



Job Planning Guidance Toolkit
for Clinical Nurse Specialist Roles



Development of Job Planning Guidance for Clinical Nurse Specialist Roles

This job planning toolkit has been developed by the Public Health Agency (PHA) in partnership with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). The PHA and NIPEC would like to acknowledge the significant contribution from the members of the Working Group (Appendix 1) and colleagues in the Health and Social Care Trusts, without whom the development of this job planning toolkit would not have been possible.

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1.0 Introduction

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

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

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

This toolkit provides guidance for the development and completion of job plans for a number of Clinical Nurse Specialist roles, which exist in more than one HSC Trust :

- in a hospital setting
- across a hospital and a community setting
- in a community setting
- guidance for Clinical Nurse Specialists in mental health and learning disabilities settings.

2.0 Job Planning Toolkit

- 2.1 This job planning toolkit was designed for nurses in roles who have the title Clinical Nurse Specialist and carry a defined caseload of patients and/or run their own clinics.¹
- 2.2 The toolkit provides information to support:
- Clinical Nurse Specialists in meeting the requirements of their job
 - nurses, managers and commissioners in designing Clinical Nurse Specialist roles
 - leaders and managers in health and social care system, in accounting for and valuing appropriately the significant contribution such roles make to the provision of services.
- 2.4 It is important to acknowledge that the high-level job plan template is not an ideal job planning tool for all Clinical Nurse Specialist roles, for example, Emergency Nurse Practitioners and those working in mental health services.
- 2.5 Community Mental Health Services in HSC Trusts had already introduced The Choice and Partnership Approach Framework (CAPA²), to assist them with the job planning process. This Framework is accepted by HSC Commissioners as the tool of choice when job planning for Clinical Nurse Specialist posts, across mental health services throughout HSC Trusts; it can be accessed at www.capa.co.uk/homes/Adult-mental-health.htm
- 2.5 Midwifery leaders in Northern Ireland also recognised that the high-level job plan template was not suitable for the majority of specialist practice level posts in midwifery. They agreed to work with NIPEC and PHA to develop job planning guidance for those roles which do not meet the criteria identified in para 2.1.

¹ Characteristics of specialist nurses have been defined in the *DHSSPS (2014) Advanced Nursing Practice Framework (Pending Publication)*. Belfast: NIPEC.

² York A. & Kingsbury S. (2009) *The Choice and Partnership Approach*. London . CAMHS Network.

3.0 What is job planning?

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

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

3.1 What makes up a job plan?

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

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

Figure 1. Clinical and Supporting Professional Activity Sessions and Examples of Activities (Appendix 2).

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

The activities carried out by Clinical Nurse Specialists can be complex and varied and are, at times, difficult to define and quantify. This complexity must be considered when developing the job plan, so that it accurately reflects the role of the nurse and his/her impact on patients/clients and services. Those Clinical Nurse Specialists who have a clinical lead responsibility as part of their role should also have this reflected in their individual job plans.

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

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

An average week may be divided as follows:
8.5 sessions of Clinical Activities
and
1.5 sessions (minimum) of Supporting Professional Activities.

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

3.2 How often should job planning happen?

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

Job planning and the review of a job plan, are also part of the overall development of the nurse and should link to an individual's personal development plan, appraisal and the Knowledge and Skills Framework (DH

2004³). The job planning process should enable Clinical Nurse Specialists to articulate more clearly their contribution to the service and provide a focus for their personal career development.

It is recommended that each Clinical Nurse Specialist's job plan be reviewed annually⁴. A review should also take place if there is a significant change to the role, for example, a change in personal circumstances, a change in commissioning direction or the impact of a new treatment or service model. The commissioner should always be involved in the job plan review process, if there are resource implications related to the Clinical Nurse Specialist's ability to deliver anticipated or previously agreed outcomes.

3.3 Are job plans fixed?

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

3.4 Who should complete a job plan?

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

4.0 How to complete a job plan

4.1 Established Posts

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

The best way for the Clinical Nurse Specialist in an established role to complete a job plan is to review the role and responsibilities of the post, using

³ Department of Health (DH) (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*. London. DH.

⁴ For commissioning purposes, a full-time Clinical Nurse Specialist's job plan is calculated over a period of 42 weeks. Job Planning Guidance Toolkit for Clinical Nurse Specialist Roles. October 2013

the relevant template in Appendix 3, 4 or 5 of this document. The information gathered from this template can then be used to facilitate a discussion between the post holder, line manager and professional lead. This is known as a Job Plan Review meeting.

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

Responsibilities

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

The Clinical Nurse Specialist should

Stage 1: Read the template and familiarise him/herself with the key areas of practice identified. Further explanation of what each area covers is detailed in Appendix 2.

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

Stage 3: Choose from one of the high-level job plans for his/her area of specialist practice in Appendix 3, 4 or 5. These high-level job plans provide a guide to indicative hours and activity levels for a particular role.

The line manager and professional lead should

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

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

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

Shared Responsibility

The Job Plan Review meeting provides the Clinical Nurse Specialist, line manager and professional lead with the opportunity to discuss the information they have gathered in the preparation phase. Using these discussions, they are responsible for reaching a consensus job plan, which reflects the needs of the patients/clients and makes best use of the skills and competency of the nurse concerned. If the activity within the job plan is below the relevant proposed norms listed in Appendix 3, 4 or 5, then, to resolve this, a consensus action plan should be agreed.

The PHA Nurse Consultant and Commissioner should

Once the Clinical Nurse Specialist, line manager and professional lead have agreed the job plan, the Trust Workforce Lead will finally approve it. Each approved job plan should be sent to the corresponding PHA Nurse Consultant, who will then share it with relevant HSC Board (HSCB) Commissioning Lead. This will allow commissioners to incorporate current activity levels for each specialist nursing post into Service Budget Agreements (SBAs), where relevant; and using any action plans, they will help predict future activity levels for each post.

4.2 New Posts

The business case for proposed new Clinical Nurse Specialist posts should include a job plan, regardless of the funding stream. This job plan should be developed in partnership with the relevant Nurse Consultant at the Public Health Agency, the manager of the service and the HSC Trust's Nursing Workforce Lead, taking account of this guidance. The latter will liaise with the HSC Trust Executive Director of Nursing, as required. This partnership approach should ensure that there is a shared expectation of the role and its impact on service and avoid any unnecessary delays in approval processes.

If a new Clinical Nurse Specialist post is being commissioned by the HSCB/PHA, discussions about the expectations for that post will be held

between the PHA Nurse Consultant and Commissioning Lead at Local Commissioning level and the HSC Trust service and professional leads.

This discussion should be informed by issues such as:

- commissioning direction provided by the Department of Health Social Services and Public Safety
- Joint Commissioning Plan and priorities within the commissioning services teams
- local health economy priorities
- current service provision.

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

5.0 Summary

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

Appendix 1

MEMBERSHIP OF WORKING GROUP

Organisation	Representative
PHA	Mary Hinds, Director of Nursing (Chair) (until November 2011) Paul Kavanagh, Nurse Consultant (Chair) (from December 2011)
Belfast HSC Trust	Nicki Patterson, Co-Director of Nursing (until July 2013) Moira Mannion, Co-Director of Nursing (from August 2013)
Northern HSC Trust	Allison Hume, Assistant Director of Nursing
South Eastern HSC Trust	Caroline Lee, Assistant Director of Nursing (until August 2013) Sharon McRoberts, Assistant Director of Nursing (from September 2013)
Southern HSC Trust	Glynis Henry, Assistant Director of Nursing (until end of August 2011) Lynn Fee, Assistant Director of Nursing (from January 2012)
Western HSC Trust	Brendan McGrath, Assistant Director of Nursing
Northern Ireland Cancer Network	Liz Henderson, Network Nurse Director (until August 2012)
HSCB	Paula Tweedie, Commissioning Lead Regional Services (until June 2012) Roger Kennedy, Senior Commissioning Manager (from July 2012)
Royal College of Nursing	Garrett Martin, Deputy Director of Nursing
DHSSPS	Anne Mills, Nursing Officer (until January 2013) Kathy Fodey, Nursing Officer (until February 2013) Caroline Lee, Nursing Officer (from September 2013)
NIPEC	Cathy McCusker, Senior Professional Officer

Appendix 2

DESCRIPTION OF SESSIONAL ACTIVITY

TABLE A

A job plan comprises 10 sessions per week.

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

DESCRIPTION OF SESSIONAL ACTIVITY

TABLE A

1.0	Clinical Activity Sessions continued
	Activities
1.5	Provision of Direct Care
	Some Clinical Nurse Specialists spend a significant amount of time caring for patients/clients directly in hospital wards or community facilities. This can include a range of duties, such as direct clinical care or education.
1.6	Patient Education
	Many Clinical Nurse Specialists provide patient/client education as part of clinics or in direct care environments. This section, however, refers to specific educational sessions for patients/clients, such as rehabilitation classes.
1.7	Home Visits
	These are defined as essential home consultations, where patients/clients cannot travel to an independent clinic, due to their clinical condition.
1.8	Telephone Consultations
	These are an important aspect of a Clinical Nurse Specialist’s role, as they enable the nurse to provide advice and care to patients/clients, helping discharge the ‘rescue’ function, prevent or manage exacerbations and ensure that secondary prevention is effective.
1.9	Tele-health
	This is a new and innovative way of managing and sharing clinical information through technology enabled solutions. Remote tele-monitoring is one example of tele-health, which maximises the Clinical Nurse Specialist’s capacity to manage his/her patients/clients in their own home, whilst enabling them to become expert in their own condition. Remote tele-monitoring can be provided for a wide range of conditions including, for example, remote monitoring of blood pressure.
1.10	Clinical Administration/Clinical Validation
	This covers the wide range of administration/validation the Clinical Nurse Specialist is responsible and accountable for, such as recording clinical and care data, developing care plans, communicating with colleagues etc. This is a regulatory requirement for nursing and midwifery (NMC, 2008) ⁵ .

⁵ Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. London: NMC.

DESCRIPTION OF SESSIONAL ACTIVITY

TABLE B

2.0	Supporting Professional Activity Sessions
	Activities
2.1	Teaching
	Some Clinical Nurse Specialists have, appropriately, a contribution to the education and training of nurses, midwives and other members of the multi-disciplinary team. This activity should reflect that commitment and may include delivering in-house nurse and medical education programmes or teaching sessions organised for, e.g. the Clinical Education Centre or Higher Education Institutions.
2.2	Clinical Governance Activities, including Audit and Research
	Undertaking audit, research and governance activities can form part of the specialist nurse's evidence for <i>Prep</i> ⁶ and for meeting future revalidation requirements. It is important, therefore, that these activities should be reflected in the job plan. It is likely that these activities will span a number of sessions, rather than being allocated to a fixed session. The job plan should reflect the average time spent on the activity.
2.3	Administration
	This refers to corporate administration. If the Clinical Nurse Specialist has identified an allocation to this session, he/she must specify what this commitment is and if another staff member could carry out this role. This will help the individual, line manager and professional lead, discuss and agree the best use of the Clinical Nurse Specialist's time.
2.4	Contribution to Service Planning and Policy Development
	Many Clinical Nurse Specialists contribute to specific projects, local HSC Trust service planning and policy development at the DHSSPS. This section should reflect this but, as with governance activities, the plan should reflect an average figure, as this work can be sporadic in nature.
2.5	Continuous Professional Development (CPD)
	CPD forms part of a registrant's requirement for <i>Prep</i> and, in the future, for revalidation and must be reflected in the job plan. It is likely that CPD activities will span a number of sessions, rather than being allocated to a fixed session. The job plan should reflect the average time spent on the activity.

⁶ Post-registration education and practice (*Prep*) is a set of NMC standards and guidance, designed to help registrants provide a high standard of practice and care: NMC (2011) *The Prep handbook*. London: NMC.

Appendix 3

HIGH-LEVEL JOB PLANS FOR CLINICAL NURSE SPECIALISTS IN A HOSPITAL SETTING

1. Breast Cancer	15. Pre Assessment
2. Chest Pain	16. Respiratory
3. Colorectal Cancer	17. Skin Cancer
4. Dermatology	18. Urology
5. Diabetes	19. Urology Cancer
6. Endoscopy	20. Epilepsy
7. Genitourinary	21. Stoma/Coloproctology/Stoma Care (includes Irritable Bowel Disease)
8. Gynaecology Cancer	22. Rheumatology
9. Haematology	23. Paediatric Diabetes
10. Heart Failure	24. Head and Neck Cancer
11. Lung Cancer	25. Stroke and Neurovascular
12. Ophthalmology	26. Colposcopy
13. Pain (Acute)	27. Acute Oncology
14. Pain (Chronic)	

1. Specialist Nurse Role: Breast Cancer

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

2. Specialist Nurse Role: Chest Pain

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

3. Specialist Nurse Role: Colorectal Cancer

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	• Number of clinics per week	1-2
	• Average number of patients per clinic (New and Review)	<i>6-10</i>
	• Indicate the location (H - hospital C-community)	H
1.2	Multidisciplinary Clinics	
	• Number of clinics per week	1
	• Indicate the location (H- hospital C-community)	H
1.3	Multidisciplinary Ward Rounds	
	• Number per week	
1.4	Multidisciplinary Case Management discussions	
	• Number per week	1
1.5	Provision of Direct Care	
	• Average time spent per week in wards	2
	• Average time spent per week in community	
1.6	Patient Education	As part of 1.1/1.2/1.5
1.7	Home visits	
	• Average number per week (3-4)	1
	• Average time spent per week	
1.8	Telephone Consultations	
	• Average time spent per week	1
1.9	Tele-health	
	• Average time spent per week	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

4. Specialist Nurse Role: Dermatology

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

5. Specialist Nurse Role: Diabetes

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

6. Specialist Nurse Role: Endoscopy

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led theatre sessions	
	• Number of sessions per week	5
	• Number of patients	6.5 (average)
1.2	Multidisciplinary Clinics	
	• Number of clinics per week	1
	• Indicate the location (H- hospital C-community)	H
1.3	Validation of Waiting Lists	
	• Number per sessions	1
1.4	Multidisciplinary Case Management discussions	
	• Number per week	0.5
1.5	Provision of Direct Care	
	• Average time spent per week in wards	
	• Average time spent per week in community	
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	• Average number per week	
	• Average time spent per week	
1.8	Telephone Consultations	
	• Average time spent per week	
1.9	Tele-health	
	• Average time spent per week	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	2 Sessions
	Total	10 Sessions

7. Specialist Nurse Role: Genito Urinary

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

8. Specialist Nurse Role: Gynaecology Cancer

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

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

9. Specialist Nurse Role: Haematology

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	2
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	<i>10 Review</i>
	<ul style="list-style-type: none"> • Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-community) 	
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	1
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	0.5
1.5	Provision of Direct Care	
	<ul style="list-style-type: none"> • Average time spent per week in wards 	1.5
	<ul style="list-style-type: none"> • Average time spent per week in community 	
1.6	Patient Education	As part of 1.1/1.2/1.4
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week 	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	1
1.9	Tele-health	
	<ul style="list-style-type: none"> • Average time spent per week 	1
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 sessions

10. Specialist Nurse Role: Heart Failure

1.0 Clinical Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	2
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	6
	<ul style="list-style-type: none"> • Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	2
	<ul style="list-style-type: none"> • Number of clinics per week 	
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-community) 	
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	0.5
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	
1.5	Provision of Direct Care	2
	<ul style="list-style-type: none"> • Average time spent per week in wards 	
	<ul style="list-style-type: none"> • Average time spent per week in community 	
1.6	Patient Education	As part of 1.2/1.4
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week 	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	1
1.9	Tele-health	
	<ul style="list-style-type: none"> • Average time spent per week 	0.5
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 sessions

11. Specialist Nurse Role: Lung Cancer

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> Number of clinics per week 	1
	<ul style="list-style-type: none"> Average number of patients per clinic (New and Review) 	6
	<ul style="list-style-type: none"> Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> Number of clinics per week 	1
	<ul style="list-style-type: none"> Indicate the location (H- hospital C-community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> Number per week 	1
1.5	Provision of Direct Care	
	<ul style="list-style-type: none"> Average time spent per week in wards 	3
	<ul style="list-style-type: none"> Average time spent per week in community 	
1.6	Patient Education	As part of 1.1/1.2/1.5
1.7	Home visits	
	<ul style="list-style-type: none"> Average number per week 	
	<ul style="list-style-type: none"> Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> Average time spent per week 	2
1.9	Tele-health	
	<ul style="list-style-type: none"> Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 sessions

12. Specialist Nurse Role: Ophthalmology

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> Number of clinics per week 	6
	<ul style="list-style-type: none"> Average number of patients per clinic (New and Review) 	<i>New – 6</i> <i>Review – 6</i>
	<ul style="list-style-type: none"> Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> ICATS Service 	Yes
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> Number of clinics per week 	2
	<ul style="list-style-type: none"> Indicate the location (H- hospital C-community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> Number per week 	
1.5	Provision of Direct Care	
	<ul style="list-style-type: none"> Average time spent per week in wards 	
	<ul style="list-style-type: none"> Average time spent per week in community 	
1.6	Patient Education	
	<ul style="list-style-type: none"> Average time per week – ward based 	As part of 1.1
1.7	Home visits	
	<ul style="list-style-type: none"> Average number per week 	
	<ul style="list-style-type: none"> Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> Average time spent per week 	As part of 1.1
1.9	Tele-health	
	<ul style="list-style-type: none"> Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

13. Specialist Nurse Role: Pain (Acute)

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

14. Specialist Nurse Role: Pain (Chronic)

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

15. Specialist Nurse Role: Pre Assessment

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	7.5
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	6-8
	<ul style="list-style-type: none"> • Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-community) 	
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	As part of 1.1
1.5	Provision of Direct Care	As part of 1.1
	<ul style="list-style-type: none"> • Average time spent per week in wards 	
	<ul style="list-style-type: none"> • Average time spent per week in community 	
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week 	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week (Health screening questionnaire & follow up) 	0.5
1.9	Tele-health	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.10	Clinical Administration (as part of 1.1)	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

16. Specialist Nurse Role: Respiratory

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

17. Specialist Nurse Role: Skin Cancer

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	6.5
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	12-14
	<ul style="list-style-type: none"> • Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	0.5
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	0.5
1.5	Provision of Direct Care	
	<ul style="list-style-type: none"> • Average time spent per week in wards 	As part of 1.1
	<ul style="list-style-type: none"> • Average time spent per week in community 	
1.6	Patient Education	As part of 1.1/1.2
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week 	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	0.5
1.9	Tele-health	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

18. Specialist Nurse Role: Urology

1.0 Clinical Activity Sessions (CAS)		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> Number of clinics per week 	5
	<ul style="list-style-type: none"> Average number of patients per clinic (New and Review)* 	<i>New – 2 Review – 6</i>
	<ul style="list-style-type: none"> Indicate the location (H - hospital C-community) 	H
	<ul style="list-style-type: none"> ICATS Service 	Yes
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> Number of clinics per week 	1
	<ul style="list-style-type: none"> Indicate the location (H- hospital C-community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> Number per week 	
1.5	Provision of Direct Care	
	<ul style="list-style-type: none"> Average time spent per week in wards 	
	<ul style="list-style-type: none"> Average time spent per week in community 	
	<ul style="list-style-type: none"> Average time spent rescue/recovery/ward attenders 	1
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	<ul style="list-style-type: none"> Average number per week 	
	<ul style="list-style-type: none"> Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> Average time spent per week** 	1
1.9	Tele-health	
	<ul style="list-style-type: none"> Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions

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

**Used for benign non symptomatic patients

2.0 Supporting Professional Activity (SPA)		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

19. Specialist Nurse Role: Urology Cancer

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

HIGH-LEVEL JOB PLAN

20. Specialist Nurse Role: Epilepsy

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	• Number of clinics per week	1 - 2
	• Average number of patients per clinic (New and Review)	6
	• Indicate the location (H – hospital C-Community)	H
	• ICATS Service	
1.2	Multidisciplinary Clinics	
	• Number of clinics per week	1.5 - 2
	• Indicate the location (H- hospital C-Community)	H
1.3	Multidisciplinary Ward Rounds	0
	• Number per week	
1.4	Multidisciplinary Case Management discussions	1 - 1.75
	• Number per week	10- 20
1.5	Provision of direct care	
	• Average time spent per week in wards	0
	• Average time spent per week in community	0
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	• Average number per week	0.25
	• Average time spent per week	
1.8	Telephone Consultations	2 - 3
	• Average time spent per week	
1.9	Remote tele monitoring	0
	• Average time spent per week	
1.10	Clinical Administration/Clinical Validation	1
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

HIGH-LEVEL JOB PLAN

21. Specialist Nurse Role: Stoma/Coloproctology/Stoma Care (includes Irritable Bowel Disease)

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	• Number of clinics per week	2
	• Average number of patients per clinic (New and Review)	6-8
	• Indicate the location (H – hospital C-Community)	H
	• ICATS Service	
1.2	Multidisciplinary Clinics	
	• Number of clinics per week	0.5
	• Indicate the location (H- hospital C-Community)	
1.3	Multidisciplinary Ward Rounds	As part of 1.5
	• Number per week	
1.4	Multidisciplinary Case Management discussions	As part of 1.5
	• Number per week	0.25
1.5	Provision of direct care	3 - 5
	• Average time spent per week in wards	
	• Average time spent per week in community	
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	• Average number per week	1 - 2
	• Average time spent per week	
1.8	Telephone Consultations	
	• Average time spent per week	1 - 2
1.9	Remote tele monitoring	
	• Average time spent per week	
1.10	Clinical Administration/Clinical Validation	0.5 – 1
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

HIGH-LEVEL JOB PLAN

22. Specialist Nurse Role: Rheumatology

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	5
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	<i>(6 review)</i>
	<ul style="list-style-type: none"> • Indicate the location (H – hospital C-Community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-Community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	
1.5	Provision of direct care	
	<ul style="list-style-type: none"> • Average time spent per week in wards • Average time spent per week in community 	
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	1
1.9	Remote tele monitoring	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	1
	Sub Total	8 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	2 Sessions
	Total	10 Sessions

HIGH-LEVEL JOB PLAN

23. Specialist Nurse Role: Paediatric Diabetes

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	6
	<ul style="list-style-type: none"> • Indicate the location (H – hospital C-Community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-Community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	1
1.5	Provision of direct care	
	<ul style="list-style-type: none"> • Average time spent per week in wards 	1
	<ul style="list-style-type: none"> • Average time spent per week in community 	1
1.6	Patient Education	As part of 1.1/1.2
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week 	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	2
1.9	Remote tele monitoring	
	<ul style="list-style-type: none"> • Average time spent per week 	0.25
1.10	Clinical Administration/Clinical Validation	1.25
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

HIGH-LEVEL JOB PLAN

24. Specialist Nurse Role: Head and Neck Cancer

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	4
	<ul style="list-style-type: none"> • Indicate the location (H – hospital C-Community) 	H
	<ul style="list-style-type: none"> • ICATS Service 	
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1-2
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-Community) 	H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	1-2
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	
1.5	Provision of direct care	
	<ul style="list-style-type: none"> • Average time spent per week in wards 	5-10 hours
	<ul style="list-style-type: none"> • Average time spent per week in community 	
1.6	Patient Education	As part of 1.1/1.2/1.5
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week 	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.8	Telephone Consultations	5-10 hours
	<ul style="list-style-type: none"> • Average time spent per week 	
1.9	Remote tele monitoring	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions

HIGH-LEVEL JOB PLAN

25. Specialist Nurse Role: Stroke and Neurovascular

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	• Number of clinics per week	1
	• Average number of patients per clinic (New and Review)	10
	• Indicate the location (H – hospital C-Community)	H
	• ICATS Service	
1.2	Multidisciplinary Clinics	
	• Number of clinics per week	1.5
	• Indicate the location (H- hospital C-Community)	H
1.3	Multidisciplinary Ward Rounds	
	• Number per week	0.5
1.4	Multidisciplinary Case Management discussions	
	• Number per week	0.5
1.5	Provision of direct care	
	• Average time spent per week in wards	2
	• Average time spent per week in community	
1.6	Patient Education	As part of 1.1
1.7	Home visits	
	• Average number per week	
	• Average time spent per week	
1.8	Telephone Consultations	
	• Average time spent per week	1.5
1.9	Remote tele monitoring	
	• Average time spent per week	0.25
1.10	Clinical Administration/Clinical Validation	1
	Sub Total	8.25 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	1.75 Sessions
	Total	10 Sessions


HIGH-LEVEL JOB PLAN

26. Specialist Nurse Role: Colposcopy

1.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	4
	<ul style="list-style-type: none"> • Average number of patients per clinic (New and Review) 	8-10 (4-5 N/4-5 R)
	<ul style="list-style-type: none"> • Indicate the location (H – hospital C-Community) 	H or C
	<ul style="list-style-type: none"> • ICATS Service 	N/A
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week 	1
	<ul style="list-style-type: none"> • Indicate the location (H- hospital C-Community) 	H or C
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	0
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	1
1.5	Provision of direct care	
	<ul style="list-style-type: none"> • Average time spent per week in wards • Average time spent per week in community 	
1.6	Patient Education	
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	0.5
1.9	Remote tele monitoring	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.10	Clinical Administration/Clinical Validation	1.5
	Sub Total	8 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit and research	
2.3	Administration; organisational requirement	
2.4	Contribution to policy and service planning	
2.5	Professional development / CPD	
	Sub Total	2 Sessions
	Total	10 Sessions

27. Specialist Nurse Role: Acute Oncology

2.0 Clinical Activity Sessions (CAS)		
		Proposed Norm
1.1	Independent Nurse led clinics	0
	<ul style="list-style-type: none"> • Number of clinics per week • Average number of patients per clinic (New and Review) • Indicate the location (H - hospital C-community) 	H
1.2	Multidisciplinary Clinics	
	<ul style="list-style-type: none"> • Number of clinics per week • Indicate the location (H- hospital C-community) 	1 H
1.3	Multidisciplinary Ward Rounds	
	<ul style="list-style-type: none"> • Number per week 	
1.4	Multidisciplinary Case Management discussions	
	<ul style="list-style-type: none"> • Number per week 	1
1.5	Provision of Direct Care	
	<ul style="list-style-type: none"> • Average time spent per week in wards • Average time spent per week in community 	5
1.6	Patient Education	As part of 1.2/1.5
1.7	Home visits	
	<ul style="list-style-type: none"> • Average number per week • Average time spent per week 	
1.8	Telephone Consultations	
	<ul style="list-style-type: none"> • Average time spent per week 	1
1.9	Tele-health	
	<ul style="list-style-type: none"> • Average time spent per week 	
1.10	Clinical Administration	0.5
	Sub Total	8.5 Sessions
2.0 Supporting Professional Activity (SPA)		
		Proposed Norm
2.1	Teaching	
2.2	Clinical governance activities including audit & research	
2.3	Administration; organisational requirement	
2.4	Contribution to service planning and policy development	
2.5	Professional development / CPD	
	Sub Total	1.5 Sessions
	Total	10 Sessions



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