



NORTHERN IRELAND CANCER NURSING CLINICAL CAREER PATHWAY





CONTENTS

Introduction	4
Purpose of Clinical Career Pathway for NI Cancer Nursing Roles	5
Levels and Pillars of Practice	8
Cancer Nursing Roles Descriptors Across the NI Cancer Nursing Clinical Career Pathway	10
Competencies for NI Cancer Nursing Clinical Career Pathway	15
1. Children's Cancer Nursing Clinical Career Pathway	15
Registration and Education Requirements For All Children's Clinical Roles	16
Suggested Cancer Specific Training & Development Children's	17
2. Adult Cancer Nursing Clinical Career Pathway	18
Registration and Education Requirements for All Clinical Roles Adult	19
Suggested Cancer Specific Training & Development Adult	20
How to implement the Cancer Nursing Clinical Career Pathway	21
Appendices	48
Glossary of Terms	60



INTRODUCTION

The Northern Ireland Practice and Education Council (NIPEC) for nursing and midwifery was commissioned in 2022 by the Chief Nursing Officer (CNO) to develop a Northern Ireland (NI) Cancer Nursing Career Pathway. The aim of the pathway is to enhance and develop roles and responsibilities for registered nurses, nursing assistants and support workers to improve the quality of care and treatment for people with cancer.

To support this programme of work, a Steering Group was established, co-chaired by Lesley Mitchell, Assistant Director of Nursing, Cancer and Diagnostics WHSCT and Lorna Nevin, Nurse Consultant Cancer, Public Health Agency (PHA), Northern Ireland Cancer Network (NICaN) Lead Nurse.

Membership of the Steering Group included representation from Senior Nurses within HSC Trusts, Higher Education Providers (HEPs), the Department of Health (DoH), the Royal College of Nursing (RCN), the Directors of Human Resources (HR) Forum and people with a lived experience of cancer.

The pathway will set out the development of registered nursing staff and clinical support staff, who care for people living with cancer from a range of care settings, including: Acute Medicine, Acute Surgery, Primary and Community Care, Cancer Centres, Cancer Units and the Independent Sector. It also includes all nurses caring for people across the life span: children, teenagers, young adults as well as adults. Full membership can be found in Appendix 1.

Role Development Writing Groups (RDWGs) have been established to collectively inform and articulate the role descriptors, competencies and education requirements for all the agreed clinical cancer roles: Senior Nursing Assistant, Cancer Support Worker, Staff Nurse, Senior Staff Nurse, Clinical Nurse Specialist, Oncology Nurse Practitioner/Haematology Nurse Practitioner, Advanced Nurse Practitioner and Consultant Nurse. Full membership can be found in Appendix 2.

The co-chairs wish to express their sincere appreciation to all who have contributed to the development of this clinical career pathway. It is the collective voice of all contributors which has shaped and informed the NI Cancer Nursing Clinical Career Pathway and clearly defined the various cancer nursing roles. Their work has provided a platform for nurses to enhance their academic and experiential learning, knowledge and skills. This is an exciting opportunity for cancer nursing to strengthen its workforce and enhance operational readiness to meet the challenges ahead.



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PURPOSE OF CLINICAL CAREER PATHWAY FOR NI CANCER NURSING ROLES

The role of the Registered Nurse (RN) and those working in the cancer care team, including senior nursing assistants and cancer support workers, are fundamental throughout the pathway of care for each individual diagnosed with cancer. The nurse, regardless of fields of practice or level of experience and expertise, is seen as a trustworthy source of compassionate care, a source of knowledge, skills and competence. The development of the clinical career pathway is critical in the strategic vision and transformational leadership for nursing.

In the Delivering Together (DoH, 2016)¹ report, a Nursing and Midwifery Task Group (NMTG) considered how the contribution of nurses and midwives could be maximised to improve population health outcomes. The NMTG report set out:

“the ambition that nursing and midwifery would deliver the right evidence-based care, with the right numbers, at the right time, in right place, by the right person with the right knowledge, and of course most importantly, delivering the right experience and outcome’s for persons, families and communities” (DoH, 2020. p.12)².

The CNO's vision for NI is to build strong foundations that maximise the potential of nurses and midwives in a safe, inclusive and healthful culture; creating the conditions for them to confidently deliver high quality, evidence-based care that meets population health needs (DoH, 2023).

To achieve this the CNO has identified four initial priorities: Career Pathways, Workforce and Workload Planning, a Quality Excellence Framework, and Education and Training. The Cancer Nursing Clinical Career Pathway connects to this vision by providing an agile and responsive career pathway, aligned to

levels of practice, to promote a highly skilled workforce to enhance person-centred care and population outcomes to meet population health needs.³

In developing the Cancer Nursing Clinical Career Pathway, we considered the following:

- Current and projected incidence and prevalence of cancer across a lifespan in NI;
- Improving the experience for people diagnosed with cancer;
- Transformation and workforce planning; and
- Standardisation and role clarification.

Current and projected incidence and prevalence of cancer across a lifespan in NI

More than 26 people in NI are diagnosed with cancer every day, and almost 10,000 people are diagnosed with cancer annually. The number of cancer cases diagnosed increased by 50% between 1993 and 2017 and is projected to double by 2040 (45% increase in males and 58% increase for females) (Donnelly et al., 2020)⁴. Nurses, regardless of care setting, continue to provide increasing periods of time caring for people living with cancer. Likewise, within treatment modalities such as Systemic Anti Cancer Therapies (SACT), NI has seen an increase in activity of 42% based on demographics but also the increase of new drug and adjuvant therapies (UK SACT Board, 2023)⁵. As a consequence of this and other advancements workforce preparedness and agility is crucial within cancer nursing. The aim is for nurses to deliver high-quality person-centred care for those living with cancer, while meeting increased demand and need.

1 Department of Health (2016) *Health & Wellbeing 2026: Delivering Together*. Belfast: DoH.

2 Department of Health (2020) *Nursing and Midwifery Task Group (NMTG) Report and Recommendations*. Belfast: DoH.

3 Department of Health (2023) *Shaping our Future: A Vision for Nursing and Midwifery in Northern Ireland: 2023-2028*. Belfast: DoH

4 Donnelly DW: Anderson Lesley A, Gavin, A (for the Northern Ireland Cancer Registry Group) (2020) *Cancer incidence Projections in Northern Ireland to 2040 Cancer Epidemiology Biomarkers & Prevention*. 29 (7), 1398-1405).

5 UK SACT Board (2023) *General Principles to Support SACT Aseptic Capacity Pressures*. Available at: [638ee8 84eebe8e6ea04543bf08b43dd3e2b6d7.pdf](https://www.uksactboard.org/638ee884eebe8e6ea04543bf08b43dd3e2b6d7.pdf) (uksactboard.org)

Improving the experience for people diagnosed with cancer

The Cancer Strategy for Northern Ireland 2022- 2032, (DoH, 2022)⁶ identified a number of actions to improve the experience of people diagnosed with cancer, with key actions directly relating to the role of the nurse:

- **Action 36** - Offer all people a holistic needs assessment, and appropriate care plan and provide signposts to relevant sources of help and support; and
- **Action 39** - All patients, including children and young people, diagnosed with cancer will have access to a CNS throughout their entire care pathway.

The key worker role of the Cancer Clinical Nurse Specialist (CNS) is a source of knowledge and explanation, a conduit and connection to the wider multidisciplinary cancer care team, a companion, teacher, support, coordinator and enabler. It is this approach to holistic person-centred care which is so highly valued by people living with cancer. Other advanced nursing roles within cancer care focus on expanding interventional knowledge and skills to deliver higher levels of practice without diminishing the added value of the unique contribution of the nurse.



Transformation and workforce planning

The DoH Cancer Nursing Workforce Census in 2021 (DoH 2022)⁷, developed in partnership with Macmillan Cancer Support, captured the demographics of nurses delivering cancer care. The scope of this work included all nurses delivering cancer care at a specialist and advanced level, adult chemotherapy nurses, children's, teenager and young adult cancer nurses and cancer support workers. The findings have aided understanding in the variation of cancer nursing workforce across NI, recognising where and what succession planning is needed, the profile of skill mix, the potential for further specialist and advanced nursing roles and subsequently the commissioning of academic education and training required to support the cancer nursing workforce. The key messages from the Census prompted the need for a clinical career pathway for cancer nurses.

Supporting the realisation of a clinical career pathway for nurses, who choose to specialise within cancer, solid tumour and haematological malignancy, is fundamental to a recalibration and reform of cancer services and sustainability of high-quality person-centred care for people living with cancer. The valued contribution and development of clinical nurse roles support the modernisation and transformation required across cancer services including treatment and intervention pathways.

The evolution of specialist and advanced roles including, consultant nurses provides a continual opportunity to mobilise new models of care and contribute to the transformation of cancer services. The gradual growth in the number of these posts also provides an avenue for strong clinical nurse leadership within areas such as independent and supplementary prescribing, advanced clinical procedures and interventions (NIPEC, 2023)⁸. With these developments comes the need to achieve more complex clinical competencies and learning outcomes bespoke to their nursing role within cancer services (Kerr 2024)⁹.

6 Department of Health (2022) *Cancer Strategy for Northern Ireland 2022- 2032*. Available at: [Microsoft Word - Designed Cancer Strategy sent to printers Mar 22 \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/microsoft-word-designed-cancer-strategy-sent-to-printers-mar-22)

7 Department of Health (2022) *A Census of the Cancer Nursing and Support Workforce in Northern Ireland 2021*. London: Macmillan Cancer Support and Belfast: DoH.

8 Department of Health (2023) *Advanced Nursing Practice in Northern Ireland Analysis and Recommendations*. Belfast: DoH.

9 Kerr, H. (2024) *The Role of the Clinical Nurse Specialist in Cancer Care*. West Sussex: John Wiley & Sons Ltd.

Standardisation and role clarification

The purpose of the NI Cancer Nursing Clinical Career Pathway establishes a common understanding of role diversity. It provides clarity of definition around the role and responsibility of the nurse supporting people living with cancer and enables aspiring nurses to reach their personal level of clinical expertise. Recognition of the wider influences, including professional standards, guidance and other pathway tools has enabled discussion and progress of this work; (NMC, 2017¹⁰; NMC, 2018¹¹; Macmillan Cancer Support, 2020¹²; CCLG and RCN, 2022¹³; RCN, 2022¹⁴ and TCT, 2014¹⁵).

This clinical career pathway primarily reflects the core purpose and intent of the Aspirant Cancer Career and Education Development (ACCEND)¹⁶ programme (HEE, 2022) for those working with adults. For those working with children, it was agreed by the Steering Group and relevant RDWG that the Career and Education Framework for Children and Young People (CYP) Cancer Nursing v3.0 (CCLG and RCN, 2022) reflects the unique nature of caring for children with cancer and their families. This was developed within the UK by key stakeholders within the specialty. Given the large number of competencies in this document, they are not listed in this career framework. A link to the CCLG document can be found [here](#). Those working with children are encouraged to utilise this resource.

ACCEND was written for a multi professional audience, the NIPEC Cancer Nursing Clinical Career pathway focuses on the nursing workforce. Both documents seek to:

- Develop and promote a regionally agreed clinical career pathway of nurses aspiring to work at all levels in cancer roles and services;
- Reduce attrition and loss of skilled cancer workforce by providing an exciting and rewarding career structure;
- Attract registered nurses (RNs) into a career in cancer care to secure the future specialist workforce;
- Enable succession planning for specialist and advanced nursing roles; and
- Enable employers to deliver a high-quality service to people affected by cancer, support workforce transformation and the health and well-being of staff.



10 Nursing and Midwifery Council (2017) *Enabling Professionalism Framework*. London: NMC.

11 Nursing and Midwifery Council (2018) *The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

12 Macmillan Cancer Support (2020) *Macmillan Competency Framework for Nurses*. London: Macmillan Cancer Support.

13 Children's Cancer and Leukaemia GROUP (CCLG) and the Royal College of Nursing (RCN) 2022 *Career and Education Framework for Children and Young people (CYP) Cancer Nurses V3.0*. Available at: <https://www.cclg.org.uk/professionals/cyp-cancer-framework>

14 Royal College of Nursing (2022) *Career Pathway & Education for Cancer Nursing*. London: Royal College of Nursing.

15 Teenage Cancer Trust (2014) *Caring for teenagers and young adults (TYA) with cancer: A competence and career framework for nursing*. Available at: [Nursing-framework.pdf \(teenagecancertrust.org\)](#)

16 Health Education England (2022) *Aspirant Cancer Career & Education Development Programme (ACCEND Framework)*. Available at: [Career Pathway, Core Cancer Capabilities and Education Framework \(hee.nhs.uk\)](#)

LEVELS AND PILLARS OF PRACTICE

All Nursing roles in the Cancer Clinical Career Pathway are supported by a set of four pillars of practice with associated key knowledge, skills, behaviours and education requirements.

Each role within the Cancer Nursing Clinical Career Pathway is aligned to one of the Levels of Practice adapted from Skills for Health (2010)¹⁷, see Figure 1. The Levels of Practice reflect role development and progression similar to [the Knowledge and Skills Framework](#). It is the underpinning knowledge, skills and behaviours outlined in the 4 pillars of practice which determine the level of practice of each role. The Level of Practice does not equate to the banding of Agenda for Change, which is related to remuneration.

For more information about the Levels of Practice and how the Cancer Nursing Clinical Career Pathway aligns to the NI Career Model for Nursing and Midwifery visit <https://nursingandmidwiferycareersni.hscni.net>

Figure 1: Levels of Practice

LEVEL	ROLE OVERVIEW
2	People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties and provide safe, effective, person-centred care under the direction of a registrant
3	People at level 3 require knowledge of facts, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2 and will have more responsibility, with supervision by a registrant.
4	People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work and they may have responsibility for supervision. BSc (Hons) or MSc to Registered Nurse and Registered Midwife.
BSc (Hons) or MSc to Registered Nurse and Registered Midwife	
5	People at level 5 will have a comprehensive, factual and theoretical knowledge on registration. They use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service development, supervision or training.
6	People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management, education and leadership responsibilities. They demonstrate initiative and creativity in finding solutions with responsibility for team performance and development.
7	People at level 7 have a critical awareness of knowledge and issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.
8	People at level 8 require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They may lead policy, research, education or service delivery and improvement and have clinical, management or education responsibilities.
9	People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population or leading research at the highest level of the organisation.

17 Skills for Health (2010) Key Elements of the Career Pathway. Bristol: Skills for Health

Figure 2: Pillars of Practice

All Nursing roles in the Cancer Nursing Clinical Career Pathway are supported by a set of four pillars of practice with associated key knowledge, skills, behaviours and education requirements.



The key knowledge, skills, behaviours and education requirements for the core Cancer Clinical Nursing roles have been adapted, with permission from The ACCEND Framework (HEE, 2022). These pillars are mapped against 2 national frameworks; ACCEND Framework (2022) and Career and Education Framework for Children and Young People (CYP) Cancer Nursing (2022) which can be viewed in Appendix 3.

It is important that individuals acquire all the knowledge, skills and behaviours appropriate to their specific role and are supported to develop through relevant education and development including preceptorship, supervision and continuous professional development (CPD).

CANCER NURSING ROLES DESCRIPTORS ACROSS THE NI CANCER NURSING CLINICAL CAREER PATHWAY

NIPEC Nursing Clinical Career Pathways use core nursing roles and have introduced levels and pillars of practice to provide continuity to all Clinical Career Pathways. To provide further consistency these have been aligned to core cancer nursing roles within children's care, adolescence and adults, Appendix 4. The roles are very evident across adult cancer services and more limited in adolescent and children's services. Using defined roles provides regional continuity for public, professionals, services and commissioning.

The blending of some roles has occurred particularly where there are resource limitations. This blurs the standardised purpose of the role and it is hoped that the further clarification brought about by this clinical career pathway will enable a more uniform regional approach and understanding of the scope and purpose of each unique role. The contribution of each role has been deliberately identified as purposeful to the sustainability and growth of the cancer workforce. Full details of clinical roles agreed can be found in Appendix 4.



Table 1: Clinical Role Descriptors

Clinical Role	Description
Senior Nursing Assistant	<p>A Senior Nursing Assistant (SNA) works as an integral part and member of the cancer nursing team to deliver high quality, safe, effective, person-centred and compassionate care, promoting individual ability and independence (DoH, 2018)¹⁸.</p> <p>They undertake aspects of holistic care as delegated by a RN in line with the NIPEC Delegation Framework (2019)¹⁹. This will include clinical or therapeutic interventions, within the limits of their competence, escalating concerns and/or deterioration to the RN.</p> <p>Senior Nursing Assistants will have education and development in their role. They will also have the opportunity for further progression into a RN programme.</p>
Cancer Support Worker <small>*awaiting outcome from test of change in 25/26</small>	<p>Cancer Support Workers (CSW) are part of the cancer nursing team, working under the guidance of, usually a cancer specific CNS. They undertake non-complex tasks to support the CNS.</p> <p>CSWs assist in the co-ordination of the care pathway, liaise and effectively communicate with members of the multi-disciplinary team and allied health care professionals to provide co-ordinated high-quality patient-centred care.</p> <p>Within the sphere of competence and delegated responsibilities CSWs will support at all stages of the patient pathway from diagnosis to survivorship and end of life, supporting people and their families to navigate their way through the health care system.</p> <p>CSWs are a point of contact for patients and families signposting to relevant services and escalating concerns to the CNS when appropriate. CSWs will have education and development in their role. They will also have the opportunity for further progression into a RN programme.</p>
Staff Nurse	<p>The Staff Nurse in cancer care is a RN. They work with all members of the multidisciplinary team as well as individuals, families, carers, community and voluntary agencies.</p> <p>The Staff Nurse in cancer care provides holistic care and supports individuals who have a suspected or confirmed cancer diagnosis and contributes to the delivery of procedures and treatment including palliative and end of life care.</p> <p>They deliver person centred care for people with a suspected cancer, newly diagnosed cancer and haematological and oncological conditions across all care settings and assist them to make autonomous decisions about their care.</p> <p>RN will promote health and wellbeing to enable people to manage their own condition and minimise risk where possible through informed decision making and further information and support.</p> <p>Their communication skills should appreciate the needs of the individual, enable personalised care and support planning for people living with and affected by cancer, and their families.</p>

¹⁸ Department of Health (2018) *Induction and development pathway for nursing assistants employed by HSC Trusts in Northern Ireland*. Belfast: DoH.

¹⁹ Northern Ireland Practice and Education Council for Nursing and Midwifery (2019) *Deciding to Delegate: A Decision Framework for Nursing and Midwifery*. Belfast: NIPEC.
Available at: <https://nipec.hscni.net/service/deleg-in-nurs-and-mid/>

Table 1: Clinical Role Descriptors

Clinical Role	Description
Senior Staff Nurse	<p>The Senior Staff Nurse in cancer care is a RN. They work with all members of the multidisciplinary team as well as individuals, families, carers, community and voluntary agencies.</p> <p>The Senior Staff Nurse applies their comprehensive knowledge in cancer to provide holistic care. They support individuals who have a cancer diagnosis and contribute to the delivery of complex procedures and treatment and assessment of its effects, recognition and management of oncological and haematological emergencies, palliative and end of life care.</p> <p>They deliver person-centred care for people with haematological and oncological conditions in the inpatient and outpatient setting and assist them to make autonomous decisions about their care.</p> <p>Utilising advanced communication skills, they enable personalised care and support planning for people living with and affected by cancer. They ensure each person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.</p> <p>They contribute to the promotion of health, health protection and prevention of ill health by empowering people to exercise choice, take responsibility of their own health decisions and behaviours and by supporting people to manage their own care where possible.</p>
Clinical Nurse Specialist	<p>The CNS Cancer, is a RN who works within a defined area of nursing practice and has an enhanced or specialist knowledge and leadership in cancer care, relating to specific cancer types or points in the care pathway.²⁰</p> <p>CNSs work within a multidisciplinary team and proactively engage with and refer to other disciplines and voluntary agencies to ensure delivery of person-centred care. CNSs are required to fulfil the key worker role, acting as the key point of contact from the point of diagnosis and throughout the pathway for people, families and carers.</p> <p>CNSs actively encourage the promotion of health, health protection and prevention of ill health by empowering people to exercise choice, take responsibility of their own health decisions and behaviours and by supporting people to manage their own care where possible.</p> <p>CNSs may advise or prescribe as required within their role. They undertake comprehensive clinical and holistic assessments to assist in planning and implementation of care and treatment.</p> <p>CNSs provide direct nurse-led activity including nurse-led clinics, inpatient support and telephone follow up. Central to the role is service improvement, innovation and research which incorporates service user involvement.</p>

²⁰ Department of Health (2025a) *Role Framework for Specialist Nurses (Level of Practice - 7)* Belfast: NIPEC

Table 1: Clinical Role Descriptors

Clinical Role	Description
Oncology Nurse Practitioner/ Haematology Nurse Practitioner *	<p>An Oncology Nurse Practitioner (ONP) or Haematology Nurse Practitioner (HNP) is a RN, who works within a defined area of nursing practice and has enhanced knowledge, expertise and leadership in cancer care, relating to specific cancer types.</p> <p>ONP's can work across cancer multidisciplinary teams and provide specialist advice within their area of competence. HNP's work across the breadth of benign and malignant haematology conditions.</p> <p>ONPs and HNPs assess, diagnose and prescribe SACT and supportive therapies within their area of expertise and provide nurse-led clinics and telephone follow up. They proactively engage with and refer to other disciplines and voluntary agencies to ensure delivery of person-centred care.</p> <p>ONP's and HNP's actively encourage the promotion of health, health protection and prevention of ill health by empowering people to exercise choice, take responsibility of their own health decisions and behaviours and by supporting people to manage their own care where possible.</p> <p>ONP's and HNP's identify areas of improvement, analysing critically and applying audit recommendations. Central to the role is service improvement, innovation and research which incorporates service user involvement.</p>
Advanced Nurse Practitioner	<p>The Advanced Nurse Practitioner (ANP) is a RN and is a highly experienced, expert member of the cancer care team.</p> <p>The ANP will work autonomously within their expanded scope of clinical practice. The ANP will work as part of the cancer care Team using a person-centred approach in line with the Advanced Nursing Practice Framework (DoH, 2022)²¹, (DoH, 2023)²², (DoH, 2025b)²³.</p> <p>The ANP will undertake comprehensive health assessment with differential diagnosis and will diagnose, prescribe, treat and discharge patients/ clients. The ANP will actively promote health, health protection and prevention of ill health by empowering people to exercise choice, take responsibility of their own health decisions and behaviours and by supporting people to manage their own care where possible.</p> <p>The ANP will provide complex care using expert decision-making skills. They will act as an educator, leader, innovator and contributor to research and development.</p> <p>The ANP is accountable for the total episode of care for patients with undifferentiated and undiagnosed needs and is shaped by the context of their clinical practice. The ANP will demonstrate competence across the four key areas of the Advanced Nursing Practice Framework.</p>

*Denotes other evolving Nurse Practitioner roles which specifically contribute to the diagnosis, treatment and care of people living with cancer

21 Maxwell, E. (2022) *Review of the Current Business Model for commissioning and delivery of post registration education for nurses, midwives and allied health professionals in NI* (pending publication).

22 Department of Health (2023) *Advanced Nursing Practice in Northern Ireland Analysis and Recommendations*. Belfast: DoH.

23 Department of Health (2025b) *Role Framework for Advanced Nurse Practitioners (Level of Practice - 8)* Belfast: NIPEC.

Table 1: Clinical Role Descriptors

Clinical Role	Description
Consultant Nurse	<p>The Consultant Nurse possesses highly specialised expert knowledge at the forefront of their area of practice (DoH, 2025c)²⁴. They exercise a high degree of independent and professional autonomy and demonstrate advanced levels of clinical judgement, knowledge, skill and experience. The role amalgamates a significant proportion of direct higher clinical practice with professional leadership, academic education and research, service development and evaluation activities.</p> <p>The Consultant Nurse is an independent practitioner within their specialised cancer area providing clinical leadership, expert practice and advanced knowledge, integrating research evidence into practice and contributing to/leading on research in cancer care and treatment. They work at an advanced level to deliver high quality, safe and effective person-centred care, improve patient pathways and service delivery. Their influence, innovation and transformation at local, regional, strategic and national, international level is evidenced in their leadership across cancer care. This may include policy development encompassing population health promotion, health protection and the prevention of ill health for people living with and beyond cancer.</p> <p>They work collaboratively to provide strategic leadership, planning, service redesign, system evaluation and influence funding and commissioning of cancer services. They innovate and facilitate effective change and evaluate the impact of clinical practice and quality of cancer care and services.</p> <p>The Consultant Nurse works in partnership with HEPs to provide academic input and contribute towards educational provision, research and scholarly activity across a range of health and social care areas.</p>

Footnote: The roles of the Haematology/Oncology Nurse Practitioner, Consultant Nurse and Cancer Support Worker have not yet been developed in Children's Cancer Nursing Clinical Career Pathway²⁵

²⁴ Department of Health (2025c) *Role Framework for Consultant Nurses and Consultant Midwives (Level of Practice - 9)* Belfast: NIPEC

²⁵ Children's Cancer and Leukaemia Group (CCLG) and the Royal College of Nursing (RCN) (2022) *Career and Education Framework for Children and Young People (CYP) Cancer Nurses V3.0*. Available at <https://www.cclg.org.uk/professionals/cyp-cancer-framework>

COMPETENCIES FOR NI CANCER NURSING CLINICAL CAREER PATHWAY

In the following section two competency national frameworks will be referenced:

1. Career and Education Framework for Children and Young People (CYP) Cancer Nursing (2022)²⁶
2. ACCEND Framework (2022) (please see page 19)

1. CHILDREN'S CANCER NURSING CLINICAL CAREER PATHWAY

Developed collaboratively with key stakeholders across the UK, the framework sets out the competencies for knowledge and skills across a range of topic areas related to children's cancer care. Competencies included within the document relate to those working specifically within children's and young people's cancer care but also nurses who have a transient connection with families, for example Emergency Departments, non-cancer wards and departments.

RCN (2022)²⁷ support that all RNs working in children's cancer services should follow the Competencies for children's cancer nurses' career and education framework which have been developed nationally.

Children's Cancer and Leukaemia Group (CCLG) and RCN (2022) competencies would be retained for use by children's nurses in NI, recognising the uniqueness of cancer nursing. It was agreed by the Steering Group that the career and education framework for children and young people would be their document of choice.

A quick reference for children's competencies related to each clinical role from CCLG CYP Career and Education Framework (2022), can be viewed in Appendix 5.



²⁶ Children's Cancer and Leukaemia Group (CCLG) and the Royal College of Nursing (RCN) (2022) *Career and Education Framework for Children and Young people (CYP) Cancer Nurses V3.0*. Available at: <https://www.cclg.org.uk/professionals/cyp-cancer-framework>.

²⁷ Royal College of Nursing (2022) *Career Pathway & Education for Cancer Nursing*, London: Royal College of Nursing

REGISTRATION AND EDUCATION REQUIREMENTS FOR ALL CHILDREN'S CLINICAL ROLES

Table 2: Registration and Education Requirements For All Children's Clinical Roles

The commissioned services across each of the HSC Trusts will influence the roles adopted to ensure an effective nursing workforce, to meet the demands of the specific service and population. The individual nursing roles within the Cancer Nursing Clinical Career Pathway will enable HSC Trusts to identify the posts needed for their services through effective workforce planning. Each post will be advertised and a selection process utilised, there is no automatic progression through the nursing roles. The education requirements for all clinical roles on appointment for Children's, are outlined below, Table 2.

Level of Practice 2-4	Level of Practice 4	Level of Practice 5	Level of Practice 6	Level of Practice 7		Level of Practice 8	Level of Practice 9
Senior Nursing Assistant	Cancer Support Worker	Staff Nurse	Senior Staff Nurse	Clinical Nurse Specialist	Oncology Nurse Practitioner/ Haematology Nurse Practitioner	Advanced Nurse Practitioner	Consultant Nurse
<ul style="list-style-type: none"> NVQ/RQF/QCF Level 3 Certificate in Health/Health & Social Care or an equivalent qualification 	Undergoing test of change at the time of publication. <ul style="list-style-type: none"> Level 3 Diploma in Health Care Support 	<ul style="list-style-type: none"> NMC Registered Nurse Child 	<ul style="list-style-type: none"> NMC Registered Nurse Child <p>Nurses who are required to deliver SACT, must have ²⁸:</p> <ul style="list-style-type: none"> Standalone module Systemic Anti-Cancer Treatment Stand alone module Health Assessment if required as part of role 	<ul style="list-style-type: none"> NMC Registered Nurse Child Specialist Practice in Nursing (SPQ) Cancer (Oncology) post-registration qualification in relevant specialist nursing practice Advanced Communication Skills Training 	<ul style="list-style-type: none"> No equivalent roles in Children's 	<ul style="list-style-type: none"> NMC Registered Nurse Child MSc Advanced Nurse Practitioner course relevant to role and area of practice V300: Nurse Independent Prescribing Advanced Communication Skills Training Standalone module Systemic Anti-Cancer Treatment (if prescribing SACT) 	<ul style="list-style-type: none"> NMC Registered Nurse Child Master's degree or equivalent in a relevant area Specialist Practice in Nursing (SPQ) Cancer (Oncology) Or Post-registration qualification in relevant specialist nursing practice V300: Nurse Independent Prescribing Advanced Communication Skills

²⁸ Must work in relevant clinical area

SUGGESTED CANCER SPECIFIC TRAINING & DEVELOPMENT CHILDREN'S

Additional suggested, cancer specific training which can be considered on appointment to Children's nursing roles in relation to personal and service development requirements. These are outlined for each clinical role, Table 3. This training list is not exhaustive and will require continuous review and updates.

Table 3: Suggested Cancer Specific Training & Development Children's

Level of Practice 2-4	Level of Practice 4	Level of Practice 5	Level of Practice 6	Level of Practice 7	Level of Practice 8	Level of Practice 9	
Senior Nursing Assistant	Cancer Support Worker	Staff Nurse	Senior Staff Nurse	Clinical Nurse Specialist	Oncology Nurse Practitioner/ Haematology Nurse Practitioner	Advanced Nurse Practitioner	Consultant Nurse
<ul style="list-style-type: none">• Communication Skills Training e.g. Sage & Thyme• Level 3 diploma in Health care support• Principles of cancer care 4-day programme• QI level 1• Acute Oncology competency Passport Level 1	<ul style="list-style-type: none">• Communication skills e.g. Sage & Thyme• Introduction to Holistic Needs Assessment (Macmillan)• Motivational Interviewing• Loss Grief and Bereavement• Principles of cancer care 4-day programme• QI level 1• Acute Oncology competency Passport Level 1	<ul style="list-style-type: none">• Communication Skills Training• SACT 2-day course, annual exam and competencies to level E/IV Bolus. Thereafter to their level of practice.• In addition, Standalone module• Systemic Anti-Cancer Treatment• Introduction to Cancer or similar alternatives• QI level 1• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 1	<ul style="list-style-type: none">• Intrathecal chemotherapy training• SCRATCH, BHSCT Stem Cell Return training programme• Training in Delivery of Extracorporeal Photopheresis Therapy• SACT 2-day course, annual exam and competencies to level E/IV Bolus. Thereafter to their level of practice• 'Short course' *Haematology and Haematopoietic Stem Transplantation• Advanced Communication Skills Training• QI level 2• Loss Grief and Bereavement• Breaking Bad News• Acute Oncology competency Passport Level 2• Resilience Training• Specialist Practice in Nursing (SPQ) Cancer (Oncology)• Post-registration training qualification in relevant specialist nursing practice	<ul style="list-style-type: none">• V300: Nurse Independent Prescribing• Motivational Interviewing• QI level 2/3• Age/developmentally appropriate Holistic Needs Assessment e.g. IAMS• Leadership programme• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• CCLG Telephone Triage Toolkit Training for Children and Young People with annual competencies• SACT 2-day course, annual exam and competencies to level E/IV Bolus. Thereafter to their level of practice.• Acute Oncology competency Passport Level 3• Standalone Module in Health Assessment.	<ul style="list-style-type: none">• No equivalent roles in Children's	<ul style="list-style-type: none">• Informed Consent training• Intrathecal chemotherapy training• SCRATCH, BHSCT Stem Cell Return training programme• CCLG Telephone Triage Toolkit Training for Children and Young People with annual competencies• Continuous professional development/ academic scholarly activity• Coaching and mentoring• QI level 3• Leadership programme• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Informed consent training• Acute Oncology competency Passport Level 4	<ul style="list-style-type: none">• Informed Consent training• Continuous professional development/ academic scholarly activity• Coaching and mentoring• Leadership Specific• QI level 3• Leadership programme• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 4

2. ADULT CANCER NURSING CLINICAL CAREER PATHWAY

ACCEND Framework (2022)

In adult nursing the ACCEND Framework (2022)²⁹ describe capabilities in practice (CiPs) which set out the underpinning theoretical and clinical knowledge, skills and behaviours for the practitioner to develop and demonstrate their competence to safely and effectively assess, plan and manage personalised care and beyond this, to influence, lead and manage change to improve cancer care and services. Within the NIPEC Cancer Nursing Clinical Career Pathway it has been agreed that language will be aligned with the other NIPEC Nursing Clinical Career Pathways and use the term competency throughout the pathway. The competencies for the Cancer Nursing Clinical Career Pathway are presented across all nursing roles in adult, adolescent/young adults. They reflect a modified version of the ACCEND CIP and have retained the original number referencing. The RDWG and Steering Group supported the position for consolidation of the ACCEND CIPs, reducing the number of competencies by 24% through removing those which reflect a very generic and lesser cancer focus. Language was condensed in places and some CIPs were amalgamated. This was done with approval from ACCEND Expert Advisory Team. Adult Competencies are presented, Annex 1.

A quick reference to adult competencies related to each clinical role, can be viewed Appendix 6.



29 Health Education England (2022) *Aspirant Cancer Career & Education Development Programme (ACCEND Framework)* Available at: [Career Pathway, Core Cancer Capabilities and Education Framework \(hee.nhs.uk\)](https://www.hee.nhs.uk/career-pathway/core-cancer-capabilities-and-education-framework)

REGISTRATION AND EDUCATION REQUIREMENTS FOR ALL CLINICAL ROLES ADULT

The commissioned services across each of the HSC Trusts will influence the roles adopted to ensure an effective nursing workforce, to meet the demands of the specific service and population. The individual nursing roles within the Cancer Nursing Clinical Career Pathway will enable HSC Trusts to identify the posts needed for their services through effective workforce planning. Each post will be advertised and a selection process utilised, there is no automatic progression through the nursing roles. The education requirements for all clinical roles on appointment for Adult, are outlined below, Table 4.

Table 4: Registration and Education Requirements For All Clinical Roles Adult

Level of Practice 2-4	Level of Practice 4	Level of Practice 5	Level of Practice 6	Level of Practice 7		Level of Practice 8	Level of Practice 9
Senior Nursing Assistant	Cancer Support Worker	Staff Nurse	Senior Staff Nurse	Clinical Nurse Specialist	Oncology Nurse Practitioner/ Haematology Nurse Practitioner	Advanced Nurse Practitioner	Consultant Nurse
<ul style="list-style-type: none">NVO/RQF/QCF Level 3 Certificate in Health/Health & Social Care or an equivalent qualification	<p>Undergoing test of change at the time of publication.</p> <ul style="list-style-type: none">Level 3 Diploma in Health Care Support	<ul style="list-style-type: none">NMC Registered Nurse Adult	<ul style="list-style-type: none">NMC Registered Nurse Adult <p>Nurses who are required to deliver SACT, must have¹:</p> <ul style="list-style-type: none">Standalone module Systemic Anti-Cancer TreatmentStand alone module Health Assessment if required as part of role	<ul style="list-style-type: none">NMC Registered Nurse AdultSpecialist Practice in Nursing (SPQ) Cancer (Oncology) Or post-registration training qualification in relevant specialist nursing practice.Advanced Communication Skills Training	<ul style="list-style-type: none">NMC Registered Nurse AdultSpecialist Practice in Nursing (SPQ) Cancer (Oncology) Or post-registration qualification in relevant specialist nursing practiceV300: Nurse Independent PrescribingAdvanced Communication Skills TrainingStandalone module Systemic Anti-Cancer Treatment	<ul style="list-style-type: none">NMC Registered Nurse AdultMSc Advanced Practitioner CourseV300: Nurse Independent PrescribingAdvanced Communication Skills Training	<ul style="list-style-type: none">NMC Registered Nurse AdultMaster's degree or equivalent in a relevant areaSpecialist Practice in Nursing (SPQ) Cancer (Oncology) Or Post-registration qualification in relevant specialist nursing practiceV300: Nurse Independent PrescribingAdvanced Communication Skills

1 Must work in relevant clinical area

SUGGESTED CANCER SPECIFIC TRAINING & DEVELOPMENT ADULT

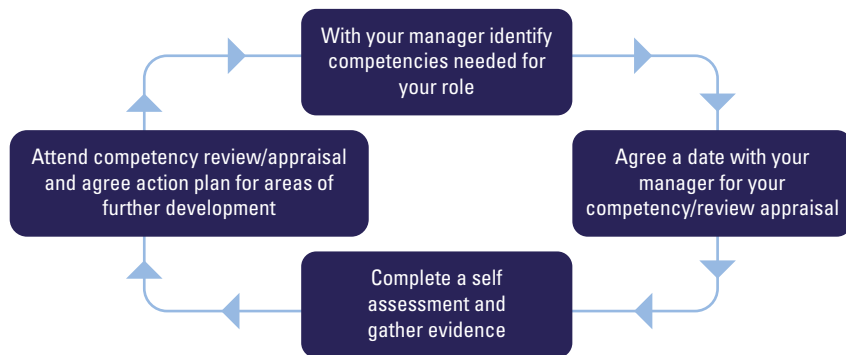
Additional suggested, cancer specific training which can be considered on appointment to adult nursing roles in relation to personal and service development requirements. These are outlined for each clinical role, Table 5.

Table 5: Suggested Cancer Specific Training and Development For All Clinical Roles Adult

Level of Practice 2-4	Level of Practice 4	Level of Practice 5	Level of Practice 6	Level of Practice 7	Level of Practice 8	Level of Practice 9	
Senior Nursing Assistant	Cancer Support Worker	Staff Nurse	Senior Staff Nurse	Clinical Nurse Specialist	Oncology Nurse Practitioner/ Haematology Nurse Practitioner	Advanced Nurse Practitioner	Consultant Nurse
<ul style="list-style-type: none">• Communication Skills Training e.g. Sage & Thyme• Level 3 diploma in Health care support• QI level 1• Acute Oncology competency Passport Level 1	<ul style="list-style-type: none">• Communication skills e.g. Sage & Thyme• Introduction to Holistic Needs Assessment (Macmillan)• Motivational Interviewing• Loss Grief and Bereavement• Principles of cancer care 4-day programme• QI level 1• Acute Oncology competency Passport Level 1	<ul style="list-style-type: none">• Communication Skills Training• SACT 2-day course, annual exam and competencies to level E/IV Bolus. Thereafter to their level of practice.• In addition, Standalone module Systemic Anti-Cancer Treatment• Introduction to Cancer or similar alternatives• QI level 1• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 1	<ul style="list-style-type: none">• SACT 2-day course, annual exam and competencies to level E/IV Bolus. Thereafter to their level of practice• ‘Short course’ *Haematology and Haematopoietic Stem Transplantation• UKONS Triage Training with annual competencies• Advanced Communication Skills Training• QI level 2• Loss Grief and Bereavement• Breaking Bad News• Acute Oncology competency Passport Level 2• Resilience Training• Post-registration training qualification in relevant specialist nursing practice	<ul style="list-style-type: none">• Stand alone module Health Assessment• NIPEC Cancer Career Pathway appropriate competencies• V300: Nurse Independent/ Supplementary• Prescribing• Motivational Interviewing• QI level 2/3• Holistic Needs Assessment (Macmillan)• Leadership programme• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 3	<ul style="list-style-type: none">• Motivational Interviewing• Leadership Specific• QI level 2/3• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 3• Informed Consent Training	<ul style="list-style-type: none">• Continuous professional development/ academic scholarly activity• Coaching and mentoring• QI level 3• Leadership programme• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 4• Informed Consent Training	<ul style="list-style-type: none">• Continuous professional development/ academic scholarly activity• Coaching and mentoring• Leadership Specific• QI level 3• Leadership programme• Loss Grief and Bereavement• Breaking Bad News• Resilience Training• Acute Oncology competency Passport Level 4• Informed Consent Training

HOW TO IMPLEMENT THE CANCER NURSING CLINICAL CAREER PATHWAY

Figure 3: Utilising Competencies during Appraisal/ Competency Review

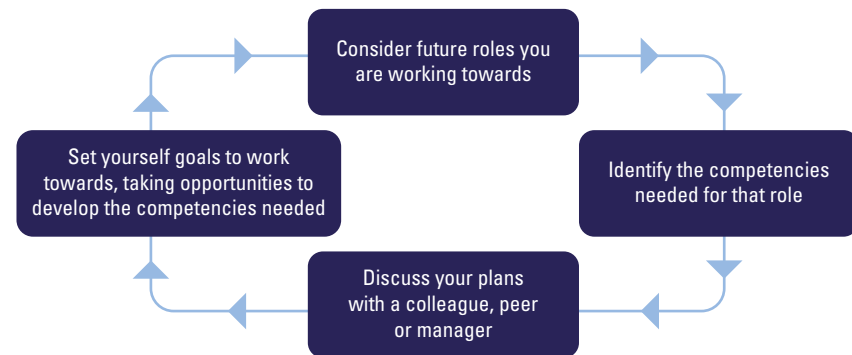


This Pathway will support staff, people and teams by:

- promoting cancer care as a career option;
- setting out clear expectations at each level of practice;
- supporting appraisal, formal and informal;
- supporting staff to identify continuous professional development needs;
- supporting the development of teams; and
- supporting Nursing and Midwifery Council revalidation requirements.



Figure 4: Utilising for Career Development



The pathway sets out clear expectations about the requirements for effective and safe practice.

It provides:

- clarity about attributes and requirements within each role;
- better understanding of personal development needs;
- understanding of how to maximise the contribution of an existing workforce;
- to consider the readiness of the nursing workforce to contribute to transformation; and
- to explore and develop skill mix, new ways of working and evolving roles.



ANNEX 1: ADULT COMPETENCIES

The competencies presented are appropriate across all nursing roles in adult, adolescent/young adults. They reflect a modified version of the ACCEND CIP¹ and have retained the original ACCEND number referencing. The Role Development Writing Group (RDWG) and Steering Group supported the position of consolidation of the ACCEND CIPs, reducing the number of competencies by 24% through removing those which reflect a very generic and lesser cancer focus. Language was condensed in places and some CIPs were amalgamated. This was done with approval from the ACCEND Expert Advisory Team.

Each role within the Cancer Nursing Clinical Career Pathway is aligned to one of the Levels of Practice adapted from Skills for Health (2010).

For more information about the Levels of Practice and how the Cancer Nursing Clinical Career Pathway aligns to the NI Career Model for Nursing and Midwifery visit <https://nursingandmidwiferycareersni.hscni.net>

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
1.0 & 2.0 Capabilities: Professional values and behaviours and ethical approach. The practitioner is able to:								
1.1 Seek and engage with individuals' perspectives on their condition, their preferences for their care, and what is important to them and their carers in terms of treatment goals and outcomes.	✓	✓	✓	✓	✓	✓	✓	✓
1.2 Demonstrate understanding of the individual and show empathy for the impact of their cancer diagnosis.	✓	✓	✓	✓	✓	✓	✓	✓
1.5 Recognise the wider impact that symptoms of cancer, its treatment and progression, can have on individuals, their families and those close to them.	✓	✓	✓	✓	✓	✓	✓	✓
1.12 a Demonstrate safe, effective, person centred reflective practice.	✓	✓						
1.12 b Demonstrate safe, effective, person centred, autonomous, reflective practice.			✓	✓	✓	✓	✓	✓
1.16 Promote person-centred care to meet individuals' best interests to enhance their personal experience of care delivery.	✓	✓	✓	✓	✓	✓	✓	✓
2.4 Use self-awareness to identify and act appropriately when own or others' behaviour undermines equality, diversity and human rights.	✓	✓	✓	✓	✓	✓	✓	✓
2.5 Advocate and role model equality, fairness and respect for people and colleagues in day to day practice.	✓	✓	✓	✓	✓	✓	✓	✓

1 Health Education England (2022) *Aspirant Cancer Career & Education Development Programme* (ACCEND Framework) England: NHS.

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
2.7 Recognise and ensure a balance between professional and personal life that meets work commitments, maintains own health, promotes the well-being of self and others and builds resilience.	✓	✓	✓	✓	✓	✓	✓	✓
3.0 & 4.0 Capabilities: Communication & Consultation skills. The practitioner is able to:								
3.1 a Consistently role model emphatic interpersonal and communication skills to engage in effective, appropriate, enabling interactions with individuals, carers and colleagues. <i>Training: Confirm attendance and reflection following communication skills training.</i>	✓	✓	✓					
3.1 b Consistently role model highly developed emphatic interpersonal and advanced communication skills to engage in effective, appropriate, enabling and complex interactions with individuals, carers and colleagues. <i>Training: Confirm attendance and reflection following advanced communication skills training.</i>				✓	✓	✓	✓	✓
3.3 (4.8) Select and adapt verbal and non-verbal communication styles, responsive to people's communication and language needs, via appropriate mode of media (including remote consultation such as telephone, virtual platforms and sign language, written) to facilitate empathetic and effective communication and interactions with people affected by cancer.	✓	✓	✓	✓	✓	✓	✓	✓
3.4 Respond sensitively to individual preferences and needs, upholding and safeguarding the individuals' best interests.	✓	✓	✓	✓	✓	✓	✓	✓
3.5 Establish and integrate individuals' specific needs, preferences, priorities and circumstances to guide care and treatment.	✓	✓	✓	✓	✓	✓	✓	✓
3.8 Help individuals and carers to understand their care and treatment options, sharing information on the risks, benefits, consequences, and potential outcomes in a clear, open way to support shared decision-making.			✓	✓	✓	✓	✓	✓
3.9 Promote value-based decision making, critically evaluating and applying knowledge and skills in a person-centred way. <i>Example: Values based decision making aligned to Trust values, unique relationship between the nurse and patient and the information and respect that is formed to make and promote value-based decision making.</i>					✓	✓	✓	✓
4.2 a Optimise communication approaches appropriately using communication skills such as active listening, for example frequent clarifying, paraphrasing and picking up verbal cues such as pace, pauses and voice intonation. <i>Training: Confirm attendance and reflection following communication skills training.</i>	✓	✓	✓					

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
4.2 b Optimise communication approaches to respond appropriately to complex encounters using Advanced Communication skills . <i>Training: Confirm attendance and reflection following advanced communication skills training.</i>				✓	✓	✓	✓	✓
4.5 Communicate effectively, respectfully and professionally with individuals, carers and within the multiprofessional team, at all times.	✓	✓	✓	✓	✓	✓	✓	✓
4.6 Convey information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information.	✓	✓	✓	✓	✓	✓	✓	✓
4.7 Engage with individuals and carers and respond appropriately to questions and concerns about their cancer related symptoms and its impact on their current situation and potentially in the future. <i>Training: Confirm attendance and reflection following completion of appropriate level of cancer education.</i>			✓	✓	✓	✓	✓	✓
4.9 Communicate effectively with individuals who require additional assistance, such as sensory or cognitive impairments, to ensure effective communication and use of accessible health information.	✓	✓	✓	✓	✓	✓	✓	✓
4.14 Respond to people effectively, respectfully and professionally, including carers, families and multiprofessional teams, especially at times of conflicting priorities and opinions and be able to facilitate a shared decision-making approach. <i>Example: May include reflections from nurse-led clinics or ward based activity.</i>			✓	✓	✓	✓	✓	✓
5.0 Capabilities: Personalising the pathway for people living, and affected by cancer. The practitioner is able to:								
5.2 Work with individuals to develop personalised care plans. <i>Example:</i> <ul style="list-style-type: none"> • <i>Reflect their priorities and concerns both now and for the future.</i> • <i>Encourage self-care and self-reporting of significant symptoms, including in an emergency.</i> • <i>Consider the psychological effects of cancer and strategies to manage this.</i> • <i>Incorporate other medical conditions and frailty risk.</i> • <i>Consider the risks, benefits and consequences of treatment options.</i> 			✓	✓	✓	✓	✓	✓
5.3 a Have an understanding of the impact of treatment for individuals with cancer and co-morbidities when delivering care.	✓	✓						
5.3 b Take account during care planning of the impact of treatment for individuals with cancer and co-morbidities, including other regular appointments (example: cardiology, mental health, endocrinology).			✓	✓	✓	✓	✓	✓

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
5.4 Use care plans, pathways, treatment summaries and late effects surveillance to create person-centred individualised care and documentation.	✓	✓	✓	✓	✓	✓	✓	✓
5.5 Articulate how reducing symptoms, restoring and maintaining function and independence can improve quality of life and inform clinical outcomes.			✓	✓	✓	✓	✓	✓
5.9 Establish processes to ensure physical, psychological and social assessments are incorporated into local care planning systems, <i>Example: Holistic Needs Assessment (HNA), health promotion, psychosocial adjustment, work and social functioning.</i>							✓	✓
5.10 Recognise the significance of family, carers and social networks in planning and providing care and with the person's consent, develop partnerships with them to support care delivery, with due regard for the complexity and diversity in family relationships and arrangements. <i>Example: Inpatient discharge planning, self-directed aftercare, identification of palliative care needs.</i>	✓	✓	✓	✓	✓	✓	✓	✓
5.11 Review and audit care plans to promote evidence-based practice and ensure these reflect current best practice.			✓	✓	✓	✓	✓	✓
5.12 a Have an understanding of informed consent and shared decision making. <i>Training: Confirm attendance and reflection following completion of appropriate level of cancer education.</i>	✓	✓						
5.12 b Evaluate the implications of, and apply in practice, the relevant legislation for meaningful informed consent and shared decision making. <i>Training: Confirm attendance and reflection following completion of appropriate level of cancer education.</i>			✓	✓	✓	✓	✓	✓
5.13 Monitor and evaluate services and pathways to ensure these are delivered efficiently and effectively. Identifying areas for improvement and taking action to address risk. <i>Example: Evidence of a QI project.</i>					✓	✓	✓	✓
5.14 Work with local service providers, e.g. Primary Care, secondary care consultants, to develop pathways that facilitate rapid access to services. <i>Example: Re-entry to acute care services following signs of recurrence.</i>					✓	✓	✓	✓
6.0 & 7.0 Capabilities: Helping people make informed choices through information to support self-management and enable independence for people living with and affected by cancer as they live with or are affected by cancer. The practitioner is able to:								
6.1 Provide information and advice appropriate to the needs, priorities and concerns of individuals.	✓	✓	✓	✓	✓	✓	✓	✓

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
6.3 a Act as a specialist cancer resource for other health and care professionals when managing complex communication regarding informed choice.				✓	✓	✓		
6.3 b Act as an expert cancer resource for other health and care professionals when managing complex communication regarding informed choice.							✓	✓
6.4 Acknowledge and respect the decisions made by individuals concerning their health and wellbeing in relation to cancer, cancer treatments, survivorship and late effects care.	✓	✓	✓	✓	✓	✓	✓	✓
6.5 Explain the options, including the benefits and risks, to enable individuals to reach their own decisions about their treatment, health and wellbeing.			✓	✓	✓	✓	✓	✓
6.6 Seek help and report concerns to colleagues when an individual's choices place them at risk.	✓	✓	✓	✓	✓	✓	✓	✓
6.7 Identify factors affecting an individual's ability to request, organise or access services and take appropriate action to help them receive the care they require. <i>Example: Reflection on supporting knowledge of services, confidence to act, physical ability and psychological state.</i>	✓	✓	✓	✓	✓	✓	✓	✓
6.10 Work to ensure that services are inclusive and promote equal opportunities for access and service provision.							✓	✓
6.12 Collaborate with other providers to promote services to help individuals make informed choices about their health and wellbeing. Develop information (visual, audio, written and non-text based information) to ensure individuals receive appropriate information relative to their needs and at the right time in the pathway.			✓	✓	✓	✓	✓	✓
7.1 Provide written, online and verbal information to individuals about their condition, treatment and services available to support self-care and independence.	✓	✓	✓	✓	✓	✓	✓	✓
7.2 (7.9) Collaborate with other teams and agencies to develop and evaluate patient information resources for people living with and affected by cancer.				✓	✓	✓	✓	✓
7.3 Provide individuals with accessible information to support their treatment plan. <i>Example: Providing core information packs, articulate use of check lists, record of consultation, alert cards, audio visual material of signs and symptoms to be monitored in relation to cancer, cancer treatments, recurrence or likely late effects.</i>	✓	✓	✓	✓	✓	✓	✓	✓
7.10 Lead and develop support groups for individuals living with and affected by cancer and identify opportunities/gaps in the provision of support groups at a local level.					✓		✓	✓
7.11 Implement and inform local and national initiatives regarding the development of information and support resources.							✓	✓
8.0 Capabilities: Multidisciplinary, interagency and partnership working. The practitioner is able to:								

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
8.2. Ensure communication across the multidisciplinary team is clearly documented and accessible to the health care team.	✓	✓	✓	✓	✓	✓	✓	✓
8.3 Advocate an inclusive approach between individuals, relatives and carers with the multidisciplinary team to optimise the individuals care pathway.		✓	✓	✓	✓	✓	✓	✓
8.4 Act as a key contact with a variety of agencies in relation to current and anticipated needs of individual patients. <i>Example: Employment, education, financial, practical and emotional support exercise services, understanding the contributions of different health, social care and voluntary sector services in meeting holistic care needs.</i>				✓	✓	✓	✓	✓
8.5 a Have a knowledge of the range of services available to support people across the care pathway. <i>Example: Referral for a wig.</i>	✓	✓						
8.5 b Have a knowledge of the range of services available to support people across the care pathway and how to refer/signpost to them with awareness of when it would be appropriate to refer back to treating centres, including emergency presentations.			✓	✓	✓	✓	✓	✓
8.6 Coordinate MDT interventions relating to individuals with complex care needs throughout their cancer pathway. <i>Example: Working collaboratively to access specific equipment to support independence at home.</i>				✓	✓	✓	✓	✓
8.7 Work effectively within and across teams, managing the complexity of the individual as they transition from one team to another.			✓	✓	✓	✓	✓	✓
8.8 Work with health, social care and voluntary sector services to ensure coordinated care that meets current and anticipated future needs of individuals. <i>Example: Employment, financial benefits, education, information and late effects.</i>			✓	✓	✓	✓	✓	✓
8.9 Liaise with, signpost to and make referrals to the multidisciplinary team and other health and care professionals across all settings relating to health equity. <i>Example: Physical disability, learning disability and mental health.</i>			✓	✓	✓	✓	✓	✓
8.10 a Provide advice to other members of the MDT working within Health & Social Care and/or voluntary sector services.				✓	✓	✓		
8.10 b Provide expert advice to other members of the MDT working within Health & Social Care and/or voluntary sector services.							✓	✓

Domain A: Person-centred collaborative working	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
8.11 Actively contribute to the development of services in the MDT understanding the importance of effective team dynamics.					✓		✓	✓
8.12 Build partnerships with health and social care, voluntary agencies and independent sectors to promote engagement with cancer services and late effects care.								✓
9.0 Capabilities: Referrals and integrated working to support transitional care for people living with and affected by cancer. The practitioner is able to:								
9.1 Understand the roles that acute, community and primary care services play in supporting people living with and affected by cancer.	✓	✓	✓	✓	✓	✓	✓	✓
9.2 Understand the issues facing individuals as they complete cancer treatment or are discharged from acute hospital follow up.	✓	✓	✓	✓	✓	✓	✓	✓
9.3 Support individuals to develop confidence in their ability to cope with transition points in their care such as on discharge from hospital care to self-managing at home. <i>Example: Supporting independence, acting as an advocate.</i>	✓	✓	✓	✓	✓	✓	✓	✓
9.4 Effectively uses the end of treatment summary in communication between hospital and primary care services to support and inform ongoing cancer care.			✓	✓	✓	✓	✓	✓
9.5 Take an active role in working with others to limit the occurrence of potential crisis for individuals living with cancer. <i>Example: Managing with contingency to avoid inappropriate admission to hospital.</i>				✓	✓	✓	✓	✓
9.6 Provide information and support regarding ongoing late effects surveillance.			✓	✓	✓	✓	✓	✓
9.7 a Act as a specialist resource for local Health & Social Care and/or voluntary sector services regarding transitional care.					✓			
9.7 b Act as an expert resource for local Health & Social Care and/or voluntary sector services regarding transitional care.							✓	✓
9.8 Take a leading role in developing emergency referral pathways and educating the wider multi-disciplinary team on appropriate courses of action.							✓	✓
9.10 Lead and develop strong partnerships with other agencies to develop clear pathways and guidelines for the transfer of long-term follow-up to primary care services. <i>Example: Developing models of follow up care such as referral to palliative care services.</i>							✓	✓
9.11 Lead and evaluate the development of education programmes for staff involved in supporting patients who move across different healthcare settings to ensure a safe and effective transfer. <i>Example: Establishing primary care education through collaboration with education providers.</i>							✓	✓

Domain B: Assessment, investigations and diagnosis UKONS Triage tool, HNA/eHNA	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
10.0 Capabilities: History taking. The practitioner is able to:								
10.1 Demonstrate an understanding of the Holistic Needs Assessment and person- centred care plan process, including the physical and psychosocial components, and its implications for practice; understanding the components which might influence personal choice, such as faith, age, culture.	✓	✓	✓	✓	✓	✓	✓	✓
10.2 In collaboration with the individual, use Holistic Needs Assessment and person- centred Care Planning to identify and prioritise needs which require support and informs the development of an appropriate personalised plan with defined outcomes.				✓	✓		✓	✓
10.3 Structure interactions/consultations so that the person and/or their carer/family (where applicable) is encouraged to express their ideas, concerns, expectations and understanding.	✓	✓	✓	✓	✓	✓	✓	✓
10.4 Uses specialist skills and knowledge to carry out screening and clinical assessments, conducting assessments using appropriate standardised, evidence-based screening and assessment tools within your specialist field.				✓	✓	✓	✓	✓
10.5 Use active listening skills and open questions to effectively engage and facilitate shared goals.	✓	✓	✓	✓	✓	✓	✓	✓
10.6 a Be aware of people's ideas, concerns and expectations about their symptoms and condition.	✓	✓						
10.6 b Explore and appraise peoples' ideas, concerns and expectations about their symptoms and condition and whether these may act as a driver or form a barrier.			✓	✓	✓	✓	✓	✓
10.7 Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical, mental and psychological presentations.					✓	✓	✓	✓
10.8a Be able to undertake general history-taking, for acute oncological/haematological presentations, reoccurrence, cancer treatment side effects and late effects.			✓					
10.8 b Be able to undertake general and focused history-taking to elicit and assess 'red flags,' acute oncological/haematology presentations, reoccurrence, cancer treatment side effects and late effects.				✓	✓	✓	✓	✓
10.9 Synthesise information, taking account of factors which may include the presenting symptom, existing symptoms, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health to establish differential diagnoses.					✓	✓	✓	✓
10.10 Incorporate information on the nature of the person's needs preferences and priorities from appropriate sources, for example third parties, previous histories and investigations.					✓	✓	✓	✓
10.11 a Be aware of and escalate the impact of individuals' presenting symptoms, including the impairment of function, limitation of activities and restriction on participation, including work.	✓	✓	✓					

Domain B: Assessment, investigations and diagnosis UKONS Triage tool, HNA/eHNA	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
10.11 b Assess the impact of individuals' presenting symptoms, including the impairment of function, limitation of activities and restriction on participation, including work.				✓	✓	✓	✓	✓
10.12 Deliver diagnosis and test/investigation results, including bad news, sensitively and appropriately in line with local or national guidance, using a range of mediums including spoken word and diagrams for example to ensure the person has understanding about what has been communicated.					✓	✓	✓	✓
10.13 Record all information gathered concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.	✓	✓	✓	✓	✓	✓	✓	✓
11.0 Capabilities: Clinical physical and mental health assessment. The practitioner is able to:								
11.1 Appropriately obtain consent to physical examination. Respect and maintain the patient's privacy, dignity (and comfort as far as practicable), and comply with infection prevention and control procedures.	✓	✓	✓	✓	✓	✓	✓	✓
11.2 Adapt practice to meet the needs of different groups and individuals. <i>Example: Consider the environment and infrastructure to meet the particular needs of the individual with a cognitive impairment or learning disabilities.</i>	✓	✓	✓	✓	✓	✓	✓	✓
11.4 Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively. <i>Example: NEWS (National Early Learning Score).</i>			✓	✓	✓	✓	✓	✓
11.5 Use nationally recognised tools where appropriate to assess peoples' condition and symptoms. <i>Example: UKONS Triage assessment tool, NEWS, ELCOS (End of Life Care Operational System).</i>	✓		✓	✓	✓	✓	✓	✓
11.6 (11.9) Use an agreed mental health assessment tool appropriate to the needs of the patient and consider the need for an appropriate and timely referral if required. <i>Example: Mental Capacity Act, DOLs assessment.</i>					✓	✓	✓	✓
11.7 a Have awareness of the psychological, social and emotional needs of the individual affected by cancer, their relatives and carers including coming to terms with a cancer diagnosis and potentially a terminal diagnosis.	✓	✓						
11.7 b Assess the psychological, social and emotional needs of the individual affected by cancer, and have an awareness of the impact this can have on relatives and carers including coming to terms with a cancer diagnosis and potentially a terminal diagnosis.			✓	✓	✓	✓	✓	✓

Domain B: Assessment, investigations and diagnosis UKONS Triage tool, HNA/eHNA	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
11.8 Use knowledge of cancer, its treatment and the risks of late effects complications to ensure assessments are appropriate to individual needs. <i>Example: Use of PACE nursing assessment booklet, cognisance of cancer type and staging, treatment option, impact of age and co-morbidities).</i>			✓	✓	✓	✓	✓	✓
11.10 Record information contemporaneously through assessments for clinical management and in compliance with local guidance, legal and professional requirements. <i>Example: Demonstrate confidentiality, data protection and information governance.</i>	✓	✓	✓	✓	✓	✓	✓	✓
12.0 Capabilities: Investigations, diagnosis and care planning. The practitioner is able to:								
12.1 (see reference also to 12.9 & 12.10) Identify possible differential diagnoses for symptoms using a structured problem-solving method. <i>Example: Consider the rational for a symptom such as rash or nausea in conjunction with current line of treatment.</i>			✓	✓	✓	✓	✓	✓
12.2 Understand the role of risk stratification and the implications for the patient in ongoing surveillance for people living with cancer or for those at increased risk of cancer.				✓	✓	✓	✓	✓
12.3 Lead and develop services based on a risk stratified approach to care in collaboration with the wider multidisciplinary team.							✓	✓
12.4 Assess the importance and meaning of presenting features from the clinical assessment, recognising the different symptoms and conditions commonly seen in first point of contact roles in cancer care. <i>Training: UKONS Telephone triage training and UKAOS passport.</i> <i>Example: Identification of oncological emergencies.</i>			✓	✓	✓	✓	✓	✓
12.5 a Recognise signs and symptoms requiring a change in the care pathway and escalate.	✓	✓						
12.5 b Recognise signs and symptoms requiring a change in the care pathway, escalate and initiate interventions.			✓	✓	✓	✓	✓	✓
12.6 Identify risk factors for severity or impact and use tools where they exist to analyse and stratify risk of progression to long term symptoms and disability.							✓	✓
12.7 a Assess the impact of cancer diagnosis and treatment on lifestyle and signpost appropriately.	✓	✓						
12.7 b Assess the impact of cancer diagnosis and treatment on lifestyle and employment and implement appropriate interventions. <i>Example: Use of Occupational Health.</i>			✓	✓	✓	✓	✓	✓

Domain B: Assessment, investigations and diagnosis UKONS Triage tool, HNA/eHNA	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
12.8 Understand the importance and implications of findings and results and take appropriate action. <i>Example: This may be urgent referral/escalation as in life threatening situations, or further investigations, treatment or referral.</i>	✓	✓	✓	✓	✓	✓	✓	✓
12.9 (see reference also to 12.1) Formulate a differential diagnosis based on subjective and where available objective data.					✓	✓	✓	✓
12.10 Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained.				✓	✓	✓	✓	✓
12.11 Instigate appropriate investigative tests to aid diagnosis and assessment this reflects independent assessment.							✓	✓
12.12 a Demonstrate knowledge of tests and investigations commonly used in cancer care. <i>Example: Articulate what a PET Scan, CT, MRI and added value of each.</i>			✓	✓				
12.12 b Demonstrate knowledge of tests and investigations commonly used in cancer care, including rationale for use and normal ranges of results. <i>Example: Blood chemistry.</i>					✓	✓	✓	✓
12.13 Develop individualised person- centred care plans for tests and investigations and initiate them in accordance with guidelines and protocols.			✓	✓	✓	✓	✓	✓
12.14 Request and monitor diagnostic tests and investigations independently according to the individual's clinical need.					✓	✓	✓	✓
12.15 Understand and interpret test results and act appropriately, demonstrating an understanding of the indications and limitations of different tests to inform decision-making.					✓	✓	✓	✓
12.16 Provide appropriate explanations to individuals regarding the procedures involved and the reasons for tests and investigations.	✓	✓	✓	✓	✓	✓	✓	✓
12.17 Ensure the needs of patients with complex needs are met when obtaining consent for tests and investigations. <i>Example: When supporting individuals with cognitive impairment.</i>			✓	✓	✓	✓	✓	✓
12.18 Provide support and further explanation to the patient and family after the clinician has discussed test results.			✓	✓	✓	✓	✓	✓
12.19 Act as an expert resource for other health care professionals when dealing with complex or challenging situations relating to assessment.					✓	✓	✓	✓
12.20 Discuss findings with cancer specialist teams and document the outcome.				✓	✓	✓	✓	✓

Domain B: Assessment, investigations and diagnosis UKONS Triage tool, HNA/eHNA	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
12.21 Recognise when a clinical situation is beyond individual capability or competence and escalate appropriately.	✓	✓	✓	✓	✓	✓	✓	✓
12.22 Recognise other common co-morbidities that may be identified during assessment and makes appropriate referrals for ongoing care.			✓	✓	✓	✓	✓	✓
Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
13.0 Capabilities: Clinical management. The practitioner is able to:								
13.1 Adjust clinical management plan in response to changing individual need.					✓	✓	✓	✓
13.2 Consider an active monitoring approach for a change in condition or symptom where appropriate. <i>Example: PSA monitoring.</i>							✓	✓
13.3 Safely prioritise problems in situations using a collaborative approach where the person presents with multiple issues.					✓	✓	✓	✓
13.4 Implement person-centred management plans with the individual, and where appropriate incorporate their carers, families and other healthcare professionals.					✓	✓	✓	✓
13.5 Arrange appropriate follow up that is safe and timely to monitor changes in the individual's condition and recognise the need for escalation or alternative treatment.					✓	✓	✓	✓
13.6 Ensure a culture of continual evaluation of care against existing standards and patient outcomes.					✓	✓	✓	✓
13.10 Ensure safety-netting advice is appropriate and the individual understands when to seek urgent or routine review. <i>Example: Assuring individual has been informed about how and when to access the triage helpline, contact number for CNS.</i>					✓	✓	✓	✓
13.12 Recognise, support and proactively manage individuals who require palliative care and those in their last year of life, extending the support to carers and families as appropriate (Link to Capability 20.0). <i>Training needs: Palliative Care Awareness Training.</i>			✓	✓	✓	✓	✓	✓
14.0 Capabilities: Managing medical and clinical complexity and risk. The practitioner is able to:								
14.2 Proactively manage acute and chronic symptoms experienced by individuals with a cancer diagnosis, including those with other clinical conditions.					✓	✓	✓	✓

Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
14.4 Appropriately support individuals at risk of or demonstrating signs of acute deterioration, with effective and timely triage and intervention.			✓	✓	✓	✓	✓	✓
14.5 Recognise the conflicts that arise when managing individuals with multiple problems and take steps to adjust care appropriately.				✓	✓	✓	✓	✓
14.6 Communicate risk effectively to individuals and involve them appropriately in management strategies and decision making.			✓	✓	✓	✓	✓	✓
14.7 Consider the particular complex health needs among high- risk individuals affected by cancer. <i>Example: Those individuals requiring support with addictions, vulnerability, homelessness, chronic conditions, complex learning needs, high risk of recurrence, high risk of treatment complications.</i>							✓	✓
14.9 Manage situations where care is needed out of hours and understand how to enable the necessary arrangements. This should include clear safety-netting and escalation instructions for individuals and carers. <i>Example: Assuring individual has been informed about how and when to access the triage helpline.</i>			✓	✓	✓	✓	✓	✓
14.10 Identify the need for immediate treatment of cancer related palliative and urgent care emergencies such as those outlined in the NICaN Acute Oncology guidelines. <i>Example Neutropenic sepsis or spinal cord compression.</i>			✓	✓	✓	✓	✓	✓
15.0 Capabilities: Independent prescribing and pharmacotherapy. The practitioner is able to:								
15.1 Safely prescribe and/or administer therapeutic medications, relevant and appropriate to scope of practice, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies. <i>Example: Staff member is listed on Trust prescribing register.</i>			✓	✓	✓	✓	✓	✓
15.3 Critically analyse polypharmacy within staff scope of practice, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision. <i>Example: Identifying contraindications.</i>				✓	✓	✓	✓	✓
15.4 Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing. Follow Royal Pharmaceutical Society Framework guidelines. <i>Example: Medicines optimisation.</i>					✓	✓	✓	✓
15.5 Practise in-line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources.			✓	✓	✓	✓	✓	✓

Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
15.7 Review response to medication; recognising the balance of risks and benefits which may occur. Take account of context including: <ul style="list-style-type: none"> • what matters to the individual and their experience • impact for them and preferences in the context of their life • polypharmacy • multimorbidity • frailty • existing medical issues such as kidney or liver issues • cognitive impairment 			✓	✓	✓	✓	✓	✓
15.8 Be able to confidently explain and discuss risk and benefit to individuals of systemic anti-cancer therapy and non-cancer medications.			✓	✓	✓	✓	✓	✓
15.9 Advise people on medicines management, their compliance, expected benefits and limitations.			✓	✓	✓	✓	✓	✓
15.10 Understand a range of options available other than drug prescribing. <i>Example: Promoting self-care and lifestyle change and advising on the purchase of over-the-counter medicines.</i>			✓	✓	✓	✓	✓	✓
15.11 Facilitate, refer to and/or prescribe non-medicinal therapies. <i>Example: Psycho-oncology, lifestyle changes, wellbeing information and support, and social prescribing.</i>		✓	✓	✓	✓	✓	✓	✓
15.12 Support individuals to only take medications they require and deprescribe where appropriate.				✓	✓	✓	✓	✓
15.13 Support individuals having pharmacological treatment for cancer including knowledge of and management of side effects and when to seek additional advice. <i>Example: Triage helpline.</i>			✓	✓	✓	✓	✓	✓
16.0 Capabilities: Prehabilitation and rehabilitation interventions the practitioner is able to:								
16.1 Understand how to screen and assess people with cancer for pre-habilitation interventions using specific tools.	✓	✓	✓	✓	✓	✓	✓	✓
16.2/3 Understand the importance of prehabilitation interventions and a risk stratified approach at the earliest opportunity from diagnosis. Know how to implement the elements of effective prehabilitation, and how they can support people with cancer.	✓	✓	✓	✓	✓	✓	✓	✓

Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
16.4 Understand the role of common rehabilitation interventions for people with cancer.	✓	✓	✓	✓	✓	✓	✓	✓
16.6 Advise on the expected benefits and limitations of different rehabilitation interventions used in managing the symptoms and side effects of cancer and its treatments.				✓	✓	✓	✓	✓
16.8 Understand that cognitive, psychological and emotional support are the key to successful rehabilitation.	✓	✓	✓	✓	✓	✓	✓	✓
16.10 Work in partnership with individuals to explore suitability of prehabilitation (universal, targeted and specialist) and rehabilitation interventions, including social prescribing and access to community-based physical activity programmes.			✓	✓	✓	✓	✓	✓
16.11 Signpost; advise and have sound knowledge of personal rehabilitation programmes to help individuals enhance, restore and maintain their mobility, function and independence. <i>Example: Use of digital technology to support adherence where appropriate.</i>				✓	✓	✓	✓	✓
16.12 Refer individuals to specialist health care professionals. <i>Example: Allied health professionals where this is appropriate to individuals' needs and wishes.</i>			✓	✓	✓	✓	✓	✓
16.14 Make recommendations to employers regarding individuals' fitness to work, examples include: <ul style="list-style-type: none"> • use of fit notes • seeking of appropriate occupational health advice • SR1 • CAPPA forms • Insurance forms 					✓	✓	✓	✓
17.0 Capabilities: Promoting self-management and behaviour change. The practitioner is able to: motivational interviewing								
17.1 Screen and assess the ability and motivation of individual cancer patients to self-care, developing strategies and interventions to optimise the individual's ability to self-manage and evaluating effectiveness.					✓	✓	✓	✓
17.3 Teach individuals to carry out self-monitoring and self-care, mentoring them in the process, including recognising symptoms that require further advice/investigation and the pathways available for accessing this care. <i>Example: Use of glucometer to monitor blood sugars.</i>			✓	✓	✓	✓	✓	✓
17.4 Promote the importance of physical activity for general health and advise on what people with cancer related symptoms can and should do.	✓	✓	✓	✓	✓	✓	✓	✓
17.5 Promote the importance of a healthy diet and nutritional requirements to reduce the impact of cancer-related symptoms.	✓	✓	✓	✓	✓	✓	✓	✓

Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
17.6 Advise on the effects of smoking, diet and inactivity in cancer related symptoms and, where appropriate promote change or refer to relevant services.	✓	✓	✓	✓	✓	✓	✓	✓
17.7 Provide encouragement to individuals attempting to change or adopt new health related behaviours providing positive reinforcement when they are finding it difficult or achieving less than they hoped, supporting development of realistic short and long-term goals.	✓	✓	✓	✓	✓	✓	✓	✓
17.8 Signpost individuals to local services that support healthy living, acknowledging and respecting decision making, enabling individuals to identify from a range of services the support which would meet their needs. <i>Example: Promoting utilisation of Macmillan Information Support.</i>	✓	✓	✓	✓	✓	✓	✓	✓
17.9 Involve the family/support network (where appropriate) in enabling self-management and self-care.	✓	✓	✓	✓	✓	✓	✓	✓
17.10 Provide practical and emotional support to enable individuals to communicate with health professionals, encouraging them to ask questions about what is important to them.	✓	✓	✓	✓	✓	✓	✓	✓
17.11 Recognise social, economic, and environmental factors that influence behaviour, and provide intervention and/or signposting to inform and motivate individuals to positively change behaviour. <i>Examples: Smoking Cessation.</i>	✓	✓	✓	✓	✓	✓	✓	✓
17.12 Develop and provide services with interventions designed to support behaviour change, using evidenced based techniques tailored to the capabilities, opportunities and motivations of the individual.							✓	✓
17.13 Proactively promote self-care principles at local, national and international forums, supporting team members to understand models and concepts related to health behaviour change recognising 'teachable moment' opportunities.							✓	✓
17.14 Ensure that effective strategies are in place to maximise the opportunities for self-management and/or supported self-management.					✓	✓	✓	✓
18.0 Capabilities: Symptom management, the practitioner is able to:								
<i>Example: Disease-related/treatment-related symptoms and complications that patients with cancer can experience, which can occur at different stages in the pathway are provided in Section 2.</i>								
18.1 Recognise common symptoms and oncological/haematological emergencies. <i>Example: Neutropenic sepsis or spinal cord compression.</i>			✓	✓	✓	✓	✓	✓
18.2 Assess and recognise treatment-related symptoms.			✓	✓	✓	✓	✓	✓

Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
18.3 Undertake assessment, plan care for and manage treatment-related and disease related symptoms using appropriate evidence-based screening and assessment tools.				✓	✓	✓	✓	✓
18.4 Have a knowledge of the presentations of treatment-related and disease related symptoms and what necessitates escalation, emergency admission and/or onward referral. <i>Example: UKONS Triage Assessment.</i>				✓	✓	✓	✓	✓
18.5 Complete required referrals and monitor and record interventions.			✓	✓	✓	✓	✓	✓
18.6 Report to specialist multi-disciplinary teams concerning progression, deterioration or those with highly complex need.			✓	✓	✓	✓	✓	✓
19.0 Capabilities: Late effects. The practitioner is able to:								
19.1 Demonstrate knowledge of symptoms and care interventions for late effects. <i>Example: Endocrine, bone health, cardiac toxicity, psychosexual issues, fertility, dental health, early menopause.</i>			✓	✓	✓	✓	✓	✓
19.2 Distinguish between symptoms and intervene to ensure individuals are on the appropriate care pathway. <i>Example: Treatment related, late effects, recurrence, progression.</i>					✓	✓	✓	✓
19.3 Use protocols and guidelines to create holistic individual care pathways and documentation <i>Example: Plans, treatment summaries, late effects surveillance.</i>			✓	✓	✓	✓	✓	✓
19.4 Provide specialist interventions and advice to support symptom management including complex symptoms arising from cancer, cancer treatment and late effects.					✓	✓	✓	✓
19.5 Use knowledge of cancer, its treatment and the risks of late effects complications to ensure assessments are appropriate to individual needs <i>Example: Type of cancer, treatment received, age, co-morbidities.</i>				✓	✓	✓	✓	✓
19.6 Provide information and support to primary care staff regarding ongoing late effects surveillance.					✓	✓	✓	✓
19.7 Work with other agencies and services to ensure that cancer, late effects and survivorship is fully integrated into the care plans of individuals with new and pre-existing mental health illness.					✓	✓	✓	✓
19.8 Work with statutory, voluntary and community services to ensure coordinated care that meets current and anticipated future needs of individuals. <i>Example: Employment, financial, educational, late effects.</i>					✓	✓	✓	✓
19.9 Develop systems for documenting symptoms that help to build knowledge about late effects and services.							✓	✓

Domain C: Condition management, treatment and planning	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
19.10 Develop systems for documenting assessment findings that help to increase wider knowledge about cancer, its treatment consequences and survivorship, late effects and services.								✓
19.11 Build partnerships with statutory, voluntary, community and independent sectors to promote engagement with cancer services and late effects care.								✓
19.12 Play a leading role in local, network and national audits of late effects and cancer services.								✓
20.0 Capabilities: Palliative and end of life care. The practitioner is able to:								
20.1 Take a structured history of a patient which leads to the identification of palliative care needs or progression to the last days of life.			✓	✓	✓	✓	✓	✓
20.2 Undertake appropriate assessment and examination of patient presenting with palliative care needs.					✓	✓	✓	✓
20.3 Provide well evidenced differential diagnosis and suggested management plan, to include the use of pharmacological and non- pharmacological interventions.					✓	✓	✓	✓
20.4 Understand and practice within the key legal framework relating to end-of-life care such as: <i>Example: NI Advance Care Planning Policy 2022.</i>	✓	✓	✓	✓	✓	✓	✓	✓
20.5 Identify social, psychological and medical need for additional support for individuals, their carer and/or family.			✓	✓	✓	✓	✓	✓
20.6 Identify the need for additional clinical and professional palliative care support such as district nursing or for complex needs, specialist palliative care services.			✓	✓	✓	✓	✓	✓
Domain D: Leadership and collaborative practice	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
21.0 Capabilities: Leadership, management and organisation the practitioner is able to:								
21.1 Be organized with due consideration for people and colleagues, carrying out both clinical and non-clinical aspects of work in a timely manner, demonstrating effective time management within the constraints of the time limited nature of healthcare.	✓	✓	✓	✓	✓	✓	✓	✓
21.2 Respond supportively when services are under pressure, acting in a responsible and considered way to ensure safe practice.	✓	✓	✓	✓	✓	✓	✓	✓
21.3 Act appropriately when service deficiencies are identified that have the potential to affect the management of the individuals' care and condition, including taking corrective action, where needed. <i>Example: Long waiting times.</i>							✓	✓

Domain D: Leadership and collaborative practice	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
21.4 Demonstrate leadership and resilience, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.				✓	✓	✓	✓	✓
21.5 Demonstrate receptiveness to challenge and preparedness to supportively challenge others. Escalating concerns that affect individuals, families, carers, communities and colleagues' regarding safety and well-being.	✓	✓	✓	✓	✓	✓	✓	✓
21.6 Demonstrate awareness of policies and procedures relevant to their own area of practice in cancer services.	✓	✓	✓	✓	✓	✓	✓	✓
21.8 Influence policies for people living with and beyond cancer at local/regional/national level. Sharing feedback to internal and external organisations as required.								✓
21.9/14 Demonstrate meaning of funding, commissioning and development of cancer services to meet population need. Capture and evaluate evidence with key stakeholders to influence commissioning agendas locally and regionally.							✓	✓
21.10 Recognise the factors within evidence which influences funding and commissioning of cancer services. <i>Example: Cost, benefits, impact and outcomes. Training on business case development.</i>								✓
21.11/13 Lead on the implementation of national guidance for services for people with cancer. <i>Example: Development of an innovative service model across a pathway.</i>							✓	✓
21.12 Represent services for people with cancer or own discipline at local, national and internationally and/or network meetings.					✓	✓	✓	✓
21.14 a Capture, review and evaluate key performance indicators to demonstrate service performance. <i>Example: Number of Holistic needs assessments completed.</i>					✓	✓	✓	✓
21.15 Develop and implement robust governance systems and systematic documentation processes.							✓	✓
21.17 Actively participate in internal and external reviews. <i>Example: Serious adverse incident review, peer review, RQIA cancer patient experience surveys.</i>					✓	✓	✓	✓
21.19 Work collaboratively with all stakeholders, at a local and strategic level to engage in short - and long-term strategic planning. Encourage innovation, facilitate effective change, evaluate impact of clinical practice and monitor quality of cancer care and services.								✓

Domain E: Developing evidence-based practice and improving quality	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
22.0 & 2.0 Capabilities: Research and evidence-based practice. The practitioner is able to:								
22.2 Access appropriate sources of evidence to support practice in cancer and palliative care services (for example journals, literature reviews, research articles, audits, and arts-based practices).	✓	✓	✓	✓	✓	✓	✓	✓
22.3 Understand the evidence of best practice to inform practice.	✓	✓	✓	✓	✓	✓	✓	✓
22.4 Demonstrate an understanding of the principles of clinical research, explaining to service users' common terms and concepts in relation to their cancer treatments. <i>Example: Placebo, randomisation, quantitative and qualitative research, critical appraisal, patient-reported outcomes, informed consent.</i>			✓	✓	✓	✓	✓	✓
22.6 Use specialist and expert knowledge to contribute to the development of evidence-based policies and procedures.					✓	✓	✓	✓
22.7 Understand and contribute data to systems to be used for research, audit or service evaluation.					✓	✓	✓	✓
22.8 Understand the ethical and legal issues around data collection and information handling, including confidentiality, informed consent, data protection and storage and apply good practice guidance.	✓	✓	✓	✓	✓	✓	✓	✓
22.9 Work to advance the development of a research strategy for cancer and/or lead on own or collaborative research projects.							✓	✓
22.10 Apply a range of quality assurance and research methodologies. Selecting and applying rigorous and systematic methods, evaluating own and other clinical practice. Disseminate and use findings to identify strategies to improve/enhance/innovate cancer care and services.								✓
22.12 Ensure that systems are in place to guarantee that project design, data management and dissemination meet ethical practice standards.							✓	✓
22.13 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.							✓	✓
22.14 Proactively network to develop and facilitate collaborative links with cancer services and active researchers in academic and clinical settings to identify potential for further research in cancer care. Seek opportunities to apply for funding, disseminate research and quality improvement through relevant media and fora.								✓

Domain E: Developing evidence-based practice and improving quality	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
22.15 Formulate and implement strategies to act on learning from a range of sources (e.g. audit, service user feedback, research, policy). Utilise knowledge of funding opportunities to make improvements and lead new practice. <i>Example: Service/system redesign solutions to reduce variation, promote access to underserved communities, enhance quality in response to feedback, evaluation and need.</i>								✓
2.10 Promote mechanisms such as complaints, significant events and performance management processes in order to improve peoples' care.	✓	✓	✓	✓	✓	✓	✓	✓
Domain F: Developing evidence-based practice and improving quality	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
23.0 Capabilities: Service evaluation and quality improvement. The practitioner is able to:								
23.1 Initiate, lead and guide investigation and review of services.							✓	✓
23.2 Demonstrate the impact of advanced and consultant level clinical practice on service function, effectiveness and quality (that is outcomes of care, experience and safety).							✓	✓
23.3 Assist with service evaluations and audits of key aspects of practice. <i>Example: Patient satisfaction, local service standards.</i>	✓	✓	✓	✓	✓	✓	✓	✓
23.4 Instigate developing practice in response to changing population health need, engaging in horizon scanning for future developments and to add value. <i>Example: Impacts of genomics, new treatments and changing social challenges.</i>								✓
23.5/6 Identify gaps and potential opportunities within current service that could be developed. Collect data required for service evaluations, audits or research.	✓	✓	✓	✓	✓	✓	✓	✓
23.7 Develop systems for measuring outcomes for individuals, groups and services that enable accurate and meaningful reviews of progress and services.							✓	✓
23.8 Actively and inclusively involve a range of service users in evaluating services, applying the principles of equality, diversity and anti-discriminatory practice.					✓	✓	✓	✓
23.9 Interpret, synthesis and summarise data to create information and knowledge that can influence clinical care. <i>Example: Recognise the need to commence palliative care or end of life services, service delivery and/or affect small scale service improvement.</i>							✓	✓
23.10 Evaluate the effectiveness of guidelines, screening and assessment tools used locally, nationally and internationally in terms of impact on patient outcomes measures and services.							✓	✓

Domain F: Developing evidence-based practice and improving quality	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
23.11 Critically evaluate local and national service change in similar cancer/palliative care services comparing the data and knowledge generated against own services to inform business cases and commissioning opportunities.								✓
23.12 Use data supported information to drive both small- and large-scale service improvement.					✓	✓	✓	✓
23.13 Work with individuals and groups of service users to promote their inclusion in the development and review of services for people living with and beyond cancer and leads on delegated projects.							✓	✓
23.14 Ensure and monitor that own and local services meet the wide range of needs of people living with a cancer diagnosis from prehabilitation to living well (health promotion), to active surveillance and complex symptom management.							✓	✓
23.15 Set up monitoring to ensure that regional and network services meet the wide range of needs of people living with a cancer diagnosis from prehabilitation to living well (health promotion), to active surveillance and complex symptom management and lead on innovations in service delivery.								✓
23.16 Contribute to the development and completion of peer review, service review, audits and research within local services.	✓	✓	✓	✓	✓	✓	✓	✓
23.17 Establish the development and completion of peer review, service review, audits and research within local/regional services evaluating and presenting findings to inform strategic service developments.							✓	✓
Domain G: Educating and developing self and others	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
24.0 Capabilities: Education The practitioner is able to:								
24.1/3 Critically assess and address own learning needs. Plan, engage in and record learning and development relevant to role and professional, regulatory and employment requirements. Negotiate a personal development plan that reflects the breadth of ongoing professional development across the 4 pillars of clinical practice.	✓	✓	✓	✓	✓	✓	✓	✓
24.2 Engage in self-directed learning, critically reflecting on practice to maximise advanced clinical skills and knowledge, as well as own potential to lead and develop both care and services locally and regionally.							✓	✓
24.4/24.5 Contribute to a culture of organisational learning and act as a role model, educator, supervisor, coach and mentor. Seek to instill and develop the confidence of others, actively facilitate the development of others. to inspire future and existing staff.	✓	✓	✓	✓	✓	✓	✓	✓

Domain G: Educating and developing self and others	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
24.6 Establish, deliver and evaluate teaching/learning and development opportunities for the workforce providing general and specialist cancer care in a range of settings, including supervising and assessing those on clinical placements.			✓	✓	✓	✓	✓	✓
24.7 Contribute to curriculum development and delivery of cancer and/or palliative care modules/programmes at undergraduate and postgraduate level with education providers.					✓	✓	✓	✓
24.8 Instigate, promote and utilise clinical supervision for self and other members of the healthcare team to support and facilitate professional development.			✓	✓	✓	✓	✓	✓
24.9 Lead learning and development needs analyses to inform education commissioning and to build capacity and capability of the workforce. <i>Example: Work-based and interprofessional learning, and accredited modules and courses.</i>							✓	✓
24.10 Disseminate and explain the findings of research, quality improvement projects and data through appropriate media, using language and terminology appropriate to the intended audience. <i>Example: Presentations to service users, multi-disciplinary teams, network meeting.</i>				✓	✓	✓	✓	✓
24.11 Establish opportunities to collaborate with those involved in providing services for people with cancer to generate quality initiatives. <i>Example: Spread and adoption of good practice, research, audits, service reviews, quality improvement projects and journal clubs.</i>							✓	✓
24.12 Support other staff in the implementation of service improvement for people with cancer.	✓	✓	✓	✓	✓	✓	✓	✓
24.14 Promote the availability of local, regional and national cancer/palliative care learning opportunities within own service/system and foster links and placements for pre-registration to facilitate achievement of core cancer learning outcomes and capabilities in practice.				✓	✓	✓	✓	✓
24.15 Write for publication and poster presentations for local and national conferences on own specialty/practice.			✓	✓	✓	✓	✓	✓
24.16 In collaboration with clinical, research and academic partners, disseminate research/knowledge exchange and innovation activities through presentations at national and international conferences and writing for publication.					✓	✓	✓	✓
24.17 Develop relationships with other agencies to promote research and enterprise, build partnerships to improve experiences and services for people living with and affected by cancer.							✓	✓
24.18 Engage in research supervision as member of supervisory teams for health and social care students/staff undertaking research.								✓

Domain G: Educating and developing self and others	SNA	CSW	RN	SCN	CNS	ONP/HNP	ANP	CONS
24.19 Recognise people as a source of learning, in their stories, experiences and perspectives, and as peers to co- design and co-deliver educational opportunities, such as: <ul style="list-style-type: none"> • appraise and respond to learning/information needs of individuals, families, carers and communities. • deliver informal learning opportunities • deliver structured education and training to people with cancer, their families and carers to promote self-care • support health literacy. • empower participation in decision-making about aspects of their care, management and treatment. 	✓	✓	✓	✓	✓	✓	✓	✓
24.20 Critically analyse and instigate the development of the workplace as a learning environment to enhance the knowledge, skills and capabilities of health and care colleagues. Deliver evidence-based generalist and specialist cancer care, evaluating the impact and application of learning to clinical practice, patient and service outcomes.								✓
24.21 Set up, procure or instigate business cases to develop educators, supervisors and assessors within the wider multi-professional specialist cancer workforce.								✓

Section 2: Examples of Common Disease and Treatment Effects

Common	Onc/Haem emergencies	Treatment-related specific	Disease-related specific
<ul style="list-style-type: none"> • Alopecia (treatment-induced) • Altered body image and function • Anxiety • Acute peripheral neuropathy • Cognitive impairment • Fatigue • Gastro-intestinal symptoms (mucositis, indigestion, nausea, vomiting, constipation, diarrhoea, bowel obstruction, peritonitis, typhlitis, colitis) • Localised infections (increased risk of bacterial, fungal and viral infection) • Low mood • Myelosuppression • Psychological distress 	<ul style="list-style-type: none"> • High-grade symptoms plus: • New onset acute breathlessness • Haemorrhage • Cancer-associated thrombosis • Chest pain • Disseminated intravascular coagulation • Loss of consciousness • Metabolic disorders (renal impairment, liver impairment, hypercalcaemia, steroid-induced diabetes, tumour lysis syndrome) • Metastatic spinal cord compression • Pulmonary effusion • Sepsis • Seizures • Superior vena cave obstruction 	<ul style="list-style-type: none"> • Chronic peripheral neuropathy • Loss of continence • Dysphasia • Dysphagia • Extravasation injury • Fever • Immunotherapy-induced toxicities (hypophysitis, impaired thyroid function, pneumonitis, pancreatitis, colitis, skin rashes, fever, arthralgia) • Lower urinary tract symptoms • Lymphoedema • Nychias (changes to nail beds causing ridging, splitting, peeling, flaking nails) • Osteonecrosis • Osteoporosis • Skin injury from radiation • Skin rashes • Pulmonary fibrosis • Sexual dysfunction • Trismus 	<ul style="list-style-type: none"> • Abdominal ascites • Anorexia/Cachexia (including weight management/taste changes) • Bleeding • Breathlessness • Depression • Deconditioning • Malodorous wounds and discharge • Impaired mobility • Musculoskeletal conditions (including skin and soft tissue management) • Nocturnal sweats • Pain (acute and chronic) • Reduced performance status • Ruptured ego/self-identity • Sleep disturbance • Vital organ enlargement (for example splenomegaly, hepatomegaly)

ANNEX 2: CHILDREN'S COMPETENCIES

Royal College of Nursing (RCN) (2022)¹ support that all RNs working in children's cancer services should follow the Competencies for children's cancer nurses' career and education framework which have been developed nationally.

Children's Cancer and Leukaemia Group (CCLG) and RCN (2022)² competencies would be retained for use by children's nurses in NI, recognising the uniqueness of cancer nursing. It was agreed by the Steering Group that the career and education framework for children and young people would be their document of choice. Visit <https://www.cclg.org.uk/professionals/cyp-cancer-framework>.

Each role within the Cancer Nursing Clinical Career Pathway is aligned to one of the Levels of Practice adapted from Skills for Health (2010).³

For more information about the Levels of Practice and how the Cancer Nursing Clinical Career Pathway aligns to the NI Career Model for Nursing and Midwifery

visit <https://nursingandmidwiferycareersni.hscni.net>

1 Children's Cancer and Leukaemia Group (CCLG) and the Royal College of Nursing (RCN) (2022) *Career and Education Framework for Children and Young people (CYP) Cancer Nurses* V3.0. Available at: <https://www.cclg.org.uk/professionals/cyp-cancer-framework>.

2 Royal College of Nursing (2022) *Career Pathway & Education for Cancer Nursing*, London: Royal College of Nursing

3 *Skills for Health (2010) Key Elements of the Career Framework*. Bristol: Skills for Health

APPENDICES

Appendix 1: Steering Group Membership

Name	Organisation	Name	Organisation
Lesley Mitchell	Co-chair, Assistant Director of Nursing, Cancer and Diagnostics Western Health and Social Care Trust	Lorna Nevin	Co-chair Nurse Consultant for Cancer Public Health Agency, NICaN Lead Nurse
Cathy McCusker	Clinical Career Pathways Lead Northern Ireland Practice and Education Council and the Department of Health.	Geraldine McKendry	Project Lead Northern Ireland Practice and Education Council and the Department of Health.
Geraldine Byers	Divisional Nurse Cancer and Specialist Services, BHSCT	Kristy-Lee Greene	Lead Nurse Cancer Services, NHSCT
Bernie Mc Shane	Lead Nurse Children's, BHSCT	Claire Black	Lead Nurse Cancer Services, SEHSCT
Celia Diver-Hall	Interim Lead Nurse, WHSCT	Fiona Reddick	Head of Cancer Services, SHSCT
Michael Riddell	HR Business Partner, NHSCT on behalf of Human Resources Directors Forum	Deirdre Cunningham	Nurse Consultant for District Nursing Public Health Agency
Dr Helen McGarvey	Retired Senior Nurse Lecturer, Person Living with Cancer (PLC)	Sally Convery	Nurse Consultant for Palliative and End of Life Care Public Health Agency
Dr Patricia McNeilly	Nursing Officer, Department of Health	JulieAnne McKeown	Assistant Services Manger, BHSCT
Tom Mulligan	Senior Education Manager, HSC Clinical Education Centre	Angela McLernon	Director of Nursing, GP Federation Unit Nurse Lecturer (Education), Queens University Belfast
Siobhan Johnston	Staff Tutor, Open University	Ruth Thompson	Assistant Director, Nursing Policy and Practice, Royal College of Nursing
Monica Donovan	Nurse Lecturer (Education), Queens University Belfast	Prof Cherith Semple	Professor in Clinical Cancer Nursing, Ulster University
Dawn Ferguson	Nursing Workforce Lead, SHSCT	Maura McKenna	Trade Union Coordinator HSCTrade Unions and on behalf of Regional Trade Union Forum
Ethel Rodrigues	Lead Professional Officer, Unite	Alison Begg	Cancer Nurse, Ulster Independent Clinic

Appendix 2: Role Development Writing Groups and Membership

Clinical Role Groups	Co-leads	Organisation	Other Trust Reps		Other Organisation Reps
Support Worker	Angela McKeever Debbie McKelvey	WHSCT BHSCT	SHSCT Amy Ward SEHSCT Angela Berry NHSCT Kristy-lee Greene		OU Siobhan Johnston
Registered Nurse	Claire Black Nicola Shannon	SEHSCT SHSCT	NHSCT Kristy-lee Greene BHSCT Anne Crockett	WHSCT Danielle O'Connor BHSCT Ruth Boyd	CEC Tom Mulligan PHA Deirdre Cunningham Retired Lecturer/PLC Dr Helen McGarvey
CNS	Jacque Warwick Moyra Mills	WHSCT NHSCT	SHSCT Theresa Clarke BHSCT Lynne Edgar SEHSCT Martina McVeigh		UU Andrea Shepherd QUB Dr Helen Kerr PHA Sally Convery
ONP/HNP	Sarah McCauley Matthew Kelly	SEHSCT SHSCT	WHSCT Claire Kennedy BHSCT June Mac Auley NHSCT Kirsty McKay		UU Dr Carrie Flannagan
ANP	Edel Aughey Louise Gribben	BHSCT SHSCT	NHSCT Lisa Lyons SEHSCT Rachel Forster WHSCT Sinead Molloy		UU Dr Esther Beck RCN Ruth Thompson QUB Dr Helen Kerr
Consultant Nurse	Sheena Stothers Lorna Nevin	SEHSCT PHA	NHSCT Moyra Mills WHSCT Lesley Mitchell	SHSCT Clair Quin BHSCT Geraldine Byers	UU Prof Cherith Semple QUB Prof Joanne Reid
Children's All Roles	Bernie McShane Dr Patricia McNeilly	BHSCT QUB	BHSCT Emma Dinsmore BHSCT Cara Curran BHSCT Joanne Lewis	SHSCT Julie Anne Lee WHSCT - TYA Roisin Herron SEHSCT - TYA Lisa Callendar	QUB Dr Briedge Boyle CEC Brenda Murphy

Appendix 3: Alignment of Competency domains to Pillars of Practice for Children's and Adult

Children's ²		Pillars of Practice	Adult ³	
Section	Competency		Domain	Competency
Communication	1.1 to 1.17	Clinical Practice	Domain A: Person-centred collaborative working	1.0 Professional values and behaviours
CYP Health risk early detection	2.1 to 2.12			2.0 Maintaining an ethical approach and fitness to practice/law, ethics and safeguarding
Supporting CYP, family & carers through treatment and beyond cancer	4.1 to 4.31			3.0 Person-centred care
				4.0 Communication and consultation skills
				5.0 Personalising the pathway for people living with and affected by cancer
				6.0 Helping people make informed choices as they live with or are affected by cancer
				7.0 Providing information to support self-management and enable independence for people living with and affected by cancer
Diagnosing and staging	3.1 to 3.9	Leadership	Domain B: Assessment, investigation and diagnosis	8.0 Multidisciplinary, interagency and partnership working
SACT	6.1 to 6.48		Domain C: Condition management, treatment and planning	9.0 Referrals and integrated working to support transitional care for people living with and affected by cancer
Acute side-effects and oncology emergencies	7.1 to 7.39			10.0 History taking
Palliative and End of life care	8.1 to 8.24			11.0 Clinical, physical and mental health assessment
Late consequences	9.1 to 9.11			12.0 Investigations, diagnosis and care planning
				13.0 Clinical management
				14.0 Managing medical and clinical complexity and risk
Management and Leadership	10.1 to 10.44	Research and Development	Domain D: Leadership and management	15.0 Independent prescribing and pharmacotherapy
Research and Clinical trials	5.1 to 5.17		Domain E: Evidence-based practice	16.0 Prehabilitation and rehabilitation interventions
			Domain F: Quality improvement	17.0 Promoting self-management and behaviour change
SACT	6.1 to 6.48	Education and Learning	Domain G: Education	18.0 Symptom management
				19.0 Late effects
				20.0 Palliative and end of life care
				21.0 Leadership, management and organisation
				22.0 Research and evidence-based practice
				23.0 Service evaluation and development
				24.0 Developing a learning culture

2 Childrens Cancer and Leukaemia GROUP (CCLG) and the Royal College of Nursing (RCN) 2022 *Career and Education Framework for Children and Young people (CYP) Cancer Nurses V3.0*. Available at: <https://www.cclg.org.uk/professionals/cyp-cancer-framework>.

3 Health Education England (2023) *Aspirant Cancer Career & Education Development Programme (ACCEND Framework)* Available at: [Career Pathway, Core Cancer Capabilities and Education Framework \(hee.nhs.uk\)](#)

Appendix 4: Roles agreed as part of the NI Cancer Nursing Clinical Career Pathway were identified from an initial regional scoping exercise, undertaken at the outset of this work.

Core Clinical Roles within the NI Cancer Nursing Clinical Career Pathway with levels of practice 2-9 aligned to the role

Job titles taken from NI Cancer Nursing Census (DoH, 2022)⁶

Senior Nursing Assistant	Healthcare Assistant	Senior Health Care Assistant
Cancer Support Worker	Cancer Support Worker* Cancer Navigator	Information & Support
Staff Nurse Cancer	Pre-Assessment Nurse Chemotherapy Nurse*	Children's Haematology Oncology Nurse*
Senior Staff Nurse Cancer	Deputy Sister/Charge Nurse Chemotherapy, Clinical Research Nurse *	Triage Helpline Nurse Chemotherapy Nurse*
Oncology/Haematology Nurse Practitioner	Nurse Practitioner* CNS	Haematology Transplant Coordinator Oncology Nurse Practitioner*
Clinical Nurse Specialist Cancer	Haematology Nurse Practitioner * AOS CNS	Practice Education Development Nurse Children's Teenage & Young Adult CNS*
Advanced Nurse Practitioner	Haematology Nurse Practitioner Advanced Nurse Practitioner TYA CNS*	Nurse Practitioner* Clinical Research Nurse* Trainee Advanced Nurse Practitioner
Consultant Nurse	New role, first appointments made 2022	

The * beside a number of job titles in the table above indicate that posts appeared to work at various levels and sometimes beyond their role boundary.

Appendix 5: Quick reference for children's competencies related to each role (From CCLG CYP Career and Education Framework (2022))

Sections *From CCLG CYP Career and Education Framework (2022)	Senior Nursing Assistant	Cancer Support Worker (Refer to Adult competencies)
1. Communication	1.1, 1.2, 1.3, 1.4, 1.13, 1.14, 1.16, 1.17.	
2. CYP Cancer Health		
3. Diagnosis/Staging	3.3, 3.6, 3.9, 4.2, 4.3, 4.7, 4.10, 4.14, 4.16, 4.20, 4.21, 4.22, 4.24, 4.27, 4.31.	
4. Support During and Beyond Treatment	5.1, 5.8, 5.17.	
5. Research and Clinical Trials	6. 6, 6.7, 6.8, 6.10, 6.14, 6.18, 6.20, 6.26, 6.35, 6.36, 6.38, 6.39, 6.40, 6.41, 6.42, 6.43, 6.44, 6.45.	
6. SACT	7.1, 7.6, 7.10, 7.11, 7.13, 7.20, 7.21, 7.26.	
7. Acute Side Effects and Oncological Emergencies	8. 1, 8.5, 8.6, 8.8, 8.11, 8.16, 8.18, 8.21, 8.22, 8.23, 8.24.	
8. Palliative and End of Life	9.9.	
9. Late Effects	10.1, 10.2, 10.23, 10.24, 10.27, 10.28, 10. 40, 10.41, 10.42, 10.43, 10.44.	
10. Leadership and Management		

Sections *From CCLG CYP Career and Education Framework (2022)	Staff Nurse (CCLG refers to RN generalist setting)	Senior Staff Nurse (CCLG refers to RN specialist setting)
1. Communication	1.1, 1.2, 1.3, 1.4, 1.5, 1.13, 1.14, 1.16, 1.17.	1.1, 1.2, 1.3, 1.4, 1.5, 1.8, 1.10, 1.13, 1.14, 1.15, 1.16, 1.17.
2. CYP Cancer Health	2.5.	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.11, 2.12.
3. Diagnosis/Staging	3.6, 3.9, 4.2, 4.3, 4.10, 4.12, 4.14, 4.20, 4.21, 4.22, 4.24, 4.31.	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.9.
4. Support During and Beyond Treatment	5.1, 5.13, 5.17.	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31.
5. Research and Clinical Trials	6.2, 6.4, 6.7, 6.8, 6.14, 6.35, 6.36, 6.38, 6.39, 6.40, 6.42, 6.43, 6.44, 6.45.	5.1, 5.2, 5.3, 5.4, 5.5, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17.
6. SACT	7.1, 7.2, 7.3, 7.9, 7.10, 7.11, 7.13, 7.20, 7.21, 7.26.	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13, 6.14, 6.15, 6.16, 6.17, 6.18, 6.19, 6.20, 6.21, 6.22, 6.23, 6.24, 6.25, 6.26, 6.29, 6.30, 6.31, 6.32, 6.33, 6.34, 6.35, 6.36, 6.37, 6.38, 6.39, 6.40, 6.41, 6.42, 6.43, 6.44, 6.45, 6.46, 6.47, 6.48.
7. Acute Side Effects and Oncological Emergencies	8. 1, 8.2, 8.5, 8.6, 8.7, 8.8, 8.11, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.23, 8.24.	7. 1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13, 7.14, 7.15, 7.16, 7.17, 7.18, 7.19, 7.20, 7.21, 7.22, 7.23, 7.26, 7.27, 7.28, 7.29.
8. Palliative and End of Life	9.9.	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.23, 8.24.
9. Late Effects	10.1, 10.2, 10.3, 10.23, 10.24, 10.27, 10.28, 10.30, 10. 40, 10.41, 10.42, 10.43, 10.44.	9.1, 9.3, 9.4, 9.5, 9.6, 9.9, 9.10.
10. Leadership and Management		10.1, 10.2, 10.3, 10.8, 10.11, 10.18, 10.23, 10.24, 10.25, 10.27, 10.28, 10.29, 10.30, 10. 40, 10.41, 10.42, 10.43, 10.44.

Sections *From CCLG CYP Career and Education Framework (2022)	Clinical Nurse Specialist (CCLG refers to enhanced nurse)	Oncology Nurse Practitioner/Haematology Nurse Practitioner No equivalent role in Children's
1. Communication	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16, 1.17.	
2. CYP Cancer Health	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12.	
3. Diagnosis/Staging	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.9.	
4. Support During and Beyond Treatment	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31.	
5. Research and Clinical Trials	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17.	
6. SACT	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13, 6.14, 6.15, 6.16, 6.17, 6.18, 6.19, 6.20, 6.21, 6.22, 6.23, 6.24, 6.25, 6.26, 6.27, 6.28, 6.29, 6.30, 6.31, 6.32, 6.33, 6.34, 6.35, 6.36, 6.37, 6.38, 6.39, 6.40, 6.41, 6.42, 6.43, 6.44, 6.45, 6.46, 6.47, 6.48.	
7. Acute Side Effects and Oncological Emergencies	7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13, 7.14, 7.15, 7.16, 7.17, 7.18, 7.19, 7.20, 7.21, 7.22, 7.23, 7.24, 7.26, 7.27, 7.28, 7.29.	
8. Palliative and End of Life	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.23, 8.24.	
9. Late Effects	9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10.	
10. Leadership and Management	10.1, 10.2, 10.3, 10.4, 10.5, 10.9, 10.11, 10.12, 10.16, 10.18, 10.21, 10.23, 10.24, 10.25, 10.26, 10.27, 10.28, 10.29, 10.30, 10.31, 10.32, 10.39, 10.40, 10.41, 10.42, 10.43, 10.44.	

Sections *From CCLG CYP Career and Education Framework (2022)	Advanced Nurse Practitioner	Consultant Nurse
1. Communication	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16, 1.17.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16, 1.17.
2. CYP Cancer Health	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12.	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12.
3. Diagnosis/Staging	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9.	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9.
4. Support During and Beyond Treatment	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.17, 4.18, 4.19, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31.	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.17, 4.18, 4.19, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31.
5. Research and Clinical Trials	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17.	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17.
6. SACT	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13, 6.14, 6.15, 6.16, 6.17, 6.18, 6.19, 6.20, 6.21, 6.22, 6.23, 6.24, 6.25, 6.26, 6.27, 6.28, 6.29, 6.30, 6.31, 6.32, 6.33, 6.34, 6.35, 6.36, 6.37, 6.38, 6.39, 6.40, 6.41, 6.42, 6.43, 6.44, 6.45, 6.46, 6.47, 6.48.	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13, 6.14, 6.15, 6.16, 6.17, 6.18, 6.19, 6.20, 6.21, 6.22, 6.23, 6.24, 6.25, 6.26, 6.27, 6.28, 6.29, 6.30, 6.31, 6.32, 6.33, 6.34, 6.35, 6.36, 6.37, 6.38, 6.39, 6.40, 6.41, 6.42, 6.43, 6.44, 6.45, 6.46, 6.47, 6.48.
7. Acute Side Effects and Oncological Emergencies	7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13, 7.14, 7.15, 7.16, 7.17, 7.18, 7.19, 7.20, 7.21, 7.22, 7.23, 7.24, 7.25, 7.26, 7.27, 7.28, 7.29, 7.30.	7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13, 7.14, 7.15, 7.16, 7.17, 7.18, 7.19, 7.20, 7.21, 7.22, 7.23, 7.24, 7.25, 7.26, 7.27, 7.28, 7.29, 7.30.
8. Palliative and End of Life	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.23, 8.24.	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.23, 8.24.
9. Late Effects	9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10, 9.11.	9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10, 9.11.
10. Leadership and Management	10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.10, 10.11, 10.12, 10.16, 10.17, 10.18, 10.21, 10.22, 10.23, 10.24, 10.25, 10.26, 10.27, 10.28, 10.29, 10.30, 10.31, 10.32, 10.36, 10.37, 10.38, 10.39, 10.40, 10.41, 10.42, 10.43, 10.44.	10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7, 10.10, 10.11, 10.12, 10.13, 10.14, 10.15, 10.16, 10.17, 10.18, 10.19, 10.20, 10.21, 10.22, 10.23, 10.24, 10.25, 10.26, 10.27, 10.28, 10.29, 10.30, 10.31, 10.32, 10.33, 10.34, 10.35, 10.36, 10.37, 10.38, 10.39, 10.40, 10.41, 10.42, 10.43, 10.44.

Appendix 6: Quick reference to adult competencies related to each role

	Senior Nursing Assistant		Cancer Support Worker	
Clinical Practice	1.1,2,5,12a,16	6.1,4,6,7	1.1,2,5,12a, 16	6.1,4,6,7
Domain A	2. 4,5,7,10	7.1	2. 4,5,7,10	7.1
Person-centred collaborative working	3. 1a, 4,5	8.2,5a	3. 1a,3,4,5	8.2,3,5a
<i>Note: 4.8 amalgamated into 3.3</i>	4. 2a,5,6,9	9.1,2,3	4. 2a,5,6,9	9.1,2,3
<i>7.7 & 7.9 amalgamated</i>	5.3a,4,10,12a		5.3a,4,10,12a	
Domain B	10.1,3,5,6a,11a,13		10.1,3,5,6a,11a,13	
Assessment, Investigation and diagnosis	11.1,2,5,7a,10		11.1,2,7a,10	
<i>Note: 11.6 & 11.9 amalgamated</i>	12.5a,7a,8,16, 21		12.5a,7a,8,16, 21	
Domain C	13.4	17.4,5,6,7,8,9,10,11,	13.4	17.4,5,6,7,8,9,10,11
Condition Management, treatment and planning	14.0	18.0	14.0	18.0
	15.0	19.0	15.11	19.0
<i>Note: 16.2 & 16.3 amalgamated</i>	16.1,2,3,4,8	20.4	16.1,2,3,4,8	20.4
Domain D				
Leading & Management	21.1,2,5,6		21.1,2,5,6	
<i>Note: 21.9 & 21.14 amalgamated</i>				
<i>21.11 & 21.13 amalgamated</i>				
Research & Evidence Based Practice				
Domain E, F	22.2,3,8		22.2,3,8	
Evidence based practice	23.3,5,6,16		23.3,5,6,16	
Quality Improvement				
<i>Note: 23.5 & 23.6 amalgamated</i>				
Domain G				
Education and Learning	24.1,3,4,5,12,19		24.1,3,4,5,12,19	
<i>Note: 24.1 & 24.2 amalgamated</i>				

	Staff Nurse		Senior Staff Nurse	
Clinical Practice	1.1,2,5,12b, 16	6.1,4,5,6,7,12	1.1,2,5,12b, 16	6.1,4,5,6,7,12
Domain A	2. 4,5,7,10	7.1,3	2. 4,5,7,10	7.1,3
Person-centred collaborative working	3. 1a,3,4,5,8	8.2,3,5b,7,8,9	3. 1a,3,4,5,8	8.2,3,5b,7,8,9
<i>Note: 4.8 amalgamated into 3.3</i>	4.2a,5,6,7,9,14	9.1,2,3,4,6	4.2a,5,6,7,9,14	9.1,2,3,4,6
<i>7.7 & 7.9 amalgamated</i>	5.2,3b,4,5,10,11,12b		5.2,3b,4,5,10,11,12b	
Domain B	10.1,3,5,6b,8a,11a,13		10.1,3,5,6b,8a,11a,13	
Assessment, Investigation and diagnosis	11.1,2,4,5,7b,8,10		11.1,2,4,5,7b,8,10	
<i>Note: 11.6 & 11.9 amalgamated</i>	12.1,4,5b,7b,8,12a,13,16,17,18,21,22		12.1,4,5b,7b,8,12a,13,16,17,18,21,22	
Domain C	13.4,6,10,12	17.3,4,5,6,7,8,9,10,11	13.4,6,10,12	17.3,4,5,6,7,8,9,10,11
Condition Management, treatment and planning	14.4,6,9,10	18.1,2,5,6	14.4,6,9,10	18.1,2,5,6
<i>Note: 16.2 & 16.3 amalgamated</i>	15.1,5,7,8,9,10,11,13	19. 3	15.1,5,7,8,9,10,11,13	19. 3
	16.1,2,3,4,8,10,12	20.1,4,5,6	16.1,2,3,4,8,10,12	20.1,4,5,6
Domain D				
Leading & Management	21.1,2,5,6		21.1,2,5,6	
<i>Note: 21.9 & 21.14 amalgamated</i>				
<i>21.11 & 21.13 amalgamated</i>				
Research & Evidence Based Practice				
Domain E, F	22.2,3,4,8		22.2,3,4,8	
Evidence based practice	23.3,5,6,16		23.3,5,6,16	
Quality Improvement				
<i>Note: 23.5 & 23.6 amalgamated</i>				
Domain G				
Education and Learning	24.1,3,4,5,6,8,12,15,19		24.1,3,4,5,6,8,12,15,19	
<i>Note: 24.1 & 24.2 amalgamated</i>				

	Clinical Nurse Specialist		Oncology Nurse Practitioner/Haematology Nurse Practitioner	
Clinical Practice	1.1,2,5,12b, 16	6.1,3a,4,5,6,7,12	1.1,2,5,12b, 16	6.1,3a,4,5,6,7,12
Domain A	2. 4,5,7,10	7.1,2,3,9	2. 4,5,7,10	7.1,2,3,9
Person-centred collaborative working	3. 1b,3,4,5,8	8.2,3,4,5b,6,7,8,9,10a	3. 1b,3,4,5,8,9	8.2,3,4,5b,6,7,8,9,10a
<i>Note: 4.8 amalgamated into 3.3</i>	4.2b,5,6,7,9,14	9.1,2,3,4,5,6	4.2b,5,6,7,9,14	9.1,2,3,4,5,6
<i>7.7 & 7.9 amalgamated</i>	5.2,3b,4,5,10,11,12b		5.2,3b,4,5,10,11,12b,13,14	
Domain B	10.1,2,3,4,5,6b,8b,11b,13		10.1,2,3,4,5,6b,7,8b,9,10,11b,12,13	12.1,2,4, 5b,7b,8,9,10,12b,13,14,15,16,17,18,19,20,21,22
Assessment, Investigation and diagnosis	11.1,2,4,5,7b,8,10		11.1,2,4,5,6,9,7b,8,10	
<i>Note: 11.6 & 11.9 amalgamated</i>	12.1,2,4,5b,7b,8,10,12a,13,16,17,18,20,21,22			
Domain C	13.3,4,5,6,10,12	17.3,4,5,6,7,8,9,10,11	13.1,3,4,5,6,10, 12	17.1,3,4,5,6,7,8,9,10,11,14
Condition Management, treatment and planning	14.4,5,6,9,10	18.1,2,3,4,5,6	14.2,4,5,6,9,10	18.1,2,3,4,5,6
<i>Note: 16.2 & 16.3 amalgamated</i>	15.1,3,5,7,8,9,10,11,12,13	19.1,3,5,	15.1,3,4,5,7,8,9,10,11,12,13	19.1,2,3,4,5,6,7, 8
	16.1,2,3,4,6,8,10,11,12	20.1,4,5,6	16.1,2,3,4,6,8,10,11,12,14	20.1,2,4,5,6
Domain D				
Leading & Management	21.1,2,4,5,6,		21.1,2,4,5,6,12, 14,17	
<i>Note: 21.9 & 21.14 amalgamated</i>				
<i>21.11 & 21.13 amalgamated</i>				
Research & Evidence Based Practice				
Domain E, F	22.2,3, 4,8		22.2,3,4,6,7,8	
Evidence based practice	23.3,5,6,16		23.3,5,6,8,12,16	
Quality Improvement				
<i>Note: 23.5 & 23.6 amalgamated</i>				
Domain G				
Education and Learning	24.1,3,4,5,6,8,10,12,14,15,19		24.1,3,4,5,6,7,8,10,12,14,15,16,19	
<i>Note: 24.1 & 24.2 amalgamated</i>				

	Advanced Nurse Practitioner		Consultant Nurse	
Clinical Practice	1.1,2,5,12b, 16	6.1,3b,4,5,6,7,10,12	1.1,2,5,12b, 16	6.1,3b,4,5,6,7,10,12
Domain A	2.4,5,7,10	7.1,2,3,9,10,11	2.4,5,7,10	7.1,2,3,9,10,11
Person-centred collaborative working	3.1b,3,4,5,8,9	8.2,3,4,5b,6,7,8,9,10b,11	3.1b,3,4,5,8,9	8.2,3,4,5b,6,7,8,9,10b,11,12
<i>Note: 4.8 amalgamated into 3.3</i>	4.2b,5,6,7,9,14	9.1,2,3,4,5,6,7b,8,10,11	4.2b,5,6,7,9,14	9.1,2,3,4,5,6,7b,8,10,11
<i>7.7 & 7.9 amalgamated</i>	5.2,3b,4,5,9,10,11,12b,13,14		5.2,3b,4,5,9,10,11,12b,13,14	
Domain B	10.1,2,3,4,5,6b,7,8b,9,10,11b,12,13	12.1,2,3,4, 5b,6,7b,8,9,10,11,12b,13,14,15,16,17,18,19,20,21, 22	10.1,2,3,4,5,6b,7, 8b,9,10,11b,12,13	12.1,2,3,4, 5b,6,7b,8,9,10,11,12b,13,14,15,16,17,18,19,20,21,22
Assessment, Investigation and diagnosis	11.1,2,4,5,6,9,7b,8,10		11.1,2,4,5,6,9,7b,8,10	
<i>Note: 11.6 & 11.9 amalgamated</i>				
Domain C	13.1,2,3,4,5,6,10,12	17.1,3,4,5,6,7,8,9,10,11,12,13,14	13.1,2,3,4,5,6,10,12	17.1,3,4,5,6,7,8,9,10,11,12,13,14
Condition Management, treatment and planning	14.2,4,5,6,7,9,10	18.1,2,3,4,5,6	14.2,4,5,6,7,9,10	18.1,2,3,4,5,6
	15.1,3,4,5,7,8,9,10,11,12,13	19.1,2,3,4,5,6,7,8,9	15.1,3,4,5,7, 8,9,10,11,12,13	19.1,2,3,4,5,6,7,8,9,10,11,12
<i>Note: 16.2 & 16.3 amalgamated</i>	16.1,2,3,4,6,8,10,11,12,14	20.1,2,3,4,5,6	16.1,2,3,4,6,8,10,11,12,14	20.1,2,3,4,5,6
Domain D				
Leading & Management				
<i>Note: 21.9 & 21.14 amalgamated</i>	21.1,2,3,4,5,6,9,14,11,13,12,15,17		21.1,2,3,4,5,6,8,9,14,10,11,13,12,15,17,19	
<i>21.11 & 21.13 amalgamated</i>				
Research & Evidence Based Practice				
Domain E, F				
Evidence based practice	22.2,3,4,6,7,8,9,12,13		22.2,3,4,6,7,8,9,10,12,13,14,15	
Quality Improvement	23.1,2,3,5,6,7,8,9,10,12,13,14,16,17		23.1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17	
<i>Note: 23.5 & 23.6 amalgamated</i>				
Domain G				
Education and Learning	24.1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,19		24.1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21	
<i>Note: 24.1 & 24.2 amalgamated</i>				

GLOSSARY OF TERMS

Term	Definition
Competencies/competency	Defined standards of performance, focused on the outputs of work and observable performance. Competencies include the ability to transfer and consistently apply skills, knowledge and behaviours to a range of situations/contexts. This includes the management of change, demonstrating flexibility, dealing with situation with may be complex or unpredictable. The competencies reflect “what individuals can do” and can be developed through education, training, or experience.
Proficiencies/proficiency	The knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings. They reflect what the public can expect nurses to know and be able to do in order to deliver safe, compassionate and effective nursing care (NMC, 2018).
Domain	A group of related capabilities/competences in a framework.
Level	A level of practice in a framework.
Statements	The statements within capabilities which describe the skills, knowledge and behaviours required to deliver safe and effective services, and/or the statements within competences which describe the outputs of work and observable performance.



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Helen delivered a strong message about empowering, pushing boundaries, shared decision making and the fundamental importance of how we communicate. In particular the knowledge, skills, behaviours and competencies observed and valued through the eyes of a person living with advanced cancer.

We are so thankful for the unique contribution Helen made, including taking time to edit the pathway before sadly passing away in July 2025.





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