



# APPENDIX 8: BAND 7 AHP CANCER CARE JOB DESCRIPTION



## APPENDIX 8 – Job Descriptions and Person Specification

**Allied Health Professional Cancer Specialist Role Band 7 (this is an example that can be used as a framework to employ Occupational Therapist, Dietitian and Paramedic)**

### Specialist Interest responsibilities – CANCER CARE

**Band 7 Job Description: Cancer Specialist Allied Health Professional:**

**Occupational Therapist /Dietitian/Paramedic**

Responsible to: PCN

Accountable to: Named GP/Practice Manager/PCN Manager

#### **Job Summary:**

Managerial and clinical accountability will be set by the service context of the post. The structure of accountability will be determined at local level, but it should ensure the following:

- The post holder is expected to be able to work at an advanced level of clinical practice as an autonomous practitioner able to screen and assess for prehabilitation interventions and assess and manage a wide variety of symptoms caused by cancer and its treatment. A part of this may be managing and leading the support for people with cancer within the PCN. However, it is essential that the post holder does not work in clinical or managerial isolation.
- **The post holder will be expected to have access to support from leaders within their own profession and from the senior primary care team.**
- The post holder will be expected to demonstrate and evaluate outcomes/achievement of key results for the pilot of this role.
- In the initial phases the post holder will need to learn what the current pathways are for managing cancer patients in the PCN, to help develop early relationships and link in with current practices. This will help evolve the services to meet best practices for people living well with and beyond cancer.
- **The post holder will be expected to have strong relationships with local clinical specialists within the field of Cancer. A significant element of this will be to ensure maintenance of strong clinical practice skills, clinical governance and clinical support.**
- The Post Holder will be expected to link in with other Wessex Cancer Alliance projects such as Right by You, to help deliver standardised exemplary cancer care.

- The post holder will be able to actively identify their own learning and development needs in order to help fulfil components of the role.

### **Clinical**

**-To be able to screen and assess people with cancer for prehabilitation interventions and advise on suitable interventions**

**- To provide expert clinical assessment and diagnosis of symptoms of cancer and its treatments in primary care. This will include patients who present with a range of multiple needs and underlying pathologies/other primary conditions. Use of advanced assessment tools and application of expert treatment modalities/techniques will be required.**

**- Be the link between primary, community, charity, voluntary and acute services, when the patient is managed via primary care ensuring an integrated care pathway for individual patients that meets their needs. This will include referral to other services and/or directly providing management and advice.**

**- To lead on and develop effective communication between health and social care services/GP practices and other relevant care providers. Educate on the role of the Cancer prehabilitation/rehabilitation specialist, its impact on referral patterns and patient care pathways.**

**- Develop and maintain sound relationships with oncology consultant teams, Cancer Nurse Specialists, relevant MDT teams, oncology specialist professions and rehabilitation teams and in charity, voluntary, community and acute settings.**

**- Where appropriate develop relationships with wider health and social care agencies, for example mental health teams, local authorities, third sector providers and patient groups**

**- To provide leadership to primary care multi-disciplinary teams on prehabilitation and rehabilitation of cancer symptoms. This will include the provision of highly specialist advice on issues ranging from the provision of expert opinion on individual patient treatment options and to be a primary contributor to Cancer services and related pathway development.**

**- Work with other CRS and primary care teams to develop collaborative working within the primary care multi-disciplinary team and provide leadership and expert advice to support the contribution of CRS to Cancer pathways.**

- **Provide the patient with the primary assessment, diagnosis and management options for their symptoms of cancer.**

- **Carry own caseload as an autonomous practitioner, providing direct clinical care for patients with a range of complex cancer symptoms (physical and mental) and who may have significant other primary or secondary conditions/multi-pathologies.**

- **Be able to decide when appropriate to use advanced clinical practice skills that may include:**

- **Non-Medical Prescribing**
- **Undifferentiated Diagnosis**
- **Highly specialised cancer treatments/advice (likely to be profession/experience specific)**
- **Treatment of non-cancer symptoms**
- **Advanced Care Planning**
- **End of Life Care**

- **Use professional judgement and advanced clinical reasoning skills to make decisions about safe and effective patient care in unpredictable situations, including when there is incomplete/contradictory information.**

- **To be able to work autonomously as a lone practitioner.**

- **Be able to demonstrate understanding of the impact of interventions on existing conditions and treatment programmes e.g. other professions highly specialist treatments, cancer treatments, etc. Ensuring interventions are integrated and supportive of the whole treatment aims promoting a holistic approach to condition management.**

- **Be able to clinically justify referral onto appropriate cancer pathways within acute care, the community or wider healthcare services. This will include referral to the appropriate stage of the pathway and the use of social prescribing.**

- Be able to justify clinically referrals to other specialist services. This will include referral to acute and specialist services such as acute oncology emergencies, oncology consultants, gastroenterologists, palliative care teams and Hospices other AHP specialist oncology services, nursing services and to the primary care medical teams. This requires advanced knowledge of the role of other specialist health professionals.

- For patients that remain the responsibility of primary care services, take the lead for the management of the patient's journey in their care pathway, acting as the link for the patient between primary care and other services/professionals.

- An ability to recognise RED flags, serious pathology, reoccurrence, secondary cancers, late effects and potential underlying non-cancer related disease, that may present as symptoms of cancer and its treatments and to refer appropriately. When needed accelerate/escalate the patient's referral to other health professionals/services.

- Work in partnership with the patient at all times to attain maximum participation in treatment programmes. This will include working with patients from diverse social background and cultures and understanding how this will affect treatment proposals and models.

- Develop integrated and tailored personalised care in partnership with patients

- Use effective shared decision making with a range of first line management options (appropriate for the person's level of activation)

- Assess levels of Patient Activation to confirm levels of knowledge, skills and confidence to self-manage

- Agree appropriate support for self-management through education, treatment plan and onward referral to other rehabilitation focussed services and social prescribing provision.

- **Provide expert advice and act as source of expertise in rehabilitation, the management of cancer symptoms and provide a specialist advisory service to patients, other healthcare professionals and members of the primary care team.**

- Provide advice, instruction and teaching on aspects of management of symptoms to patients, relatives, carers and other health professionals.

- Continually review and develop specialist clinical skills in response to service need.

- Be accountable for own decisions and actions via Professional Registration and professional standards and professional code of conduct

### **Service/Professional Leadership/Consultancy**

- Plan and organise the CRS service efficiently, ensuring delivery in-line with service expectations.

- Integrate the CRS role into the wider primary care team, proactively working with the primary care team to build robust relationships and integrate working practices. Attending primary care strategic and practice level meetings to represent CRS in cancer when appropriate.

- Contribute to the development of referral guidelines for cancer symptoms from primary care to other NHS services that will direct referrals to other primary care services, community, secondary and tertiary [specialist] services.

- Work with other specialists to support the development of cancer pathways across the primary care network. This may include contributing to pathways that are not primary cancer pathways, but which have cancer interventions along the pathway.

- Work collaboratively with the primary care team, including working across the Primary Care Network [PCN] and also in partnership with business managers, professional managers and lead clinicians of secondary, community and other care providers to improve service delivery and meet the identified needs of the local patient population.

- Use influence and contribution to the PCN to promote the contribution of CRS to cancer services in primary care and to the wider related services in the health economy.

- Work with the primary care team to support preventative strategies for local populations, patient groups and individuals.
- Participate in peer networking and support underpinned by active engagement in peer review and embracing evidence-based practice.
- Demonstrate a detailed knowledge of wider health, healthcare and social care agencies related to Cancer.
  - Contribute to organisational and service policies that support the maintenance of good clinical governance, manage risk and ensure patient safety is paramount. Be responsible for identifying and reporting any risk/clinical governance issues in the CRS service.
- Contribute to monitoring and review of service standards for Cancer primary care services. Including established clinical, professional and service standards.
- Be aware of and able to demonstrate how the ACP role contributes to the achievement of key performance indicators [KPIs] for cancer primary care services. Identifying where own role is supporting delivery of KPIs.
- Work within the service, contributing to the development of cancer services across the healthcare economy.
- Represent the CRS service at internal primary care meetings and at external forums/service meetings including CCG and other strategic regional forums involved in the development of CRS in cancer care and cancer pathways.
- Participate in/support investigations into complaints and clinical errors/incidents when appropriate.

### **Education/Workforce Development**

- Be responsible for leading and developing education and training of others up-to post graduate level to support the development of advance clinical skills and knowledge within the wider cancer workforce.
- Provide training and supervision, some of which maybe to postgraduate level, for primary care professionals in order for them to develop specialist cancer management and referral skills.
- Provide and receive clinical supervision and be an active provider of mentoring and coaching of specialist clinicians from a range of disciplines.

- Maintain a professional portfolio of knowledge and skills, at advanced clinical level, through participation in internal and external development opportunities.

### **Research and Evaluation**

- At the outset identify and use local and national evidence-based practice to develop suitable research and audit programmes evaluating the effectiveness of the role in cancer care. This will include communicating outcomes and integrating findings into own and wider service practice and pathway development.
- To initiate, design and evaluate an audit strategy and tools to evaluate the effectiveness of the CRS in cancer care service in collaboration with the primary care MDT.
- Promote and lead the integration of evidence-based practice and national guidelines into own and local Cancer service practice. Use expert knowledge of evidence-based guidelines and national frameworks to influence the development of CRS services in PCNs.
- Lead or participate in research and MDT research projects as appropriate. This may include participation in cross organisational research and audit programmes.
- Present and disseminate research and clinical audit findings across the PCN and wider service providers, providing analysis of local and national data sets to illustrate service improvements and to promote service change.
- To maintain and up-date audit and data derived from a range of data sets in order provide statistical reports on outcome measures and achievement of KPIs for a range of audiences.
- Use audit and research to develop and improve service guidelines, care protocols, delivery of triage services and referral pathways.

### **Communication/Building Networks**



- Participate in PCNs taking the opportunity to influencing the PCN to further support for and knowledge of the CRS role in primary care.
- Promote and explain the CRS role and what it can deliver to a range of audiences including patient groups, individual patients and other primary care team members, including GPs.
- Communicate effectively and appropriately with patients and their carer's. This will include explaining the diagnosis, and treatment choices available to manage multi-pathology and complex symptoms. It will also involve communicating limitations on treatment outcomes and managing expectations of patients with Cancer.
- To be able to communicate on highly sensitive topics which may be difficult for patients and their carers including advanced care planning and dealing with end of life phases of patients condition.
- There will be a strong emphasis on the responsibility of the post holder to be the gate-holder between primary care and all other stakeholder organisations that will be or can be involved in your patients' care or improving services for people with cancer. This will include and is not limited to acute Trusts, community Trusts, research teams, Wessex Cancer Alliance, Academic Health Science Network, HEE primary care training hubs, Lead cancer nurse and AHP forums.

**PERSON SPECIFICATION – Cancer Specialist Allied Health Professional BAND 7**

<b>TRAINING/PROFESSIONAL BODY</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>	<b>ASSESSED A – application I - Interview</b>	<b>Application/Interview Comments</b>
Registered practitioner to degree/diploma level supplemented by further study at Level 7 or demonstrable extensive experience in cancer specific role.	Yes		A	
Membership of the relevant Professional Body (HPC/NMC)	Yes		A	
Completion of Advanced Communication Skills or Psychological Assessment course		Yes	A	
Learning and Assessing in Practice Qualification or equivalent practice assessors training	Yes		A	
Evidence of recent professional development in an up to date portfolio	Yes		I	
Advanced History Taking and Physical Examination		Yes	A	
Non-Medical Prescriber (if professionally appropriate)		Yes	A	
<b>CLINICAL EXPERIENCE</b>				
Experience at Registered Practitioner Band 6/7 Level with more than 2 years experience working in a cancer care rehabilitation environment <b><i>(persons working in a non-specialist cancer field but with cancer population exposure and with appropriate rehabilitation skills will be considered for this post)</i></b>	Yes		A/I	
Able to demonstrate specialist clinical reasoning skills to assimilate information in order to make a clinical judgement regarding diagnosis and intervention of common symptoms of cancer and its treatments. <b><i>(please see appendix for symptom management expected)</i></b>	Yes		I	

Experience of developing specialist programmes of care for an individual or groups of patients/clients and of providing highly specialist advice preferably in a Cancer Care environment	Yes		A/I	
Knowledge and understanding of the pathophysiology of common cancers	Yes		A	
Knowledge and understanding of late effects of cancer in relation to treatment modalities and cancer site.	Yes		A/I	
Experience or knowledge of working in or collaboration with Primary Care Services		Yes	A/I	
Experience of multi-disciplinary working and working across professional and service boundaries.	Yes		A/I	
Able to communicate effectively at different levels of the organisation and with staff, patient/service users, visitors or external organisations both verbally and in writing in the exchange of highly complex, sensitive or contentious information which may require the use of negotiating and/or persuasive skills.	Yes		A/I	
Able to overcome barriers to understanding where there are physical or mental disabilities.	Yes		A/I	
Able to analyse and assess situations and to interpret potentially conflicting situations and determine appropriate action, where there is a range of options and judgement is required.	Yes		A/I	
Experience of planning and organising complex activities requiring the formulation and adjustment of plans .e.g. organising own time, co-ordination with other agencies and plans for sudden, unforeseen circumstances.	Yes		A/I	
Able to work independently within sphere of authority	Yes		A/I	
Evidence of skills in diplomacy, negotiation and influencing.	Yes		I	
Knowledge and understanding of Cancer Care Strategy relevant to role	Yes		A/I	

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Demonstrable knowledge of legislation relevant to area of clinical practice	Yes		A/I	
<b>LEADERSHIP AND MANAGEMENT</b>				
Evidence of risk management skills and experience.	Yes		A/I	
Evidence of involvement in meeting relevant clinical governance objectives.	Yes		A/I	
Able to demonstrate knowledge of health policy and its application in practice.				
Able to demonstrate innovation and effective use of resources.	Yes		A/I	
Evidence of involvement in policy and practice change.	Yes		A/I	
Able to adapt to a changing environment and changing priorities.	Yes		I	
To lead and inspire others to improve care for people living with cancer	Yes		I	
Able to effectively manage available resources in the pursuit of quality service provision ensuring a safe environment	Yes		A	
<b>EDUCATION</b>				
Evidence of proactive involvement in the supervision and development of members of the multi-disciplinary team.	Yes		A/I	
Evidence of delivering education and training in practice.	Yes		A/I	
Able to act as a clinical supervisor and/or facilitate peer groups.	Yes		A/I	
Inquisitive and eager to learn, asks questions and responds positively to change in practice/procedure. Seeks ways to improve self and others.	Yes		A/I	
<b>RESEARCH</b>				
Evidence of involvement in the development of programmes of care, protocols and audit.	Yes		A/I	

Able to actively research for the potential to improve quality and customer care, seeking new ideas and methods to improve health care for people with cancer	Yes		A/I	
Able to demonstrate publication, presentations and personal research at local and regional events.		Yes	A/I	
Evidence of involvement in research.		Yes	A/I	
Ability to evaluate care leading to improvement in quality standards an service improvement	Yes		A/I	
<b>PERSONAL QUALITIES NEEDED TO PILOT THIS ROLE</b>				
As this is a pilot the successful applicant will need to be very innovative, flexible and confident in their approach willing to try new ideas and develop the role.	Yes		I	
Resilient nature will be needed to deal with potential opposition or misunderstanding of this role and individuals scope of practice especially in the initial phases.	Yes		I	
Due to the wide variety of potential presentations there will be an expectation to self-manage training needs and development to ensure CPD and the ability to meet the requirements of this new role.	Yes		I	
<b>INFORMATION TECHNOLOGY/RESOURCES</b>				
Able to analyse data and produce reports using Microsoft Excel and Word	Yes		A	
Confident in the use of computer systems, spreadsheets, databases, data collection and co-ordination, word processing and report writing.	Yes		A	
Experience of using electronic patient / service user record systems	Yes		A	
<b>BUSINESS TRAVEL</b>				
Subject to the provisions of the Equality Act, able to travel using own vehicle on Trust business.	Yes		A	

## Expectations for this role

- Complete a holistic needs assessment
- Formulate and document a well evidenced assessment of cancer symptoms demonstrating appropriate complex history taking and physical assessment skills. This will include differential diagnosis and escalation of life threatening symptoms.
- Work with service users and, where appropriate, carers to support access to appropriate, treatment, diagnostics, care and support tailored to individual patient characteristics, background and circumstances from diagnosis of cancer to end of life.
- Maintain and deliver continuity of care in collaboration with the patient, carers and other health and social care teams
- Use interactions with people to encourage changes in behaviour that can have a positive impact on their health and wellbeing. This will include education, prehabilitation, rehabilitation and psychological interventions that promote self-management and self-care
- Support shared decision-making and a person-centred approach, working in partnership with people, families and communities.
- Draw on the expertise of all members of the multi-disciplinary team and social support to meet people's best interests and optimise the integration of their care. This will include working across boundaries and promoting shared care to manage often complex and life threatening symptoms.

The following is a list of presentations likely to be treated by a Cancer Specialist Allied Health Professional in cancer care:

- Anorexia/Cachexia/Weight management/taste changes
- Anxiety/depression
- Breathlessness Communication
- Cognitive function
- Bowel and bladder incontinence
- Dysphagia
- Gastro-intestinal symptoms (nausea, vomiting, constipation, diarrhoea)
- Fatigue
- Late effects
- Lymphoedema
- Metastatic spinal cord compression

- Mobility
- Pain (acute and chronic)
- Sexual dysfunction
- Skin and soft tissue management
- Sleep disorders