce Lead) until end of August 2011<br><br>Lynn Fee, Assistant Director of Nursing (Workforce Lead) from January 2012 |
| Western HSC Trust | Brendan McGrath, Assistant Director of Nursing (Workforce Lead) |
| Northern Ireland Cancer Network | Liz Henderson, Network Nurse Director |
| HSCB | Paula Tweedie, Commissioning Lead Regional Services |
| Royal College of Nursing | Garrett Martin, Deputy Director of Nursing |
| DHSSPS | Anne Mills, Nursing Officer<br>Kathy Fodey, Nursing Officer |
| NIPEC | Cathy McCusker, Senior Professional Officer. |

**Appendix Two** **WORK PLAN**

| | 2011 | | | | 2012 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** |
| **Phase One (Acute)** | | | | | | | | | | | | |
| Job Plans agreed by Director of Nursing (DN)PHA. | | | | | | | | | | | | |
| Interim activity levels agreed with HSC Trusts and Commissioners. | | | | | | | | | | | | |
| Monitoring Phase One. | | | | | | | | | | | | |
| Reviewing Phase One Job Plans and realignment of PAs/Activity. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Phase Two (Acute/Community)** | | | | | | | | | | | | |
| Development of Job Plans. | | | | | | | | | | | | |
| Phase Two Job Plans agreed by DN PHA. | | | | | | | | | | | | |
| Interim activity levels agreed with HSC Trusts and Commissioners. | | | | | | | | | | | | |
| Monitoring. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Phase Three (Community)** | | | | | | | | | | | | |
| Development of Job Plans. | | | | | | | | | | | | |
| Phase Three Job Plans agreed by DN PHA. | | | | | | | | | | | | |
| Interim activity levels agreed with HSC Trusts and Commissioners. | | | | | | | | | | | | |
| Monitoring. | | | | | | | | | | | | |
| | **2012** | | | | **2013** | | | | | | | |
| **Phase Two (Acute/Community)** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** |
| Monitoring Phase Two Job Plans | | | | | | | | | | | | |
| Reviewing Phase Two Job Plans and realignment of PAs/Activity. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Phase Three (Community)** | | | | | | | | | | | | |
| Monitoring Phase Three Job Plans | | | | | | | | | | | | |
| Reviewing Phase Three Job Plans and realignment of PAs/Activity. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Phase Four** | | | | | | | | | | | | |
| Activity agreed for all Job Plans and Service Budget Agreements | | | | | | | | | | | | |

**Appendix Three**

**DESCRIPTION OF SESSIONAL ACTIVITY** **TABLE A**

A job plan comprises 10 sessions per week.

| | |
|---|---|
| **1.0** | **Clinical Activity Sessions** |
| | **Activities** |
| **1.1** | **Independent Nurse-led Clinics** |
| | These are clinics which nurses run independently of consultant medical staff colleagues.<br><br>The nurse should have the clinical activity recorded separately on PAS<br><br>A new attendance is a new referral to the nurse, these can come directly from GPs but, more generally, they are patients referred from colleagues in nursing, allied health professions and medical consultants.<br><br>Some services, such as Integrated Clinical and Assessment Treatment Services (ICATS), take all of their referrals directly from GPs. In this case, it is important that this is reflected in the detail of the job plan.<br><br>Review patients/clients are defined as those who are re-attending the nurse-led clinic. |
| **1.2** | **Multi-disciplinary Clinics** |
| | These are clinics which are organised on a multi-disciplinary basis<br><br>The activity is generally recorded on Patient Administration System (PAS) under the name of the Medical Consultant. |
| **1.3** | **Multi-disciplinary Ward Rounds** |
| | Many Clinical Nurse Specialists attend ward rounds led by the medical Consultant as part of the multi-disciplinary team caring for patients/clients. |
| **1.4** | **Multi-disciplinary Case Management Discussions** |
| | Case management discussions are the discussions nurses have with other members of the clinic team to plan care or when they respond to urgent or emerging issues or provide advice to colleagues.<br><br>These discussions could form part of the 'rescue' function of Clinical Nurse Specialists whereby the actions they either take, independently or as part of the multi-disciplinary team, could for example prevent an admission to hospital, or deterioration of a patient's condition. |

**DESCRIPTION OF SESSIONAL ACTIVITY** **TABLE A**

| | |
|---|---|
| **1.0** | **Clinical Activity Sessions continued** |
| | **Activities** |
| **1.5** | **Provision of Direct Care** |
| | Some Clinical Nurse Specialists spend a significant amount of time caring for patients/clients directly in hospital wards or community facilities. This can include a range of duties, such as direct clinical care or education. |
| **1.6** | **Patient Education** |
| | Many Clinical Nurse Specialists provide patient/client education as part of clinics or in direct care environments. This section, however, refers to specific educational sessions for patients/clients such as rehabilitation classes. |
| **1.7** | **Home Visits** |
| | These are defined as essential home consultations, where a patient/client cannot travel to an independent clinic, due to their clinical condition. |
| **1.8** | **Telephone Consultations** |
| | These are an important aspect of a Clinical Nurse Specialist's role as they enable the nurse to provide advice and care to patients/clients, helping discharge the 'rescue' function, prevent or manage exacerbations and ensure that secondary prevention is effective. |
| **1.9** | **Tele-health** |
| | This is a new and innovative way of managing and sharing clinical information through technology enabled solutions. Remote tele-monitoring is one example of tele-health which maximises the Clinical Nurse Specialist's capacity to manage his/her patients/clients in their own home whilst enabling them to become expert in their own condition.<br><br>Remote tele-monitoring can be provided for a wide range of conditions including, for example, remote monitoring of blood pressure. |
| **1.10** | **Clinical Administration** |
| | This covers the wide range of administration the Clinical Nurse Specialist is responsible and accountable for, such as recording clinical and care data, developing care plans, communicating with colleagues etc. that is a regulatory requirements for nursing and midwifery (NMC, 2008)[8]. |

[8] Nursing and Midwifery Council (2008) *The Code:Standards of conduct, performance and ethics for nurses and midwives.* London: NMC.

**DESCRIPTION OF SESSIONAL ACTIVITY** **TABLE B**

| | |
|---|---|
| **2.0** | **Supporting Professional Activity Sessions** |
| | **Activities** |
| **2.1** | **Teaching** |
| | Some Clinical Nurse Specialists have, appropriately, a contribution to the education and training of nurses, midwives and other members of the multi-disciplinary team. This activity should reflect that commitment, for example, delivering in-house nurse and medical education programmes or teaching sessions organised for e.g. the Clinical Education Centre or Health Education Institutions. |
| **2.2** | **Clinical Governance Activities, including Audit and Research** |
| | Undertaking audit, research and governance activities can form part of the specialist nurse's evidence for *Prep*[9] and for meeting future revalidation requirements. It is important, therefore, that these activities should be reflected in the job plan. It is likely that these activities will span over a number of sessions, rather than being allocated a fixed session. The job plan should reflect the average time spent on the activity. |
| **2.3** | **Administration** |
| | This refers to corporate administration. If the Clinical Nurse Specialist has identified an allocation to this session, he/she must specify what this commitment is and if another staff member could carry out this role. This will help the individual, line manager and professional lead, discuss and agree the best use of the Clinical Nurse Specialist's time. |
| **2.4** | **Contribution to Service Planning and Policy Development** |
| | Many Clinical Nurse Specialists contribute to specific projects, local HSC Trust service planning and policy development at the DHSSPS. This section should reflect this but as with governance activities the plan should reflect an average figure as this work can be sporadic in nature. |
| **2.5** | **Continuous Professional Development (CPD)** |
| | CPD forms part of a registrant's requirement for *Prep* and in the future for revalidation and **must** be reflected in the job plan. It is likely that CPD activities will span over a number of sessions, rather than being allocated a fixed session. The job plan should reflect the average time spent on the activity. |

[9] Post-registration education and practice (Prep) is a set of NMC standards and guidance which is designed to help registrants provide a high standard of practice and care: NMC (2011) *The Prep handbook*. London: NMC.

**Appendix Four**

# HIGH LEVEL JOB PLANS FOR SPECIALIST NURSES

1. Breast Cancer
2. Chest Pain
3. Colorectal Cancer
4. Dermatology
5. Diabetes
6. Endoscopy
7. Genito Urinary
8. Gynaecology Cancer
9. Haematology
10. Heart Failure
11. Lung Cancer
12. Ophthalmology
13. Pain (Acute)
14. Pain (Chronic)
15. Pre Assessment
16. Respiratory
17. Skin Cancer
18. Urology
19. Urology Cancer

**1. Specialist Nurse Role: Breast Cancer**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **3** |
| | • Average number of patients per clinic (New and Review) | *6* |
| | • Indicate the location (H - hospital C-community ) | H |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **2** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **1** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | **1** |
| 1.6 | Patient Education | **As part of 1.1/1.2/1.5** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **1** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5** Sessions |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit & research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**2. Specialist Nurse Role: Chest Pain**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **0*** |
| | • Average number of patients per clinic (New and Review) | *0* |
| | • Indicate the location (H - hospital C-community ) | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week<br>• (Patient activity counted as Consultant led on PAS) | **7/8**<br>*5* |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | As part of 1.1 |
| 1.5 | Provision of Direct Care | As part of 1.1 |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1** |
| 1.7 | Home visits | |
| | • Average number per week (3-4) | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **0.5** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit & research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**3.Specialist Nurse Role: Colorectal Cancer**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **1-2** |
| | • Average number of patients per clinic (New and Review) | *6-10* |
| | • Indicate the location (H - hospital C-community ) | H |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **1** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | **2** |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1/1.2/1.5** |
| 1.7 | Home visits | |
| | • Average number per week (3-4) | **1** |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **1** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.6** Sessions |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**4. Specialist Nurse Role: Dermatology**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **6/7** |
| | • Average number of patients per clinic (New and Review) | *8-12* |
| | • Indicate the location (H – hospital C-community ) | H |
| | • ICATS Service | Yes |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **0.5** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | 0.5 |
| | • Average time spent per week | |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational Requirement | **0.50** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**5. Specialist Nurse Role: Diabetes**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **2** |
| | • Average number of patients per clinic (New and Review) | *8* |
| | • Indicate the location (H – hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week<br>• Average number of patients per clinic | **2**<br>*6* |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **1** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | **2** |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | As part of 1.2/1.5 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **1** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**6. Specialist Nurse Role: Endoscopy**

| | | |
|---|---|---|
| **1.0** | **Clinical Activity Sessions (CAS)** | |
| | | Proposed Norm |
| 1.1 | Independent Nurse led theatre sessions | |
| | • Number of sessions per week | **5** |
| | • Number of patients | *10-12* |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Validation of Waiting Lists | |
| | • Number per sessions | **1** |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **0.5** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8 Sessions** |
| **2.0** | **Supporting Professional Activity (SPA)** | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | |
| 2.2 | Clinical Governance Activities including audit & research | **1** |
| 2.3 | Administration | |
| | • Organisational Requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **2 Sessions** |
| | Total | **10 Sessions** |

**7. Specialist Nurse Role: Genito Urinary**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **6** |
| | • Average number of patients per clinic (New and Review) | *New -6*<br>*Review - 2* |
| | • Indicate the location (H - hospital C-community ) | H |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | As part of 1.1 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | 2 |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | 0.5 |
| | Sub-Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational Requirement | **0.50** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**8. Specialist Nurse Role: Gynaecology Cancer**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **1** |
| | • Average number of patients per clinic (New and Review) | *6* |
| | • Indicate the location (H - hospital C-community ) | H |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **2** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **0.5** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | **2** |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **1** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **2.5** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | 8.5 Sessions |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5** |
| | Total | **10 Sessions** |

* The split between independent and multidisciplinary clinics may be influenced by whether the post is based in the Cancer Centre or Units.

**9. Specialist Nurse Role: Haematology**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **2** |
| | • Average number of patients per clinic (New and Review) | *10 Review* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | **1** |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **0.5** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | **1.5** |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1/1.2/1.4** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **1** |
| 1.9 | Tele-health | |
| | • Average time spent per week | **1** |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 sessions** |

**10. Specialist Nurse Role: Heart Failure**

| | | |
|---|---|---|
| **1.0** | **Clinical Sessions (CAS)** | |
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **2** |
| | • Average number of patients per clinic (New and Review) | *6* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| | | |
| 1.2 | Multidisciplinary Clinics | **2** |
| | • Number of clinics per week | |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | 0.5 |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | |
| 1.5 | Provision of Direct Care | **2** |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | As part of 1.2/1.4 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **1** |
| 1.9 | Tele-health | |
| | • Average time spent per week | **0.5** |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0** | **Supporting Professional Activity (SPA)** | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 sessions** |

**11. Specialist Nurse Role: Lung Cancer**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **1** |
| | • Average number of patients per clinic (New and Review) | *6* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **1** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | **3** |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1/1.2/1.5** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **2** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 sessions** |

**12. Specialist Nurse Role: Ophthalmology**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **6** |
| | • Average number of patients per clinic (New and Review) | *New – 6*<br>*Review – 6* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | Yes |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **2** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | |
| | • Average time per week – ward based | As part of 1.1 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | As part of 1.1 |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | 0.5 |
| | Sub Total | **8.5 Sessions** |
| 2.0 **Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**13. Specialist Nurse Role: Pain (Acute)**

| 1.0 **Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | 0 |
| | • Number of clinics per week | 0 |
| | • Average number of patients per clinic (New and Review) | |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | 1 |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | 1 |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | 5.5 |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | As part of 1.2/1.3/1.5 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **0.5** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration /coordination | 0.5 |
| | Sub total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**14. Specialist Nurse Role: Pain (Chronic)**

| 1.0 **Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **3** |
| | • Average number of patients per clinic (New and Review) | *5-10* |
| | • Indicate the location (H – hospital C-community ) | C/H |
| 1.2 | Multidisciplinary Clinics | **2** |
| | • Number of clinics per week | |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **1** |
| 1.5 | Provision of Direct Care | As part of 1.1 |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | As part of 1.1 |
| 1.6 | Patient Education | As part of 1.1 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **2** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | • Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.5** |
| 2.2 | Clinical Governance activities including audit and research | **0.25** |
| 2.3 | Administration | **0.25** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.6 | Professional development/CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**15. Specialist Nurse Role: Pre Assessment**

| | | |
|---|---|---|
| **1.0** | **Clinical Activity Sessions (CAS)** | |
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **7.5** |
| | • Average number of patients per clinic (New and Review) | *6-8* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | As part of 1.1 |
| 1.5 | Provision of Direct Care | As part of 1.1 |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | As part of 1.1 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week ( Health screening questionnaire & follow up) | **0.5** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration ( as part of 1.1) | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**16. Specialist Nurse Role: Respiratory**

| | | |
|---|---|---|
| **1.0 Clinical Activity Sessions (CAS)** | | |
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **2** |
| | • Average number of patients per clinic (New and Review) | *6* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | **2** |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | **1** |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1/1.2/1.5/1.7** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | **2** |
| | • Average time spent per week | |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| | | |
| 1.10 | Clinical Administration | **0.5** |
| | **Sub Total** | **8.5 Sessions** |
| 2.0 **Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 sessions** |

**17. Specialist Nurse Role: Skin Cancer**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **6.5** |
| | • Average number of patients per clinic (New and Review) | *12-14* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **0.5** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **0.5** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | As part of 1.1 |
| | • Average time spent per week in community | |
| 1.6 | Patient Education | **As part of 1.1/1.2** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **0.5** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| | | |
| 1.10 | Clinical Administration | **0.5** |
| | **Sub Total** | **8.5 Sessions** |
| 3.0 **Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational Requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 sessions** |

**18. Specialist Nurse Role: Urology**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **5** |
| | • Average number of patients per clinic (New and Review)* | *New – 2*<br>*Review – 6* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | Yes |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | |
| | • Average time spent rescue/recovery/wardattenders | **1** |
| 1.6 | Patient Education | As part of 1.1 |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week** | **1** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |

*The numbers will vary depending on the type of clinic, prostate assessment, prostate biopsy, histo results, uro-oncology etc

**Used for benign non symptomatic patients

| **1. Supporting Professional Activity (SPA)** | | |
|---|---|---|
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

**18. Specialist Nurse Role: Urology**

| **1.0 Clinical Activity Sessions (CAS)** | | |
|---|---|---|
| | | Proposed Norm |
| 1.1 | Independent Nurse led clinics | |
| | • Number of clinics per week | **3** |
| | • Average number of patients per clinic (New and Review) | *10* |
| | • Indicate the location (H - hospital C-community ) | H |
| | • ICATS Service | |
| 1.2 | Multidisciplinary Clinics | |
| | • Number of clinics per week | **1** |
| | • Indicate the location (H- hospital C-community ) | H |
| 1.3 | Multidisciplinary Ward Rounds | |
| | • Number per week | |
| 1.4 | Multidisciplinary Case Management discussions | |
| | • Number per week | **0.5** |
| 1.5 | Provision of Direct Care | |
| | • Average time spent per week in wards | |
| | • Average time spent per week in community | **1** |
| 1.6 | Patient Education | **As part of 1.1/1.2/1.5** |
| 1.7 | Home visits | |
| | • Average number per week | |
| | • Average time spent per week | |
| 1.8 | Telephone Consultations | |
| | • Average time spent per week | **2** |
| 1.9 | Tele-health | |
| | • Average time spent per week | |
| 1.10 | Clinical Administration | **0.5** |
| | Sub Total | **8.5 Sessions** |
| **2.0 Supporting Professional Activity (SPA)** | | |
| | | Proposed Norm |
| 2.1 | Teaching | |
| | • Nurse and medical education | **0.25** |
| 2.2 | Clinical Governance Activities including audit and research | **0.25** |
| 2.3 | Administration | |
| | • Organisational requirement | **0.5** |
| 2.4 | Contribution to service planning and policy development | **0.25** |
| 2.5 | Professional development / CPD | **0.25** |
| | Sub Total | **1.5 Sessions** |
| | Total | **10 Sessions** |

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