

Developing a Cancer Clinical Nurse Specialist Job Plan

Specialist nursing practice is inherently complex and multifaceted, making it challenging to define, quantify, and fully capture its impact. As the NHS faces increasing pressures on its resources, it is more important than ever to clearly demonstrate the essential contributions that cancer specialist nurses make to patient care and service improvement. Effectively articulating your role is crucial, and a well-structured job plan can support you in doing so. This guide has been developed to help you define and communicate your role at an enhanced and advanced level of practice, aligning with the ACCEND framework.

What is a job plan?

A well-structured job plan provides a clear schedule of activities in an average week. It defines how your working time is allocated across clinical and professional activities incorporating all four pillars of professional practice (clinical, leadership and management, research and education) ensuring a structured and balanced approach to a role.

Job plans play a crucial role in supporting professionals to deliver safe, high-quality patient care while promoting a healthy work-life balance. They also serve as a valuable tool for nurses, offering opportunities for reflection, self-assessment, and professional growth.

What makes up a job plan?

A job plan is a description of the work of the nurse over an average week. A full-time Clinical Nurse Specialist's (CNS) week is often divided into 10 sessions: five morning and five afternoon sessions, as part of a 37.5 hour week. The sessions can be described using the four pillars of

professional practice. It is often more useful to articulate the division of time in terms of percentage values of time spent on activities as the reprioritisation of work is a continual process as the day progresses and also there are a multitude of activities often being performed in a clinical session.

For a full description of all the activities in a CNS's work please refer to Appendix (i).

How often should job planning happen?

Once developed, it is recommended that the job plan is reviewed annually. Activities may occasionally deviate from the plan for valid reasons. Regularly assessing these variations is essential to ensure future job plans are refined and aligned more accurately with service demands. A review should also take place if there is a significant change to the role e.g. a change in personal circumstances or change in the service model.

Job planning can also be part of professional development and should link to an individual's personal development plan, appraisal and the ACCEND framework. The job planning process should enable Clinical Nurse Specialists to articulate more clearly their contribution to the service and provide a focus for their personal career development.

Job planning should also commence when managers are discussing the development of any new Clinical Nurse Specialist post. 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.

Who should complete a job plan?

All Clinical Nurse Specialists, including those in established and in new roles, are encouraged to have a job plan.

Getting started with job planning

We have provided a suggested template for job planning (See Appendix ii). Before beginning the process, it is beneficial to have a team discussion to reflect on each member's key roles and responsibilities, as outlined in their job description and the operational policy. This collaborative discussion will help shape and inform each individual job plan.

Governance

Governance for job plans ensures that roles and responsibilities align with organisational goals, regulatory standards, and patient care priorities, while also supporting staff well-being and professional development. Each organisation within Wessex is responsible for ensuring this toolkit has the support from the appropriate cancer management team and nursing hierarchy to ensure CNS job plans are valued and respected. Job plans should be developed by each CNS but supported and approved by the appropriate Line Manager.

Summary

The role and contributions of Clinical Nurse Specialists are well-documented and highly valued by both patients and organisations. Job planning helps establish a more consistent, person-centred approach to these roles, fostering shared expectations and a deeper understanding of the unique impact Clinical Nurse Specialists have on patient care and service delivery. Through job planning, nurses can evaluate their current practice, measure progress, and explore innovative approaches to service development and ways of working, ultimately enhancing patient outcomes and job satisfaction.

Appendix (i) - Definition of Cancer CNS activities outlined in the job plan

The information below provides detailed information on the CNS role to demonstrate the unique contribution to cancer care and improve understanding. Using the four pillars of professional practice we have described examples of CNS core activity and aligned them to a selection of ACCEND core capabilities for enhanced and advanced level practitioners to support you to reflect on your role and development needs. This list of capabilities is by no means exhaustive, and you are encouraged to reflect and add more pertinent for your role. We acknowledge that this is a template and will need to be adapted according to your speciality. If you need support reviewing the ACCEND capabilities, please contact your Trust lead for ACCEND or the lead for nursing within Wessex Cancer Alliance.

Colour coding for ACCEND capabilities related to level of practice -

Key	Level of practice
	Enhanced
	Advanced

Clinical Care

Activity	Description	ACCEND Capability – Enhanced and Advanced level
Co-ordination of care	<p>Care coordination is crucial to patient outcomes and experience of care. Many patients will have complex needs and other conditions to manage alongside their cancer treatment.</p> <p>Describe your role coordinating care such as –</p> <p>As a key worker, the CNS is responsible for coordinating the individualised care and management plans for patients across the entire clinical pathway. This involves close oversight of each stage of the patient journey, with a particular focus on ensuring timely progression through the diagnostic and treatment process. A significant part of this role includes coordinating diagnostic appointments and investigations—such as CT, MRI, PET-CT scans,</p>	<p>Domain A: 1.4 Use clinical-reasoning skills to undertake an in-depth assessment of the presenting problem, interpret findings, develop working and differential diagnoses, formulate, communicate, implement and evaluate management plans</p>
		<p>Domain A: 1.8 Role model integrated care, support and treatment through forward-planning, working in partnership with individuals, different professionals, teams, diverse communities, a range of organisations including the third sector, and through understanding, respecting and drawing on others' roles and competence.</p>

	<p>endoscopies, and blood tests—ensuring that patients are appropriately presented at multidisciplinary team (MDT) meetings, and clearly communicating outcomes and next steps. This involves working closely with consultants to synthesise clinical findings and collaboratively formulate evidence-based treatment plans. The CNS also manages the logistical and clinical aspects of care, including facilitating pre-assessment, securing surgical dates, arranging necessary interventions (e.g., blood or iron infusions), and optimising patients for treatment. This level of coordination helps streamline the patient experience, reduce delays, and support timely, informed decision-making aligned with both patient preferences and organisational standards. The CNS can refer, admit, and discharge patients within their designated clinical areas. Their practice is defined by advanced clinical decision-making, grounded in deep, specialist knowledge of their field. Additionally, the role extends to proactive care management, including strategies to avoid unnecessary hospital admissions and the prompt management of oncological emergencies, thereby enhancing patient safety and continuity of care.</p>	<p>Domain A: 4.15 Select effective, situation and patient appropriate history taking and consultation skills drawing on knowledge and expertise in advanced communication skills.</p>		
		<p>Domain A: 5.6 Recognise and intervene when deviations occur from expected progress, meaning changes may be needed in the care plan, adapting it to the changing needs, such as cancer recurrence or end of life care.</p>		
		<p>Domain A: 8.6 Coordinate MDT interventions relating to patients with complex care needs after cancer and cancer treatment, working with the MDT and health, social care and voluntary sector agencies care plan, for example ongoing care, discharge and surveillance community care plans</p>		
		<p>Domain A: 9.5 Take an active role in working with others to minimise the occurrence of potential crises, for example inappropriate admission to hospital.</p>		
		<p>Domain B: 12.11 Instigate appropriate investigative tests to aid diagnosis and assessment.</p>		
		<p>Domain B: 12.20 Discuss findings with cancer specialist teams adopting a shared care template ensuring timely and optimum care.</p>		
<p>Clinical Phone calls</p>	<p>A significant aspect of the role involves regular communication via telephone with patients, carers, GPs, medical teams, nursing staff (both within the Trust and in the community), administrative and data personnel, as well as external care agencies. These calls encompass a wide range of topics, but are primarily focused on treatment-related queries, the management of side effects and toxicities, clarification of management plans, symptom control, admission avoidance, and supporting patients as they adjust to their diagnosis and navigate the ongoing trajectory of their illness. All calls are triaged through [insert</p>	<p>Domain A: 3.2 Use advanced skills in listening and information-processing, alongside empathetic skills to assess, explore and respond to individuals' complex needs and concerns</p>		
		<p>Domain A: 4.12 Adapt communication approaches to non-face to face situational environments, for example phone, video, email or remote consultation</p>		
		<p>Domain A: 8.2 Engage in effective inter-professional communication and collaboration</p>		

	<p>triage system or process here], ensuring timely and appropriate responses based on clinical urgency and patient need.</p> <p><i>Consider including the average number of calls in a week – if known</i></p>	<p>with clear documentation to optimise the integrated management of the individual with cancer</p>		
<p>Inpatient Service</p>	<p>Describe your role with inpatients such as – A key aspect of the role involves reviewing inpatient lists to identify patients admitted for emergency admissions or new diagnosis. The team commit to see inpatients within X hours of admission/referral excluding weekends to ensure timely clinical oversight and intervention. If appropriate, include details on normal protocol for pre and post operative care e.g. a minimum of 2 visits post operatively and contacted at home following discharge ensuring continuity of care and addressing any concerns. Coordination of care to ensure safe, timely discharge. Inpatient activity covers all departments within the Trust. It may include palliative or end of life care and liaison with the appropriate teams. Provide leadership to ward staff through support, supervision, role modelling and informal teaching.</p> <p><i>Consider adding percentage of caseload that are inpatients on an average week.</i></p>	<p>Domain A: 9.9 Lead and develop strong partnership working with all key stakeholders in a local area and acts as the expert in this area demonstrating effective communication across complex organisations</p>		
		<p>Domain B: 10.8 Be able to undertake general history-taking, and focused history-taking to elicit and assess ‘red flags,’ acute oncological presentations, reoccurrence, cancer treatment side effects and late effects</p>		
		<p>Domain A: 3.1 Consistently role model highly developed interpersonal and advanced communication skills to engage in effective, appropriate, enabling and complex interactions with individuals, carers and colleagues in the clinical environments and roles in which they practise.</p>		
		<p>Domain A: 5.5 Progress care, recognising that reducing symptoms, restoring and maintaining function and independence, and improving quality of life all form clinical outcomes and meaningful goals of treatment</p>		
<p>Domain A: 5.7 Work collaboratively with individuals, their families and the multi-disciplinary team (MDT) to manage complex situations arising from care plans, for example differing perspectives of treatment plans</p>				
<p>Domain A: 6.5 Explain the options, including the benefits and risks, that are available to individuals to enable them to reach their own decisions about their treatment, health and wellbeing and set their own priorities</p>				
<p>Domain B: 11.8 Use knowledge of cancer, its treatment and the risks of late effects</p>				

		<p>complications to ensure assessments are appropriate to individual needs (for example type of cancer, treatment received, age, co-morbidities)</p>		
<p>Outpatient Service</p>	<p>Describe outpatient activity that you are involved in, such as –</p> <p>Outpatient activity spans a wide range of clinical settings and responsibilities. This includes conducting new patient assessments, participating in diagnostic consultations, and delivering virtual consultations—typically covering [insert number] appointment slots per week. A key aspect of the role is the development and implementation of person-centred care plans, tailored to each patient’s needs and preferences.</p> <p>The CNS contributes to pre-assessment clinics, both surgical and oncological, ensuring patients are optimised for treatment and fully informed. Also review patients in non-surgical outpatient settings, participate in new patient consultant clinics, and provide input within radiotherapy outpatient clinics. In the Systemic Anti-Cancer Therapy (SACT) unit, the CNS is actively involved in patient review and care planning; on an average week, I see approximately [insert number] patients within the unit.</p> <p>In addition, the CNS plays a vital role in supporting patients during consultations where distressing or life-changing information may be shared. Where appropriate, delivering diagnoses directly to patients when the most qualified clinician to do so, ensuring that communication is clear,</p>	<p>Domain C: 13.12 Recognise, support and proactively manage people who require palliative care and those in their last year of life, extending the support to carers and families as appropriate.</p> <p>Domain A: 7.4 Access information from a range of resources and use them to meet the individual needs of service users, translating clinically related topics into language which is understandable both for individuals to self-manage effectively and for the development of patient information</p> <p>Domain A: 8.8 Work with health, social care and voluntary sector agencies to ensure coordinated care that meets current and anticipated future needs of individuals, for example employment, financial, educational, late effects</p> <p>Domain A: 9.5 Take an active role in working with others to minimise the occurrence of potential crises, for example inappropriate admission to hospital</p> <p>Domain B: 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 (examples include, but not limited to: 5 times sit to stand test; 6-minute walk test; cardiopulmonary exercise test; incremental shuttle walk test; MUST; Royal Marsden nutrition screening tool; patient generated subjective global assessment questionnaire; patient health</p>		

	compassionate, and followed by appropriate clinical and emotional support.	questionnaire-9; generalised anxiety disorder assessment (GAD-7); hospital anxiety and depression scales (anxiety and/ or depression), EORTC QLQ-C-30; brief fatigue inventory, WHO disability assessment schedule).		
		Domain B: 10.7 Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical, mental and psychological presentations.		
		Domain B: 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 to ensure the person has understanding about what has been communicated.		
		Domain B: 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. This might include the identification of those at risk of increased frailty or those with a hereditary gene mutation.		
		Domain C: 13.10 Ensure safety netting advice is appropriate, and the person understands when to seek urgent or routine review		
		Domain C: 15.8 Be able to confidently explain and discuss risk and benefit of non-cancer and chemotherapy medication with people using appropriate tools to assist as necessary		
		Domain C: 18.4 Have a knowledge of the presentations of treatment-related and disease related symptoms and the red flags that would necessitate escalation, emergency admission and/or onward referral.		

Clinical Administration	Updating patient records within hospital systems; dictating, reviewing, and signing clinic letters, as well as drafting ad hoc correspondence to GPs, employers, referring agencies, and other clinicians. Managing patient tracking, verifying appointments, and coordinating the booking of investigations. Reviewing test results, adjusting treatment plans based on those findings, expediting necessary investigations, and, when required, cancelling investigations.	Domain A: 5.4 Use protocols and guidelines to create person-centred individual care pathways and documentation, for example care plans, treatment summaries, late effects surveillance		
		Domain B: 11.10 Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.		
		Domain C: 15.4 Maintain accurate, legible and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine.		

Leadership and Management

Activity	Description	ACCEND Capability		
Staff/team management	Providing management and supervision, conducting performance appraisals, overseeing the interview process, and handling performance management. Managing employee absences, including sickness and annual leave, while coordinating appropriate cross-cover arrangements.	Domain A: 2.9 Respond promptly and impartially when there are concerns about self or colleagues; take advice from appropriate people and, if necessary, engage in a referral procedure		
		Domain D: 21.5 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people, families, carers, communities and colleagues' safety and well-being when necessary. clarity of roles within teams, to encourage productive working		
		Domain G: 24.5 Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others, actively facilitating the development of others.		

<p>Leadership responsibilities</p> <p>As a clinical leader, CNS's exercise professional autonomy, taking full responsibility and accountability for their decisions and actions. They serve as expert advisors and key resources for colleagues, providing specialist assessments and treatments through a holistic approach to managing complex, multifaceted situations. This often involves overseeing care over extended periods.</p> <p>Describe your involvement in activities such as - participation in Clinical Advisory Groups, CNS/AHP meetings, governance meetings, focus group sessions, and serious case reviews. Additionally, outline your role in managing plaudits and addressing complaints, as well as your engagement in ad hoc crisis intervention work and any other relevant activities.</p> <p>Include membership in national forums or special interest groups, such as UKONS, and highlight how you utilise opportunities to recognise and celebrate the achievements and good practices of the entire multidisciplinary team.</p>	<p>Domain A: 2.10 Promote mechanisms such as complaints, significant events and performance management processes in order to improve peoples' care</p>		
	<p>Domain A: 2.11 Promote mechanisms such as compliments and letters of thanks to acknowledge and promote good practice.</p>		
	<p>Domain A :12.19 Act as an expert resource for other health care professionals when dealing with complex or challenging situations relating to assessment</p>		
	<p>Domain A: 14.3 Manage both practitioner and peoples' uncertainty.</p>		
	<p>Domain D: 21.2 Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice</p>		
	<p>Domain D: 21. 11 Lead locally on the implementation of national guidance for services for people with cancer</p>		
	<p>Domain D: 21.17 Actively participate in internal and external reviews for example, significant/serious incident review, peer review, CQC, cancer patient experience surveys and share the learning across services</p>		

Research - developing evidence-based practice and quality

Activity	Description	ACCEND Capability		
Research	<p>Describe your involvement in research activity such as - a significant portion of time is dedicated to collaborating with research staff and engaging in discussions with patients to support their decision-making regarding clinical trial participation. This includes recruiting patients for studies, introducing them to study protocols, and contributing to the writing of research papers.</p> <p>Additionally, each CNS is actively involved in individual research projects, including the development of proposals and collaboration with national organisations.</p>	Domain A: 1.18 Promote, enable and lead research to advance the development of cancer knowledge and practice.		
		Domain E: 22.7 Contribute data to systems to be used for research, audit or service evaluation and understands own contribution to these processes		
		Domain E: 22.9 Work to advance the development of a research strategy for cancer, including prehabilitation, palliative care and/ or living with cancer and lead their own or collaborative research projects		
		Domain D: 22.12 Ensure that systems are in place to guarantee that project design and data management and dissemination meet ethical practice standards.		
Evidence based practice and quality	<p>Describe your activity in this area such as – Continuous monitoring of service delivery to ensure alignment with cancer standards and development of relevant protocols. Translating cancer nursing policy into deliverable practice and leading service improvement projects to improve patient care. Ensuring the implementation of evidence-based practices by conducting thorough literature searches, critically analysing findings,</p>	Domain E: 22.6 Use specialist knowledge to contribute to the development of evidence-based policies and procedure		
		Domain F: 23.1 Initiate, lead and guide investigation and review of services and subjects relating to people living with and affected by cancer symptom management.		
		Domain F: 23.3 Assist with service evaluations and audits of key aspects of own and shared practice, for example patient satisfaction, local service standards		
		Domain F: 23.7 Develop systems for measuring outcomes for individuals, groups and services that enable accurate and meaningful reviews of progress and services		
		Domain F: 23.8 Actively involve a range of service users in evaluating services, applying the principles of equality, diversity and anti-		

	and synthesising the results to inform and improve clinical practices.	discriminatory practice and actively promotes cancer related research projects.		
		Domain F: 23.12 Use data supported information to drive both small- and large-scale service improvement and local research programme development		

Educating Self and others

Activity	Description	ACCEND Capability		
Teaching	Describe your activity such as – Activities in this area encompass a range of educational and supervisory roles such as providing in-house teaching for nursing, medical, and AHP teams, as well as teaching in community settings and at universities. Contributing to the education of pre-registration and post-registration students, delivering sessions for BSc and master’s programs, and designing comprehensive study programs and workplace-based learning opportunities. Additionally, mentoring students as well as facilitating the induction of new staff members. Presenting at conferences, both locally and nationally, sharing knowledge and expertise with broader audiences. Leading patient education sessions and workshops, focusing on	Domain G: 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		
		Domain G: 24.7 Contribute to curriculum development and delivery of cancer and/or palliative care modules/programmes at undergraduate and postgraduate level with education providers		
		Domain G: 24.8 Instigate, promote and utilise clinical supervision for self and other members of the healthcare team to support and facilitate professional development.		
		Domain G: 24.9 Lead learning and development needs analyses to inform commissioning to build capacity and capability of the workforce providing care to people affected by cancer through work-based and interprofessional learning, and accredited modules and courses.		
		Domain G: 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 learners and trainees, and the supportive, assistive and registered workforce to facilitate achievement of core cancer learning outcomes and capabilities in practice		
		Domain G: 24.15 Write for publication and present at local and national conferences on own specialty/practice.		

	empowering patients with the knowledge they need for their care. Facilitation and participation in clinical supervision sessions to support professional development and ensure high standards of care.			
Personal education and development	Participation and completion of mandatory training, action learning sets, webinars, study days, academic courses, conferences and sourcing funding opportunities.	Domain G: 24.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the 4 pillars of clinical practice		
		Domain G: 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.		

Key contacts

Lead Cancer Nurse –

Trust ACCEND Lead –

ACCEND Programme Manager (Nursing) Wessex Cancer Alliance – Sinead Parry, Sinead.parry@wca.uhs.nhs.uk

Appendix (ii) – Cancer CNS Job Plan Template

A job plan should be completed in discussion with your Line Manager and team considering each member's key roles and responsibilities, as outlined in each job description and operational policy. This collaborative discussion will help shape and inform each individual job plan.

The template below describes potential distribution of work across the week, without accounting for unforeseen or emergency activities. We have populated with example activities using the information from Appendix (i), please adapt as appropriate for your role.

Figure 1: Option 1 - Job plan summarised into a typical week

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<p>Clinical phone calls</p> <p>Check inpatient lists & identify patients, review Clinic /MDT list for week ahead & plan week.</p> <p>Clinics or meetings – define type, frequency e.g. MDT meetings, nurse led clinics</p>	<p>Clinical phone calls</p> <p>Clinics - define</p> <p>SACT Unit – review patients</p>	<p>Clinical phone calls</p> <p>Clinics – define</p> <p>Regular meetings e.g. governance, CNS meeting, clinical supervision – Define & confirm frequency</p>	<p>Clinical phone calls</p> <p>Clinics – define</p> <p>Team/staff management – 1-1's, team meetings (frequency)</p>	<p>Clinical phone calls</p> <p>SACT Unit – review patients</p> <p>Clinics – define</p> <p>Leadership activities – define & frequency e.g. Clinical Advisory Group</p>
PM	<p>Clinics – define</p> <p>Review inpatients</p> <p>Informal teaching</p> <p>Clinical Phone calls - Assessment, prevention of unscheduled care</p>	<p>Review inpatients</p> <p>Informal teaching</p> <p>Clinical Phone calls - Assessment, prevention of unscheduled care</p>	<p>Evidence based practice and quality – describe regular commitments</p> <p>Clinical phone calls - Assessment, prevention of unscheduled care</p>	<p>Research – describe any regular commitments e.g. meetings, clinics</p> <p>Clinical phone calls - Assessment, prevention of unscheduled care</p>	<p>Review inpatients</p> <p>Informal teaching</p> <p>Clinical phone calls Assessment, prevention of unscheduled care</p>
Daily and when required	Clinical Administration	Staff management – 1-1's, AL, sickness, Annual appraisals & PDR	Personal education & development	Teaching	

Adapted from Alison Leary -

Leary A, (2011) Proving your worth', Nursing Standard Apr6:Vol25 no31, Page 62-22 - [Proving your worth \(CNS all specialisms\) AL.pdf](#)

Figure 2: Option 2 - High Level Cancer CNS Job Plan

Please complete the table below with the average time spent each week in the activity. This table needs adapted to appropriately reflect your role. A full-time Clinical Nurse Specialist's (CNS) week is often divided into 10 sessions: five morning and five afternoon sessions, as part of a 37.5 hour week.

Clinical Activity	*Proposed regular number of sessions
<p>Coordination of Care Care coordination is crucial to patient outcomes and experience of care. Many patients will have complex needs and other conditions to manage alongside their cancer treatment.</p> <p>Describe your role coordinating care such as –</p> <p>As a key worker, the CNS is responsible for coordinating the individualised care and management plans for patients across the entire clinical pathway. This involves close oversight of each stage of the patient journey, with a particular focus on ensuring timely progression through the diagnostic and treatment process. A significant part of this role includes coordinating diagnostic appointments and investigations—such as CT, MRI, PET-CT scans, endoscopies, and blood tests—ensuring that patients are appropriately presented at multidisciplinary team (MDT) meetings, and clearly communicating outcomes and next steps. This involves working closely with consultants to synthesise clinical findings and collaboratively formulate evidence-based treatment plans. The CNS also manages the logistical and clinical aspects of care, including facilitating pre-assessment, securing surgical dates, arranging necessary interventions (e.g., blood or iron infusions), and optimising patients for treatment. This level of coordination helps streamline the patient experience, reduce delays, and support timely, informed decision-making aligned with both patient preferences and organisational standards. The CNS can refer, admit, and discharge patients within their designated clinical areas. Their practice is defined by advanced clinical decision-making, grounded in deep, specialist knowledge of their field. Additionally, the role extends to proactive care management, including strategies to avoid unnecessary hospital admissions and the prompt management of oncological emergencies, thereby enhancing patient safety and continuity of care.</p>	

<p>Clinical phone calls</p> <p>A significant aspect of the role involves regular communication via telephone with patients, carers, GPs, medical teams, nursing staff (both within the Trust and in the community), administrative and data personnel, as well as external care agencies. These calls encompass a wide range of topics, but are primarily focused on treatment-related queries, the management of side effects and toxicities, clarification of management plans, symptom control, admission avoidance, and supporting patients as they adjust to their diagnosis and navigate the ongoing trajectory of their illness. All calls are triaged through [insert triage system or process here], ensuring timely and appropriate responses based on clinical urgency and patient need.</p> <p><i>Consider including the average number of calls in a week – if known</i></p>	
<p>Inpatient Service</p> <p>Describe your role with inpatients such as –</p> <p>A key aspect of the role involves reviewing inpatient lists to identify patients admitted for emergency admissions or new diagnosis. The team commit to see inpatients within X hours of admission/referral excluding weekends to ensure timely clinical oversight and intervention.</p> <p>If appropriate, include details on normal protocol for pre and post operative care e.g. a minimum of 2 visits post operatively and contacted at home following discharge ensuring continuity of care and addressing any concerns.</p> <p>Coordination of care to ensure safe, timely discharge. Inpatient activity covers all departments within the Trust. It may include palliative or end of life care and liaison with the appropriate teams. Provide leadership to ward staff through support, supervision, role modelling and informal teaching.</p> <p><i>Consider adding percentage of caseload that are inpatients on an average week.</i></p>	
<p>Outpatient Service</p> <p>Describe outpatient activity that you are involved in, such as –</p> <p>Outpatient activity spans a wide range of clinical settings and responsibilities. This includes conducting new patient assessments, participating in diagnostic consultations, and delivering virtual consultations—typically covering [insert number] appointment slots per week. A key aspect of the role is the development and implementation of person-centred care plans, tailored to each patient’s needs and preferences.</p> <p>The CNS contributes to pre-assessment clinics, both surgical and oncological, ensuring patients are optimised for treatment and fully informed. Also review patients in non-surgical outpatient settings, participate in new patient consultant clinics, and provide input within radiotherapy outpatient clinics. In the</p>	

<p>Systemic Anti-Cancer Therapy (SACT) unit, the CNS is actively involved in patient review and care planning; on an average week, I see approximately [insert number] patients within the unit.</p> <p>In addition, the CNS plays a vital role in supporting patients during consultations where distressing or life-changing information may be shared. Where appropriate, delivering diagnoses directly to patients when the most qualified clinician to do so, ensuring that communication is clear, compassionate, and followed by appropriate clinical and emotional support.</p>	
<p>Clinical Administration Updating patient records within hospital systems; dictating, reviewing, and signing clinic letters, as well as drafting ad hoc correspondence to GPs, employers, referring agencies, and other clinicians. Managing patient tracking, verifying appointments, and coordinating the booking of investigations. Reviewing test results, adjusting treatment plans based on those findings, expediting necessary investigations, and, when required, cancelling investigations.</p>	
<p>Professional Activities</p>	
<p>Leadership & Management</p> <p>Staff/Team Management - Providing management and supervision, conducting performance appraisals, overseeing the interview process, and handling performance management. Managing employee absences, including sickness and annual leave, while coordinating appropriate cross-cover arrangements.</p> <p>Leadership responsibilities – As a clinical leader, CNS's exercise professional autonomy, taking full responsibility and accountability for their decisions and actions. They serve as expert advisors and key resources for colleagues, providing specialist assessments and treatments through a holistic approach to managing complex, multifaceted situations. This often involves overseeing care over extended periods.</p> <p>Describe your involvement in activities such as - participation in Clinical Advisory Groups, CNS/AHP meetings, governance meetings, focus group sessions, and serious case reviews. Additionally, outline your role in managing plaudits and addressing complaints, as well as your engagement in ad hoc crisis intervention work and any other relevant activities.</p> <p>Include any membership in national forums or special interest groups, such as UKONS, and highlight how you utilise opportunities to recognise and celebrate the achievements and good practices of the entire multidisciplinary team.</p>	

<p>Research Describe your involvement in research activity such as - a significant portion of time is dedicated to collaborating with research staff and engaging in discussions with patients to support their decision-making regarding clinical trial participation. This includes recruiting patients for studies, introducing them to study protocols, and contributing to the writing of research papers. Additionally, each CNS is actively involved in individual research projects, including the development of proposals and collaboration with national organisations.</p>	
<p>Evidence-based practice & quality Describe your activity in this area such as – Continuous monitoring of service delivery to ensure alignment with cancer standards and development of relevant protocols. Translating cancer nursing policy into deliverable practice and leading service improvement projects to improve patient care. Ensuring the implementation of evidence-based practices by conducting thorough literature searches, critically analysing findings, and synthesising the results to inform and improve clinical practices</p>	
<p>Educating self and others</p> <p>Teaching - Describe your activity such as –Activities in this area encompass a range of educational and supervisory roles such as providing in-house teaching for nursing, medical, and AHP teams, as well as teaching in community settings and at universities. Contributing to the education of pre-registration and post-registration students, delivering sessions for BSc and master’s programs, and designing comprehensive study programs and workplace-based learning opportunities. Additionally, mentoring students as well as facilitating the induction of new staff members. Presenting at conferences, both locally and nationally, sharing knowledge and expertise with broader audiences.</p> <p>Leading patient education sessions and workshops, focusing on empowering patients with the knowledge they need for their care. Facilitation and participation in clinical supervision sessions to support professional development and ensure high standards of care.</p> <p>Personal education & development - Participation and completion of mandatory training, action learning sets, webinars, study days, academic courses, conferences and sourcing funding opportunities.</p>	
<p>Total</p>	<p>10 sessions</p>

*Based on the assumption that a normal week consists of 10 sessions for a fulltime post.

Adapted from Public Health Agency and Northern Ireland Practice and Education Council for Nursing & Midwifery, 2013 ‘Job Planning Guidance Tool for Clinical Nurse Specialist Roles’ - [FinalClinical Nurse Specialist Tool KitOct 14.pdf](#)

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