

Career Pathway, Core Cancer Capabilities and Education Framework

for the Supportive, Assistive and Registered Nursing and Allied Health Professions Workforce

Part of the Aspirant Cancer Career and Education Development (ACCEND) programme



Contents

- Acknowledgements 3
- Foreword 4
- Statement of support..... 5

- 1.0 Introduction 10
- 2.0 Background 12
- 3.0 Structure of the Framework 17
- 4.0 Who is the Framework for?..... 28
- 5.0 Component 1: Career pathway..... 32
- 6.0 Component 2: The core cancer capabilities in practice (CiPs) 39
- 7.0 Component 3: Education framework 70
- 8.0 How to use the Framework:..... 79
- 9.0 References: 82

- Appendices: 87
- Appendix 1: ACCEND Programme 88
- Appendix 2: How the Framework was developed 96
- Appendix 3: Mapping of capabilities to advanced clinical practice frameworks/key documents. 97
- Appendix 4: User Guides 100
- Appendix 5: Sources of further guidance and support 104
- Appendix 6: Glossary of terms 106

Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities



Acknowledgements

Current edition

Special thanks to the members of the ACCEND Steering Group and Expert Advisory Group for all their input, advice, and support with the development of this framework.

In addition, thanks are due to all those who have contributed and responded constructively to the consultation requests and have shown their continued support.

Sincere thanks are extended to Professor Vanessa Taylor and colleagues at Skills for Health for their expertise and dedication to develop the Career Pathway, Core Cancer Capabilities and Education Framework for the Supportive, Assistive and Registered Nursing and Allied Health Professions Workforce.

The ACCEND programme is delivered by:



Foreword

Advances in diagnosing and treating cancer are having a transformational impact on outcomes for millions of cancer patients. Our NHS cancer workforce needs to be equipped with the knowledge and skills to deliver for patients. The diagnosis, treatment and management of cancer have become increasingly complex with advances in innovations, offering new opportunities for people affected by cancer. Never has the time to focus on the workforce been more critical.

Nurses and the allied health professions workforce make a significant contribution to caring for people affected by cancer. The number of people being diagnosed with cancer is rising, and demand on the system is creating challenges. We need to support and invest in the nursing and allied health professions workforce providing care across all settings to meet these challenges.

This new framework will support the development of the cancer workforce by providing guidance on routes into working in cancer care and career progression, and a detailed capabilities and education framework. It offers the opportunity for the workforce at all levels, from pre-registration to advanced and consultant level roles, to develop and evidence their knowledge and capabilities, which will support the highest standards of practice as well as providing a structure for career and role development within specialist cancer services.

I look forward to seeing the benefits of the framework for the workforce by helping attract, retain and promote the continuing development through:

- informing the development of knowledge and skills for those providing care to people affected by cancer in general and specialist services
- attracting practitioners and professionals into a career in specialist cancer services
- providing guidance for the continuing development of the specialist cancer workforce, ultimately enhancing the quality of cancer care and services

I would like to take this opportunity thank all from across the UK who contributed to the public consultation during Summer 2022 and with special thanks to the ACCEND Programme subject matter experts for their continued commitment.

Dame Cally Palmer
NHS England's National Cancer Director



Statement of support

“I am so proud of the ACCEND programme for taking on such a complex set of challenges and delivering a real programme for empowering our cancer workforce.

This education programme will support nurses and AHPs to increase their knowledge, skills, and career opportunities in our cancer services.

It will both increase and improve the capacity to treat cancer patients now and for the future, and will also provide our cancer teams with the latest education and training needed for their critical roles.

Cancer is a complex and significant disease that affects 1 in 2 of us during our lifetimes and is one of the most common causes of death in the UK.

But as scientific and technological innovations continue to improve our abilities to fight this challenging disease, it can become just as complex to ensure our cancer workforce is prepared for such rapid changes and advancements in the diagnosis, treatment, and management of cancer care.

The ACCEND programme will support our cancer nurses and AHPs to stay fit for the future with a national framework of education pathways to help our staff to improve and expand their cancer services.

Thank you to everyone collaborating across the healthcare education world for producing such an important new programme.”

Professor Mark Radford CBE, NHS England Deputy Chief Nurse



Statement of support

“AHPs are the third largest NHS professional workforce group and make a significant contribution to the care of people affected by cancer. With cancer affecting almost 1 in 2 people, most of the general AHP workforce will care for people affected by cancer. However, people with cancer have specific physical and emotional needs and some AHPs require additional knowledge and skills to deliver a higher level of specialised care.

I am really delighted that the ACCEND capability framework brings together three components including the core capabilities required at different levels of practice, a career pathway and education framework which is aimed at all allied health professionals as well as nursing and the support workforce. The implementation guides published alongside the overall ACCEND framework will really help support professionals, employers and educators.

I would encourage all allied health professions to engage with and use the framework and the associated outputs to inform and steer their practice whether you are an AHP student, recently qualified or developing your practice at enhanced, advanced, consultant level of practice or strategic leadership.”

Beverley Harden, HEE National AHP Lead



Statement of support

“I am delighted to introduce the ACCEND Career Pathway, Core Cancer Capabilities and Education Framework. It comes at a particularly critical time for the UK nursing workforce; as we cope with increased waiting times, cancer backlogs and growing nursing vacancies. This framework however inspires us to look forward and consider how we can develop ourselves and those around us. This is so important for both our professional development and our profession.

The competences outline how nurses caring for adults living with and beyond cancer, can enhance their knowledge and skills and if they so wish, advance in a career in cancer nursing. It is aspirant in encouraging nurses to reach their best potential whether they are working in a supportive, assisted, or registered nursing role. It guides the core capabilities needed to nurse for people living with and beyond cancer at any point on their pathway without specifying the type of role required.

As a Nurse Consultant also, I personally like the framework’s endorsement of the four pillars of practice thereby encouraging those of us working in advanced and specialist roles to think about how we can best work in clinical practice, education, management and strategic leadership.

This document should be used alongside other professional frameworks, guidelines and standards published. It is easy to navigate and should be the ‘go to’ for all nurses who support people with cancer. I truly believe that ACCEND has the potential to be transformative in cancer nursing careers.”

Claire Taylor, Chief Nursing Officer, Macmillan



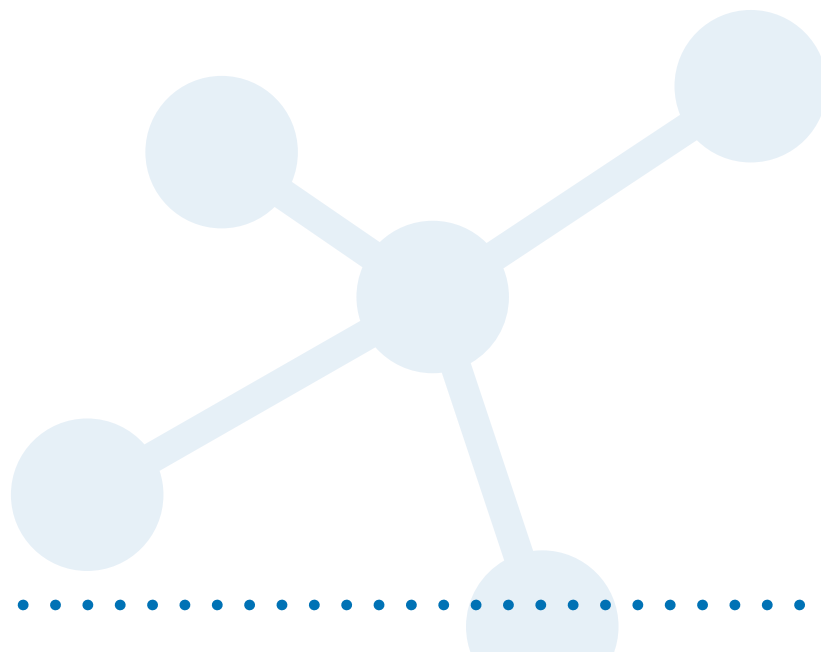
Statement of support

“UKONS would like to express their support for this capability framework specifically, and for the ACCEND programme more broadly. This important publication is the first step in providing all allied health professionals working with, and caring for, people with a cancer diagnosis with a single, clear educational framework.

The absence of such a structure has been keenly felt and many of us on the UKONS board, UKONS champions and our members have been involved in the ACCEND programme which has this capability framework at its heart.

Instead of sitting on a shelf, we believe this framework will be used widely and has been devised and structured to link with a wide range of resources which will guide and assist allied health professionals working within oncology from pre-registration through to consultant-level practitioners and strategic leaders.”

Mark Foulkes, UKONS President



Statement of support

“This framework is an essential resource for nurses to be in a position to provide the very best care today whilst also preparing the workforce to provide outstanding care in the future.

Knowledge and skillset lie at the core of providing all aspects of cancer care. This framework provides agreed descriptors, capabilities and career pathways to give uniformity and guidance to individual nurses, organisations and the general public.

The framework reflects the breadth of the modern cancer team and the requirements at each level of practice. The format is informative and easy to follow.

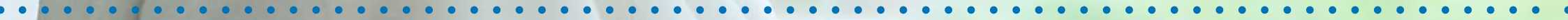
We are proud to have been part of the team who have worked on this resource and are delighted at the reception that it has received particularly with those who have needed it the most - nurses.”

Nikki Morris, Chair of the Royal College of Nursing Cancer and Breast Care Forum





1.0 Introduction





Cancer is a complex and critical disease that will affect 1 in 2 people during their lifetime. The World Health Organisation (WHO) report on cancer (2020) identifies that the global burden of cancer will increase with a predicted 29.4 million cancer cases per year globally and 1 in 6 deaths due to cancer. In the United Kingdom (UK), the number of people living with a cancer diagnosis is set to double from more than 2 million in 2021 to 4 million in 2030. Cancer is also the most common cause of death in the UK (CRUK 2021). At the same time, the diagnosis, treatment and management of cancer are becoming more complex with the advancement of scientific and genetic understanding and technological innovations which have the potential to transform our ability to prevent, diagnose, treat and care for people affected by cancer of all ages.

Never has the time to focus upon the cancer workforce been more critical. This has been emphasised in the implementation plan in Chapter 8 of the WHO report. The report's recommendations numbers 8 and 9 confirm the need to train and optimise the workforce globally. The importance of developing the cancer workforce has also been emphasised within Europe and the UK. The European Oncology Nursing Society (EONS, 2018) Cancer Nursing Education Framework, for example, identifies the fundamental knowledge and skills required for post-registration nurses working with people affected by cancer. In the UK, the significant role of the allied health professions (AHP) and nursing workforce in supporting people to live well with and beyond cancer has been acknowledged in multiple cancer and workforce policies (Department of Health, 2017; NHS England, 2018; 2019; 2019b; HEE 2019; Macmillan Cancer Support, 2021) including the NHS Long Term plan (NHS England, 2019) which sets out a list of key deliverables and milestones for services caring for people affected by cancer.





2.0 Background

In the UK, the nursing and AHP workforce make a critical contribution to the delivery of cancer care and cancer services across primary, secondary, tertiary and community settings, and in supra-regional centres providing quaternary (highly specialised) care for people with rarer cancers. Cancer care across all ages extends beyond care at diagnosis and during treatment to include care related to prevention, screening, prehabilitation, rehabilitation, recovery, late effects, living with and beyond cancer, palliative and end of life care (HEE, 2019; Macmillan Cancer Support, 2019; Macmillan Cancer Support, 2018a; 2018b; Andritch et al., 2017).

Significant parts of the workforce are under pressure now. Unless action is taken, the UK risks being without the right number of the support and professional workforce with the right knowledge, skills and capabilities to effectively deliver the current policies for cancer, including the independent Cancer Taskforce Strategy (2015), NHS Long Term Plan (NHS England, 2019), the Quality Statement for Cancer in Wales (2021) and Cancer Strategy for Northern Ireland 2022-2032 (2022). Preparations for the forthcoming 10-year Cancer Plan for England (DHSC 2022) and Cancer Strategy for Scotland (Scottish Government 2022) are also at risk.

This Career Pathway, Core Cancer Capabilities in Practice (CiP) and Education Framework for the Nursing and Allied Health Professions Workforce (the 'Framework') has been developed as part of a UK-wide programme called the Aspirant Cancer Career and Education Development programme (ACCEND) (Appendix 1). The ACCEND programme aims to provide transformational reform for the career pathways and associated education, training, learning and development opportunities for the workforce providing care to people affected by cancer.

2.1 The ACCEND Programme:

To respond to the workforce challenges, ACCEND is an ambitious programme of work requiring key organisations and partners to collaborate (Appendix 1). The ACCEND programme includes 6 workstreams (Figure 1 and Appendix 1). Workstream 5, the development of this Framework for the workforce providing care to people affected by cancer in general and specialist services, is one of the key enablers of the ACCEND programme. To support implementation of the Framework, workstreams 0-4 focus on actions facilitating practitioners and professionals aspiring to, or working at, a particular level or focus of practice in the cancer workforce including, for workstream 4, strategic leadership and clinical academic research roles. Further information about the ACCEND programme and workstreams is available in Appendix 1 and at <https://www.hee.nhs.uk/our-work/cancer-diagnostics/ACCEND>

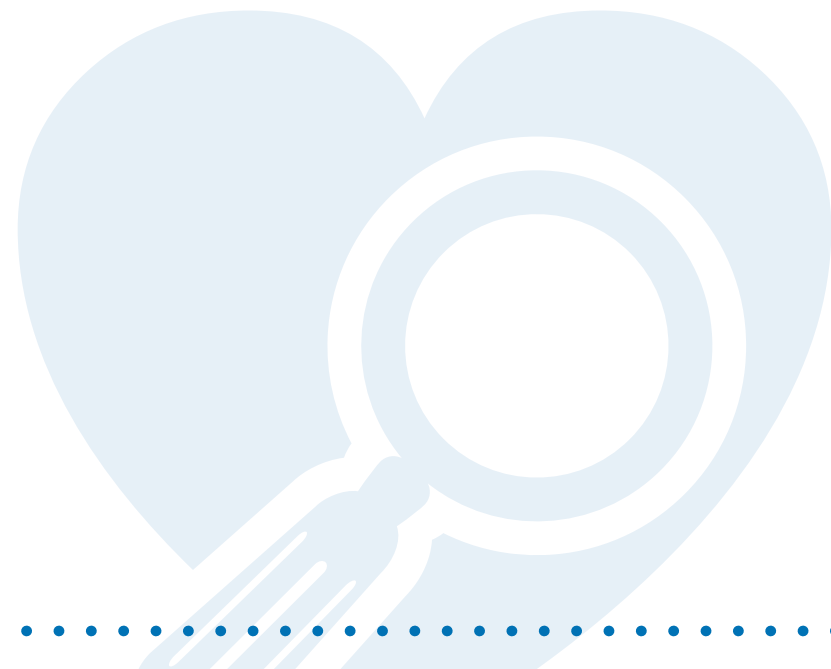
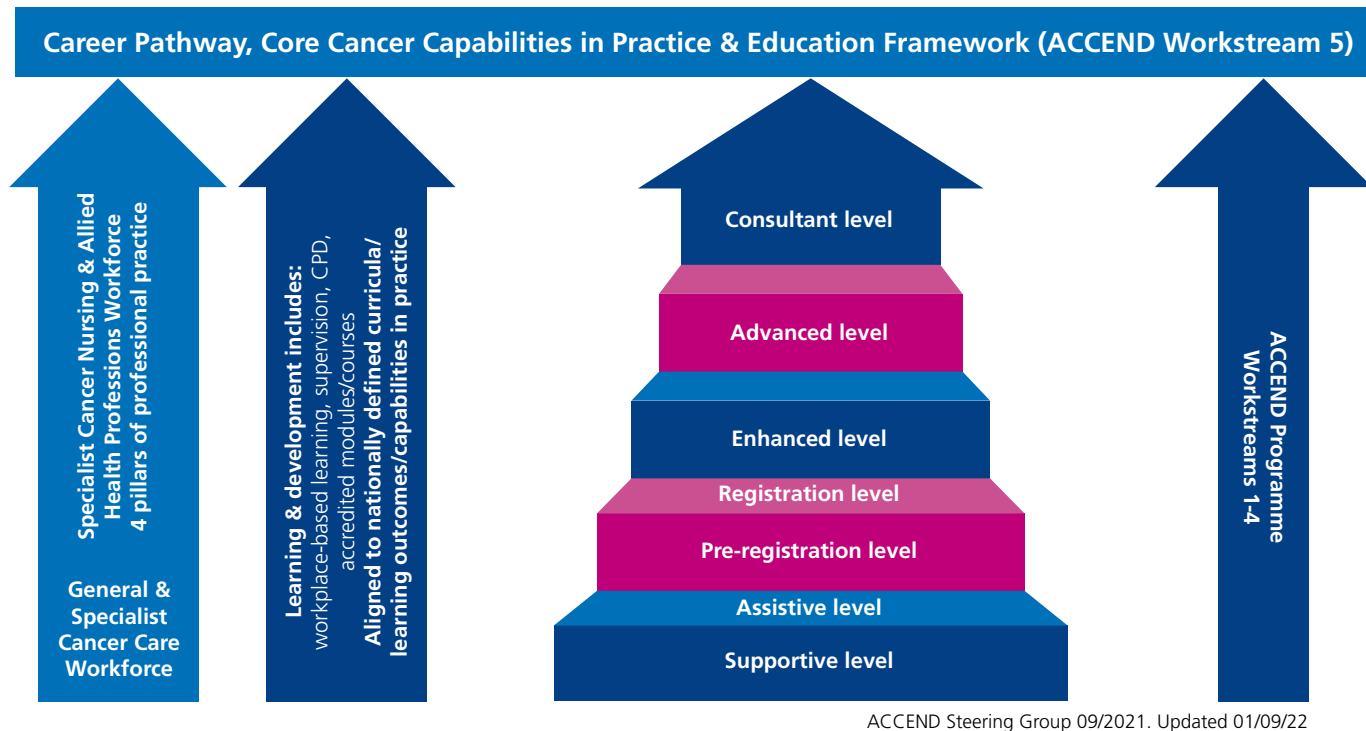


Figure 1: ACCEND programme



ACCEND Steering Group 09/2021. Updated 01/09/22

As illustrated in Figure 1, this Framework:

- includes the general and specialist cancer care workforce. 'General cancer care' is delivered by the usual health and social care workforce of the person affected by cancer and family, integrating cancer care principles and practices in setting/services not specialised in cancer care. In contrast, 'specialist cancer care' is provided by multi-professional teams specialising in the provision of cancer care to people affected by cancer and their families, usually in cancer units, cancer centres, supra-regional centres or via specialist cancer services in the community
- aligns to the 4 UK nation frameworks for careers, advanced and consultant level practice
- focuses on the supportive, assistive, pre-registration, registration, enhanced, advanced and consultant levels of practice not specific roles
- focuses on cancer-specific education, learning and development related to the 4 pillars of professional practice, those are: clinical; leadership and management; research; education for the general and specialist cancer workforce at all levels of practice
- promotes the use of a range of education, learning and development opportunities including: workplace-based, accredited modules/courses, elearning, clinical, professional and academic supervision
- promotes opportunities for interprofessional learning; uni-professional learning; role-specific learning and development





2.2 Purpose of the Career Pathway, Core Cancer Capabilities in Practice (CiPs) and Education Framework for the Supportive, Assistive, Nursing and Allied Health Professions Workforce:

The overall purpose of this Framework is to support the development of the workforce providing care to people affected by cancer by providing guidance on:

- routes to working, and career progression, in cancer care
- the core cancer related knowledge and CiPs for pre-registration nursing and AHP learners/students, trainee nursing associates and the supportive, assistive, registration level workforce providing cancer care in general and specialist services/roles across the UK nations. Combined, the education framework and CiPs support practitioners across the levels of practice forming the career pathway to develop the core knowledge, skills and behaviours to care for people affected by cancer. In addition, role specific and specialist knowledge, skills and behaviours can be included to meet a practitioner's role/service requirements, wellbeing and career aspirations. To enable recording of evidence, this Framework will be supported by a digitised portfolio
- the range of learning, development, training and education opportunities to meet the requirements and aspirations of the cancer workforce across the different levels of practice. This can inform commissioning to promote and ensure access to pre and post-registration education, learning and development opportunities for the existing and future workforce caring for people affected by cancer across the age spectrum in general and specialist services
- enabling and supporting employers and systems to deliver high quality services to people affected by cancer by supporting workforce transformation and the health and wellbeing of staff





Scope of this Framework:

The Framework includes pre-registration learners/students and the workforce in supportive, assistive and registration level roles. In this Framework, the 'nursing' workforce includes those roles which are regulated by the Nursing and Midwifery Council (NMC). The 'allied health professional workforce' includes those roles regulated by the General Pharmaceutical Council (GPhC), the Health and Care Professions Council (HCPC) and the General Osteopathic Council (GOsC):

Art, music and drama therapists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, pharmacist, pharmacist technician, physiotherapists, podiatrists, prosthetists and orthotists, psychologists, radiographers (diagnostic and therapeutic), speech and language therapists.

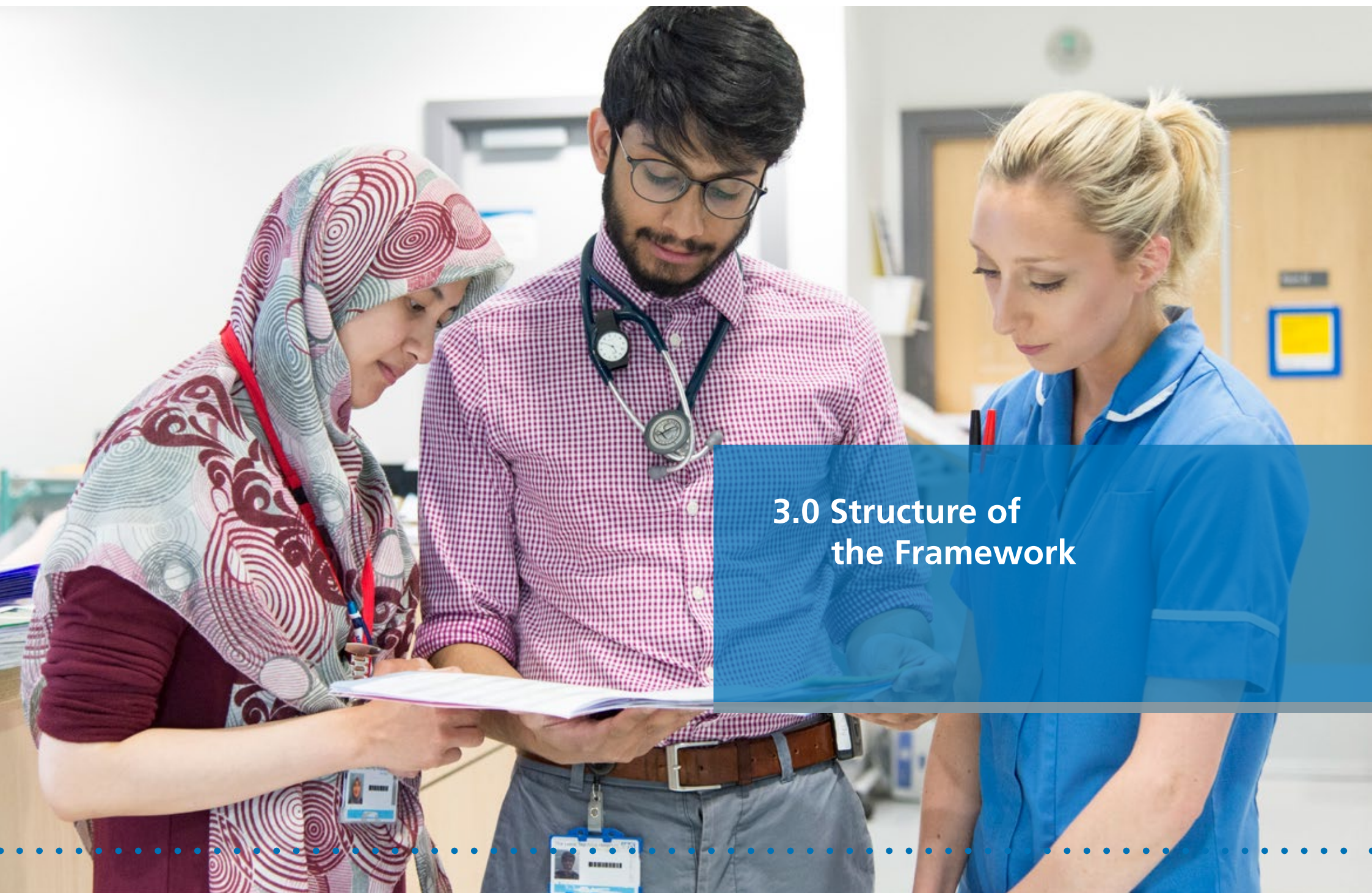
The Framework focuses on a clinical career pathway. Career pathways focused on clinical research, clinical education and strategic leadership in cancer care/services are beyond the scope of this Framework. Whilst not included in the scope of this Framework, readers should note that workstream 4 of the ACCEND programme (Appendix 1) targets the 'strategic level' of practice and support for those roles focused on, and accountable for, managing, leading and commissioning cancer services at a systems level. Workstream 4 also focuses on offering support and networking for those in clinical research roles.

The Framework is intended for use by the nursing and AHP workforce caring for people affected by cancer across all ages. However, those who provide care to children and young people (CYP) with cancer, or cancer-like disease, in paediatric services, or services that are unbound by age which may encounter CYP with cancer, should also refer to the Career and Education Framework for Children and Young People (CYP) with Cancer (CCLG 2022) or similar profession specific guidance.

Further information is available at the [ACCEND website](#).

To support practitioners, employers, educators and other stakeholders implement and use this Framework, separate user implementation guides are available on the [ACCEND website](#).

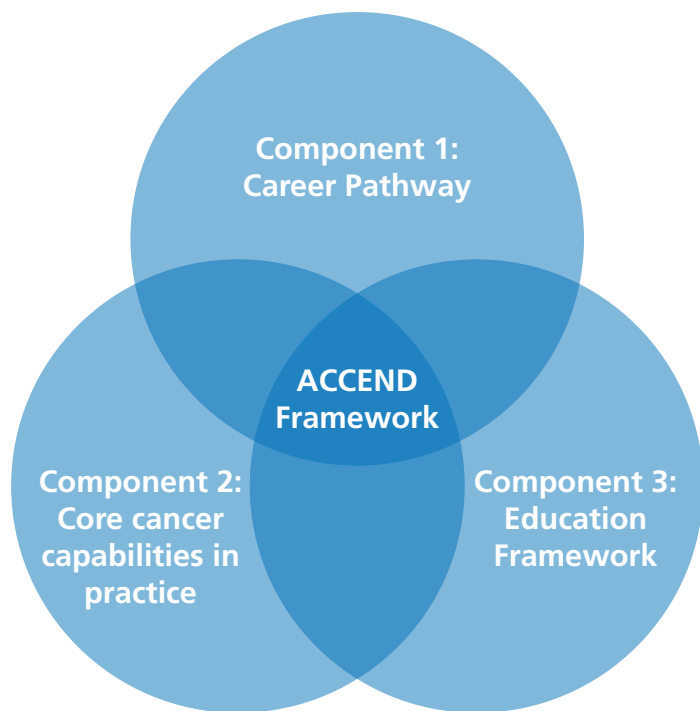




3.0 Structure of the Framework

The Framework is made up of 3 components:

1. Career pathway component
2. Core cancer-specific capabilities in practice (CiPs) component
3. Education framework component



Combined, these components support practitioners at all levels of the career pathway to develop the core knowledge, skills and behaviours to care for people affected by cancer.

Component 1: An overview of the career pathway

The career pathway component identifies career levels for the workforce providing general and specialist cancer care. The career pathway can help support the sustainability and growth of the workforce providing cancer care and facilitate the movement of staff to work across services, as well as providing a career structure for the workforce.

To provide a common language, the career pathway reflects national guidelines on career pathways (NHS Education Scotland 2021a; HEE 2021; 2021b; Leary 2019; Skills for Health 2010), and advanced and consultant level practice (Health Education and Improvement Wales, 2021; Department of Health Northern Ireland, 2018; HEE, 2021a; 2017b; NHS Education Scotland, 2021; 2021a); to:

- refer to levels of practice instead of role or job title
- distinguish levels of practice as supportive, assistive, pre-registration, registration, enhanced, advanced, consultant practice
- provide insight into what characteristics are required to work at each career pathway level and guidance for the knowledge, behaviours and skills needed to be working at each level of practice (Table 4). These have been used to inform:
 - the core cancer-specific capabilities in practice (CiPs) component using the 4 pillars of professional practice for the different levels of practice (Health Education and Improvement Wales 2021; Department of Health Northern Ireland 2018a, b, c, d; 2017; HEE, 2021a; 2017b; NHS Education Scotland, 2021; NMC, 2018a, b) (Table 5)



- the level of preparation and minimum learning outcomes recommended for the different levels of practice in the education framework component, aligned to higher education qualifications in England and Northern Ireland (FHEQ), Wales (CQFW) and Scotland (SCQF) and apprenticeships across the UK and Ireland (SCQF, 2019) (Tables 7,8,9,10)

Based on national work on apprenticeship standards (Health Education England 2022; 2021), workforce standards (RCN 2021; Skills for Health 2021), Professional Regulatory Statutory Body standards (GPhC 2021, 2017; HCPC 2018; NMC, 2018a,b) advanced and consultant practice (Health Education and Improvement Wales 2021; Department of Health Northern Ireland 2018a,b,c, d; 2017; HEE 2021; 2021a 2017; NHS Education Scotland 2021; 2021a; 2007), the career pathway identifies the levels of practice for the workforce providing general and specialist cancer care as:

- supportive level
- assistive level
- pre-registration level
- registration level
- enhanced level
- advanced level
- consultant level

Table 1 summarises the levels of practice, the pillars of professional practice, the associated academic level and workplace development opportunities. Table 4 provides detailed descriptors for the levels of practice and indicative requirements to work at each level for the cancer workforce (Adapted from HEE/Skills for Health 2021).

It should be noted that these career levels relate to a practitioner's level of practice. The career pathway **does not** read across to Agenda for Change (AfC) pay bands nor mandate the amount of remuneration, terms and conditions that may be associated with roles/jobs. These issues must be managed locally by employers. As the career pathway focuses on articulating levels of practice, Table 2 provides examples of the types of roles that may be expected at each level of the career pathway.



Table 2: Levels of practice, career pathway/progression and example roles

Level of practice	Example roles
Consultant	Registered nurse (all fields), registered AHP, registered pharmacist practising as: A consultant practitioner
Advanced	Registered nurse (all fields), registered AHP, registered pharmacist practising as: An advanced practitioner (AP)
Enhanced	Registered nurse (all fields), registered AHP, registered pharmacist. Experienced practitioners who work in a role which requires in-depth role specific cancer knowledge and skills or training following registration, for example cancer treatment administration/side effect management/site or pathway specific to undertake complex work managing a discrete aspect of patient care related to their sphere of practice. Role titles may vary
Registration	Registered nurse (all fields), registered AHP, registered pharmacist. At point of registration and during preceptorship
Pre-registration	All pre-registration nursing, AHP and pharmacy students/learners and trainee nursing associates undertaking pre-registration foundation, undergraduate and postgraduate degree courses leading to registration with the HCPC, GPhC or NMC
Assistive	Registered nursing associate (England only), assistant practitioner, registered pharmacist technician
Supportive	Healthcare support worker, cancer support worker, cancer care co-ordinator, healthcare assistant, therapy assistant, allied health support worker, cancer navigator

As this career pathway component focuses on levels of practice, it is recognised that, in the workplace due to the variation in role/job description and scope of practice, it is possible that the level of knowledge and/or core cancer CiPs relevant to a practitioner's role could cross over more than one of the identified levels of practice, with a combination of the levels required. Practitioners and employers may find there is not complete alignment to their existing role and the levels of practice within this Framework.

A role may require a blend/mix of some capabilities in different levels to meet service needs. For example: a role may include some registration and some enhanced level core cancer CiPs. Alternatively, a practitioner

may begin to build on capabilities to develop some level 7 academic knowledge or advanced level capabilities in a particular pillar of practice relevant to their role. In England, however, this role would not meet the threshold of working at the advanced practice level as set out in the HEE (2017) Multiprofessional Framework for Advanced Clinical Practice as that defines advanced level practice as level 7 capabilities across all 4 pillars of professional practice (see Box: Qualifications and Recognition).

To help further, detailed persona's providing illustrative examples are available on the ACCEND website at: <https://www.hee.nhs.uk/our-work/cancer-diagnostics/accend>



Table 1: Frameworks informing the Career Pathway for the Cancer Workforce

Level of practice	Pillars of professional practice				Higher Education Qualifications level in England and Northern Ireland (FHEQ), Wales (CQFW) and Scotland (SCQF) and workplace training
	Clinical	Leadership & management	Research	Education	
Consultant level	Competency or capability-based development and other role specific training/development				Doctoral level (FHEQ 8; CQFW 8; SCQF 12) Achievement of nation requirements for recognition as consultant
Advanced level	Nationally available on-line learning				Masters level (FHEQ 7; CQFW 7; SCQF 11) Advanced practice apprenticeship achievement of nation requirements for recognition as advanced practitioner
Enhanced level	On-going professional development				Postgraduate level: Postgraduate diploma, certificate, modules (FHEQ 7; CQFW 7; SCQF 11) Graduate certificate/modules: (FHEQ 6; CQFW 6; SCQF 10/9) Enhanced clinical practice apprenticeship. Completion of local or national post-registration role-specific requirements
Registration level					Graduate level (minimum) (FHEQ 6; CQFW 6; SCQF 10/9) or Postgraduate level registration (FHEQ 7; CQFW 7; SCQF 11) Pre-registration professional apprenticeships. Preceptorship
Assistive level					Foundation level degree or equivalent level 5 qualification or level 5 apprenticeship (FHEQ 4/5; CQFW 4/5; SCQF7/8) For example, registered nursing associate (England only); assistant practitioner. Care Certificate; Professional Development Award (Scotland level 8 only)
Supportive level					Level 2,3 or 4 occupation specific qualification for example, healthcare or senior healthcare support worker (Scottish Vocational Qualification level 2/3; National Progression Award) Care Certificate (England)
Pre-registration level	Achievement of professional education standards for registration				Graduate level (minimum) (FHEQ 6; CQFW 6; SCQF 10/9) or Postgraduate level registration (FHEQ 7; CQFW 7; SCQF 11) Pre-registration professional apprenticeships



Qualifications and recognition

Qualifications and recognition

The expected qualifications are written as a guide for the reader however certain requirements are mandated. For example, registration with relevant Professional Regulatory Statutory Body (NMC, HCPC, GPhC).

Advanced and consultant level practitioners in England

The HEE Centre for Advancing Practice will be recognising advanced level practitioners across the professions and will hold a directory of those practitioners who have either undertaken a HEE Centre for Advancing Practice accredited master's programme or evidenced capability via the ePortfolio (supported) Route to Recognition.

For those practitioners in England working at an advanced level and/or using 'advanced' in their role title, they should meet the education requirements and demonstrate the generic capabilities defined in the Multi-professional Framework for Advanced Clinical Practice in England (HEE 2017). The cancer-specific learning outcomes and core cancer CiPs presented in this document are additional to the education requirements and generic capabilities for advanced practitioners set out in the HEE (2017)

Multi-professional Framework for Advanced Clinical Practice in England. The cancer specific learning outcomes and cancer CiPs at advanced level may be achieved as part of, or after the successful completion of a HEE Centre for Advancing Practice accredited Master's programme in advanced practice or evidenced capability via the ePortfolio (supported) Route to Recognition. The cancer specific learning outcomes and cancer CiPs can be interpreted and applied in the context of individual practitioners' scope of practice, role, practice environment and the patient group(s) with whom they work.

Similarly, those practitioners working at consultant level in England should meet the requirements set out in the HEE (2020) Multi-professional consultant-level practice capability and impact framework. The cancer learning outcomes and core cancer CiPs at consultant level in this document are additional to the education requirements and generic capabilities for all consultant practitioners set out in the HEE (2020) Multi-professional consultant-level practice capability and impact framework. The cancer specific learning outcomes and cancer CiPs can be interpreted and applied in the context of a practitioners' role, practice environment and the patient group(s) with whom they work.

For further information about advanced practice in England please visit: <https://advanced-practice.hee.nhs.uk/>

Advanced and consultant level practitioners in Wales, Northern Ireland and Scotland: practitioners and employers are recommended to confirm their specific country requirements for recognition at these levels of practice at:

Northern Ireland:

AHPs: <https://www.health-ni.gov.uk/publications/advanced-ahp-practice-framework>
Nursing: <https://www.health-ni.gov.uk/publications/advanced-nursing-practice-framework>

Scotland:

Nursing, Midwifery and AHPs: <https://www.nes.scot.nhs.uk/our-work/career-development-nmahp-post-reg-hcsw/>

<https://www.gov.scot/publications/transforming-nursing-midwifery-health-professions-roles-advance-nursing-practice/>

Wales: <https://heiw.nhs.wales/transformation/workforce-development/introducing-advanced-practice/>



The career pathway component shows how it can be possible to progress along each level in cancer care, however, the pathway is not suggesting that there is a single role at each level of practice. Practitioners may have more job steps in their overall career and employers are limited to the number/types of roles they wish to have in their services. Equally, whilst the career pathway indicates the levels as opportunities for progression, practicing at a particular level is a legitimate endpoint. Practitioners may prefer to practice at a particular level and their expertise, knowledge and skills recognised and valued.

Component 2: An overview of core cancer capabilities in practice (CiPs)

Aligned to the levels of practice identified in the career pathway component, the Framework sets out the CiPs and cancer specific knowledge required for the nursing and allied health professions workforce providing care to people affected by cancer. Component 2, the core cancer CiPs set out the underpinning theoretical and clinical knowledge, skills and behaviours for practitioners at the different levels to develop and demonstrate their capability – to safely and effectively assess, plan and manage personalised care, and beyond this, to influence, lead and manage change to improve cancer care and services.

The UK Departments of Health (Health Education and Improvement Wales 2021; Department of Health Northern Ireland 2018; HEE 2017; NHS Education Scotland 2021;2007) identify 4 pillars for professional practice, albeit with slight variations in names, as focused on:

1. clinical
2. management and leadership
3. research
4. education

These pillars reinforce the continuing development of these aspects of role initiated in pre- registration programmes to meet the education standards for registration (GPhC 2021, 2017; HCPC, 2018; NMC 2018a,b). A practitioner's focus of activity will progress through 1:1 care, group, team, organisational and system activities, alongside an increasing scope of complexity from clinical skills and competency development to improvement and innovation, as their level of practice develops (Manley and Jackson, 2020).

For each of the 4 pillars, the core cancer CiPs are identified for safe and effective cancer care at each level of practice. The capabilities are written at a 'high level' to enable practitioners and employers to contextualise the capabilities for the environment of care in which the service operates and the job/roles adopted for each level of practice. They can be interpreted and applied in the context of individual practitioners' level and scope of practice, role, practice environment and the patient group(s) with whom they work. In addition, this enables employers with their employees to confirm the scope of practice and a job/role description.

The core cancer CiPs are divided into domains summarised in Table 3 and, in detail in Section 5. The capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process or hierarchy.



Table 3: Domains and core capabilities

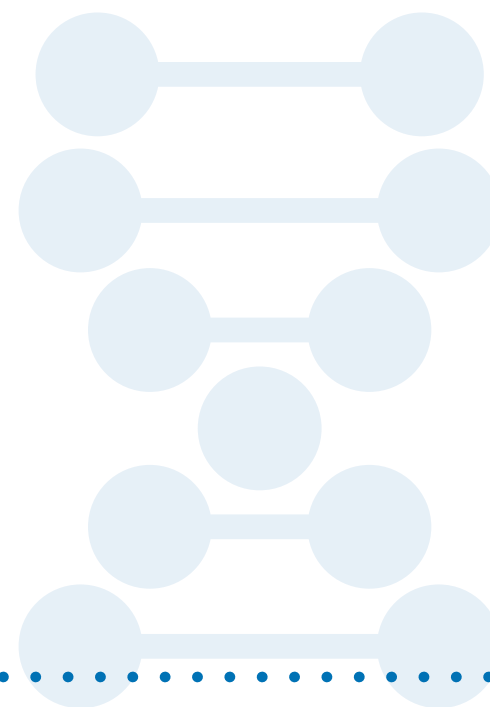
Pillar of professional practice	Domain	Capabilities
Clinical	Domain A: Person-centred collaborative working	1.0 Professional values and behaviours
		2.0 Maintaining an ethical approach and fitness to practice/law, ethics and safeguarding
		3.0 Person-centred care
		4.0 Communication and consultation skills
		5.0 Personalising the pathway for people living with and affected by cancer
		6.0 Helping people make informed choices as they live with or are affected by cancer
		7.0 Providing information to support self-management and enable independence for people living with and affected by cancer
		8.0 Multidisciplinary, interagency and partnership working
		9.0 Referrals and integrated working to support transitional care for people living with and affected by cancer
	Domain B: Assessment, investigation and diagnosis	10.0 History taking
		11.0 Clinical, physical and mental health assessment
		12.0 Investigations, diagnosis and care planning
		13.0 Clinical management
		14.0 Managing medical and clinical complexity and risk
	Domain C: Condition management, treatment and planning	15.0 Independent prescribing and pharmacotherapy
		16.0 Prehabilitation and rehabilitation interventions
		17.0 Promoting self-management and behaviour change
		18.0 Symptom management
		19.0 Late effects
		20.0 Palliative and end of life care
21.0 Leadership, management and organisation		
Management and leadership	Domain D: Leadership and management	
Research	Domain E: Evidence-based practice	22.0 Research and evidence-based practice
	Domain F: Quality improvement	23.0 Service evaluation and development
Education	Domain G: Education	24.0 Developing a learning culture



The capabilities include knowledge, skills and behaviours and are colour coded to define the minimum core capabilities for each level of practice. This approach should enable practitioners to demonstrate their current level of knowledge, skills and capability, as well as to identify any areas for development:

- **Capabilities for supportive and assistive levels** are relevant to those who provide care to people affected by cancer in generalist and specialist services. These capabilities focus on the foundations of cancer care knowledge, skills and behaviours recommended for supportive and assistive levels of practice aligned to higher education/qualification levels identified in Table 1.
- **Capabilities for pre-registration level** are relevant to those who will provide care to people affected by cancer in generalist and specialist services from the point of registration. These capabilities represent the foundations of cancer care knowledge, skills and behaviours recommended for inclusion in pre-registration programmes aligned to higher education/qualification levels identified in Table 1.
- **Capabilities for registration and enhanced levels** in generalist and specialist cancer services/roles focus on the fundamental knowledge, behaviours and skills for enabling practice in the context of continual change, challenging environments, different models of cancer care delivery, innovation and rapidly evolving understanding about cancer, genomics, technologies and treatments. Using critical analysis and underpinning specialist knowledge aligned to higher education/qualification levels identified in Table 1, will enable the provision of care within a practitioner's sphere of practice more independently and to manage increasingly complex interventions.

- **Capabilities at advanced and consultant levels** require the practitioner to provide care autonomously and independently, an ability to lead practice and operate at the cutting edge of innovation. Aligned to higher education/qualification levels identified in Table 1, the core cancer CiPs focus on enabling practitioners to manage and lead clinical care and service delivery for patients and communities at service and systems level, enable the generation of new knowledge about best treatment and care through actively seeking and implementing best evidence to improve health and care outcomes and experiences for people affected by cancer and staff, and creating a culture of learning and quality improvement and innovation. The core cancer CiPs identified for advanced level practice have been mapped to national advanced level practice frameworks for the 4 UK nations (Appendix 3).



Component 3: An overview of the education framework

Component 3 is an education framework identifying high level learning outcomes, syllabus and assessment strategies for each level of the career pathway and to support the knowledge requirements of the core cancer CiPs.

Component 3 includes:

- core knowledge for Supportive, Assistive and Pre-registration levels identified in a 'module' format called Foundations of Cancer Care' (Table 7)
- core knowledge for Registration, Enhanced, Advanced and Consultant level practice identified in a 'module' format called Fundamentals of Cancer Care (Table 8).
- high level learning outcomes for Postgraduate Certificate, Diploma and Master's awards which incorporate and develop the core knowledge identified the Fundamentals of Cancer Care 'module' and across the 4 pillars of practice

The language used for the learning outcomes and core cancer CiPs is aligned to the higher education/qualification levels identified in Table 1. Graduate descriptors (FHEQ 6; CQFW 6; SCQF 9/10) reflect the expectation that professionals working at registration level are normally graduates and/or are operating at graduate level and beyond. At advanced and consultant levels, masters level descriptors (FHEQ 7; CQFW 7; SCQF 11) have been adopted.

Whilst presented in a 'module' and academic programme format, the learning outcomes identified can be used, achieved and evidenced through a range of learning and development opportunities. The learning outcomes may be helpful to Higher Education Institutions (HEIs), education and training providers, practitioners and employers when developing and reviewing a range of learning opportunities, curricula, modules or programmes for each level of practice.

The learning outcomes, syllabi and the core cancer CiPs for each level of practice can be used for academic credit and non- credit bearing CPD or to guide workplace-based learning and assessment. Practitioners may, therefore, develop and demonstrate their knowledge, skills and capability through a range of opportunities including:

- workplace-based learning and reflection
- continuing professional development (CPD)
- elearning/online learning resources
- university accredited modules and programmes

Practitioners will be able to evidence their knowledge and achievement of the CiPs in an e-portfolio developed as part of the ACCEND programme.





Workplace-based clinical supervision and assessment is fundamental to the delivery of safe and effective learning for all levels of practice. High quality supervision that supports all practitioners' professional development and enables them to demonstrate achievement of the relevant core cancer CiPs and career progression is an essential aspect of this Framework. Clinical supervision and assessment take advantage of the experience, knowledge and skills of expert clinicians and ensures interaction between experienced clinicians and members of the multi-professional team.

Professional, Statutory Regulatory Bodies (NMC, GPhC and HCPC) set out requirements for supervision and assessment of pre-registration nursing associates, pharmacy technicians, nursing, pharmacy and allied health professions students in clinical practice in their education standards. In addition, professional requirements for preceptorship following registration are set out. The cancer-specific learning outcomes and CiPs for pre-registration students/learners may be included into these pre-registration and preceptorship programmes.

Trainee advanced practitioners and consultant practitioners' programmes normally have specific requirements for clinical supervision and assessment set out in their country frameworks for advanced practice, including how supervision feeds into progression towards capability. For example, HEE (2021) Workplace Supervision for Advanced Clinical Practice sets out 7 fundamental considerations which underpin supervision in advanced clinical practice. These supervision and assessment requirements for advanced and consultant level practitioners can be adopted for this Framework.





4.0 Who is the Framework for?

The Framework offers benefits for those who fund or commission services and education, employers, education and training providers, individual practitioners and the wider public. Each of the different target groups can use this Framework and capabilities in a number of ways.

Those funding and commissioning healthcare services

The Framework enables commissioners of services to specify minimum standards for employment. This Framework will facilitate the inclusion of the cancer workforce in traditional and new ways of working into workforce plans. The career pathway, core cancer CiPs and education framework components support the development and planning of the workforce to meet local population need and support a common understanding and expectation of all staff who provide care to people affected by cancer by enabling commissioners:

- to define workforce at the required level(s) of practice and the associated core cancer CiPs and education in different practice settings and regions, according to population needs
- to allocate resources to support preparation of the workforce to match required service redesign/expansion capabilities
- to develop new and innovative service/systems models that support the principles inherent in the Framework, including person-centred care, continuity of care, multi-professional practice, and partnerships between nurses, the allied health professions and other members of the health care team at various levels of practice

Employers

The Framework enables employers and managers to demonstrate that the workforce they employ/manage meet core cancer specific knowledge and CiPs and have developmental plans in place, along with the necessary supervision, to ensure patient safety and meet the needs of individuals and their families/carers.

This underpins, and supports the need for, continuing professional development of staff to ensure their practice is safe, effective, remains up-to-date and supports the process of quality assurance to ensure the safety and effectiveness of cancer care roles.

The Framework can be used:

- as part of professional development planning processes to establish and negotiate practice/service/system progression pathways and inform CPD funding requirements
- to review orientation and annual progress requirements
- to review organisation's in-service development programmes so as to focus their content on guiding practitioners to meet the cancer specific knowledge and CiPs relevant to their scope and level of practice and access to CPD funding
- to develop curricula and in-service programmes, plus identify learning experiences for general areas to improve their capability in cancer care
- to evaluate role/job descriptions and person specifications for each level of practice and associated roles
- to identify opportunities for ongoing quality improvement and audit
- to develop recruitment and retention, and workforce plans



Education and training providers

Education and training institutions and providers can use the Framework to inform the design of their curricula and the delivery of education, training, and development programmes, including identifying learning outcomes. This will ensure that their learning and development provision contributes to the full range of cancer specific knowledge and to support the CiPs required to make individuals safe and effective member of the workforce.

The Framework will inform those who design and deliver training and development opportunities to focus on the key CiPs that learners need to achieve and maintain. This in turn, will guide the content to be included and the use of appropriate learning, teaching and assessment strategies. For example, the CiPs may be used as part of portfolio of evidence to demonstrate achievement of learning outcomes alongside other forms of assessment.

Use of this UK-wide Framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core cancer knowledge and CiPs, and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of the population.

In so doing, it should help to increase consistency in cancer specific knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Supervisors

The Framework will assist supervisors at all levels and others by providing a clear structure for learning pathways, supervision requirements and core cancer CiPs for assessment.

Current and future staff

The Framework promotes cancer care as a career option for a wide range of individuals as well as giving a clear sense of the ways in which to progress.

The Framework sets out clear expectations for the workforce about the requirements for effective and safe practice. It provides clarity about characteristics and requirements to practice at each level and offers a structure of core cancer knowledge and CiPs that enable practice at each level.

It can be used to:

- determine individual professional development/training needs analysis
- develop a professional development plan within the performance development and review (PDR)/appraisal framework
- evaluate different learning opportunities, postgraduate modules and programmes
- develop a career pathway
- identify a range of development opportunities to undertake self-directed learning
- produce evidence for a portfolio of evidence of capability and, where required, professional validation





People and the wider public

The framework can be used by people to understand what they can expect from the cancer workforce including:

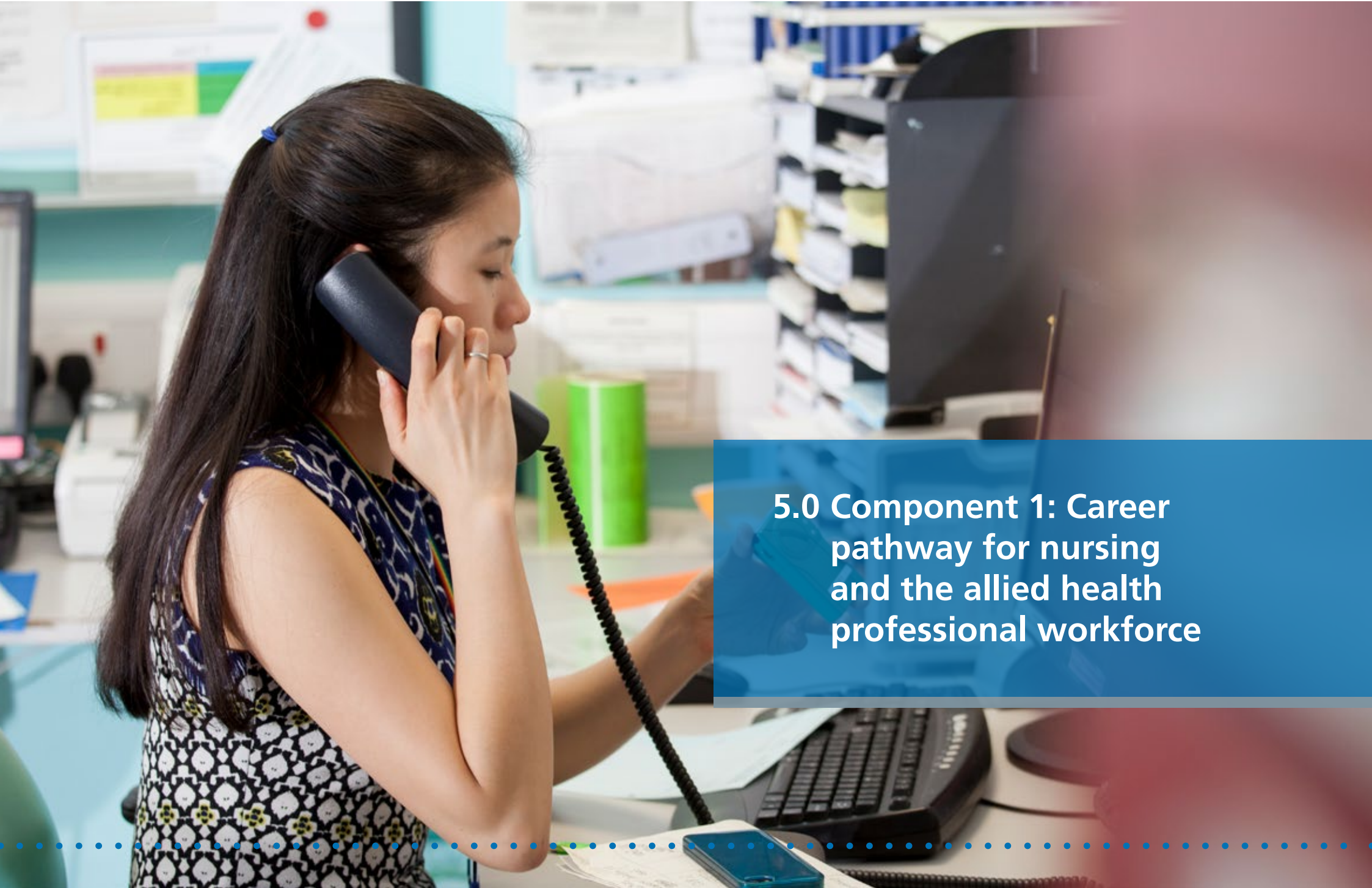
- to develop an understanding of the various roles, teams and services involved in the delivery of cancer care
- to enhance understanding of what people affected by cancer can expect from engaging with specialist cancer services and nurses and allied health professionals practicing at all levels in specialist cancer services/roles
- to identify opportunities to contribute to co-production of services, education or system development that aim to improve the overall experience for people affected by cancer

The Framework will also provide significant opportunities for funders and commissioners, employers, education and training providers to set standards for their service(s) and to evaluate improvements in the professional development of the cancer workforce.

Further information:

Appendix 3 contains how to use the Framework guides to assist practitioner, employers and commissioners implement and apply the Framework in their everyday working. More detailed user information about how to use this Framework is provided in the User Implementation Guide. Additional examples of organisational and practitioner personas are available on the ACCEND website at: <https://www.hee.nhs.uk/our-work/cancer-diagnostics/accend>





5.0 Component 1: Career pathway for nursing and the allied health professional workforce



As outlined in Section 3, the career pathway identifies levels of practice for the workforce providing general and specialist cancer care as:

- supportive level
- assistive level
- pre-registration level
- registration level
- enhanced level
- advanced level
- consultant level

Enhanced level practice was launched in May 2021. It is a level of practice though practitioners working at an enhanced level of practice may not go by the title 'enhanced clinical practitioner' (NHS Employers 2022). Those working at an enhanced level of practice have specific knowledge and skills in a field of expertise and manage a discrete aspect of a patients/individuals care particular to a specific context. This contrasts with those practising at an advanced level of practice who have developed their knowledge and skills to an advanced (Masters) level, and who manage the whole episode of a patients/individuals clinical care from the time they present through to the end of the episode (NHS Employers 2022).

Table 4 provides levels of practice descriptors and indicative requirements to work at each level for the cancer workforce (adapted from HEE/Skills for Health 2021).

Table 4: Levels of practice descriptors and indicative requirements to work at this level for the cancer workforce (adapted from HEE/ Skills for Health 2021)

Career framework level of practice	Level descriptor	Indicative requirement to work at this level	Example roles/job
Supportive:	Practitioners at this level: <ul style="list-style-type: none"> • require knowledge of facts, principles, processes and general concepts in their field of work • carry out a wide range of duties and will have some responsibility, with guidance and supervision available when needed • provide high quality, compassionate healthcare following standards, policies or protocols and always acting within the limits of their capability • use knowledge and understanding to take decisions within their areas of responsibility • are responsible for their work and for reviewing the effectiveness of actions 	See Table 1 Plus: Evidence of achievement of core cancer capabilities in practice (CiPs) at supportive level Evidence of achievement of Foundations of Cancer Care learning outcomes or equivalent	Support worker, cancer support worker, cancer navigator, cancer care co-ordinator care assistant healthcare assistant, pharmacy assistant, therapy assistant, allied health support worker
Assistive	Practitioners at this level: <ul style="list-style-type: none"> • require factual and theoretical knowledge in broad contexts within their field of work • work independently, and with others, under the leadership and direction of a registered nurse or AHP within defined parameters, to deliver care in line with an agreed plan/protocol • have a breadth of knowledge and a flexible, portable skill set to serve local health populations, taking account of the perspectives and pathways of individuals, their families and/or carers providing holistic and personalised care to individuals, supporting the assessment, planning, delivery and evaluation of care • work, guided by standard operating procedures, protocols, or systems of work, but the practitioner makes judgements, plans activities, contributes to service development and demonstrates self-development 	Nursing and Midwifery Council (NMC) registration as a nursing associate (England only) General Pharmaceutical Council registration as a pharmacy technician Or appropriate foundation degree and professional qualification Plus: Evidence of achievement of core cancer capabilities in practice (CiPs) at assistive level Evidence of achievement of Foundations of Cancer Care learning outcomes or equivalent	Nursing associate, pharmacy technician, assistant practitioner



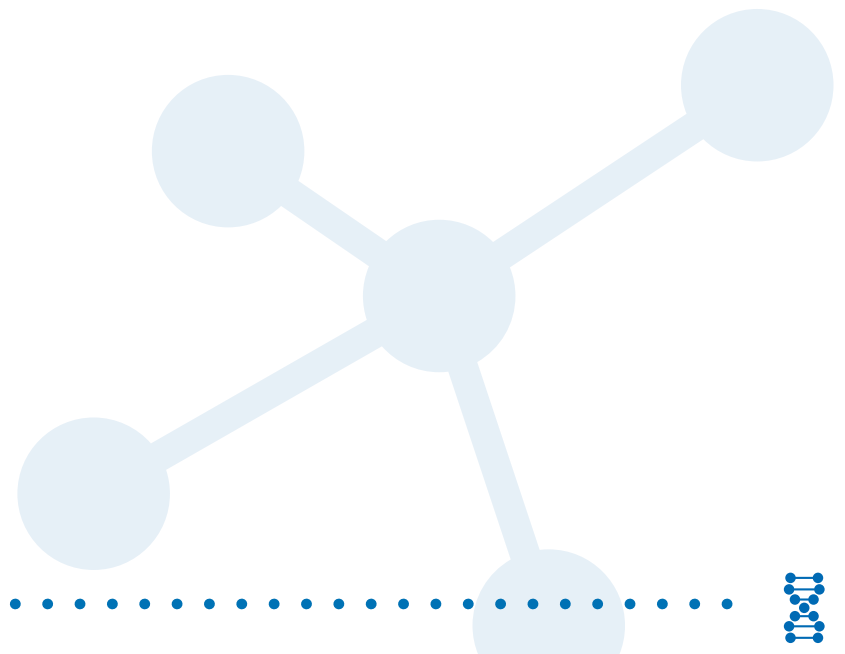
Career framework level of practice	Level descriptor	Indicative requirement to work at this level	Example roles/job
Pre-registration		<p>Pre-registration undergraduate or postgraduate programme leading to registration with HCPC, GPhC or NMC</p> <p>Plus: Evidence of achievement of Foundations of Cancer Care learning outcomes or equivalent</p> <p>Evidence of achievement of core cancer capabilities in practice (CiPs) at pre-registration level (under supervision)</p>	<p>Pre-registration nursing associate, nursing (all fields), pharmacy technician, pharmacist or allied health professions student/learner</p>
Registration	<p>Practitioners at this level:</p> <ul style="list-style-type: none"> • have a comprehensive, specialised, factual and theoretical knowledge within their field of practice and an awareness of the boundaries of that knowledge • use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self-development • play a vital role in providing, leading, co-ordinating and evaluating care that is evidence-based, personalised and compassionate • are accountable for their own actions and those they delegate to and must be able to work autonomously, or as an equal partner with a range of other professionals • provide care for people who could have complex and concurrent mental, physical, cognitive and behavioural care needs and for people at the end of their life • make an important contribution to the promotion of health, health protection and the prevention of ill health by empowering people to exercise choice, take control of their own health decisions and behaviours and by supporting people to manage their own care where possible • have responsibility for supervision of students, staff or training 	<p>Nursing and Midwifery Council (NMC) registration</p> <p>General Pharmaceutical Council (GPhC) registration</p> <p>Health and Care Professions Council (HCPC) registration</p> <p>First degree or equivalent (minimum)</p> <p>Plus: Evidence of achievement of core cancer capabilities in practice (CiPs) at registration level</p> <p>Evidence of achievement of Fundamentals of Cancer Care learning outcomes or equivalent</p> <p>Appropriate modules and continuing professional development (CPD) that enables the delivery of cancer care within their sphere of practice (generalist or specialist) aligned to role and scope of practice</p>	<p>Registered nurse (all fields).</p> <p>Registered pharmacist.</p> <p>Allied health professions regulated by HCPC.</p>



Career framework level of practice	Level descriptor	Indicative requirement to work at this level	Example roles/job
Enhanced	<p>Practitioners at this level:</p> <ul style="list-style-type: none"> • require a critical understanding of detailed theoretical and practical knowledge, which can be generalist with a special interest and/or specialist knowledge and have management and leadership responsibilities • may have specialist knowledge, skills and capabilities related to sphere of practice • consult with patients, their family and the multi-professional team to undertake assessment of patient need and devise and evaluate complex care plans • evaluate and analyse clinical problems using their clinical knowledge, seeking out and applying relevant evidence, enhanced techniques, interventions and equipment to make clinical decisions • deliver enhanced clinical care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using analysis and their underpinning knowledge to manage complex interventions • teach and advise patients and their families on how to manage their condition or support the multidisciplinary team to do so • participate in clinical audits and research projects and implement changes as required, including the development, and updating of practice protocols/ guidelines and procedures locally • work within national and local protocols where these exist • recognise the boundaries of their practice and know when and to whom patients should be referred • may delegate work to other members of the multidisciplinary team and take accountability for their delegated activity • demonstrate initiative and are creative in finding solutions to problems • have some responsibility for team performance and service development and they consistently undertake self-development 	<p>Current registration with NMC, HCPC, GPhC</p> <p>Plus:</p> <p>Evidence of achievement of Fundamentals of Cancer Care learning outcomes or equivalent</p> <p>Evidence of achievement of capabilities in practice (CiPs) at enhanced level</p> <p>Appropriate modules/graduate certificate/post graduate certificate/post graduate diploma and continuing professional development (CPD) that enables the delivery of cancer care in specialist service aligned to role and scope of practice</p> <p>Appropriate practice supervisor/assessor status</p>	<p>Registered nurse (all fields),</p> <p>Registered pharmacist</p> <p>15 Allied health professions regulated by HCPC</p>



Career framework level of practice	Level descriptor	Indicative requirement to work at this level	Example roles/job
Advanced	<p>Practitioners at this level:</p> <ul style="list-style-type: none"> • combine advanced clinical skills with research, education and clinical leadership within their scope of practice • have a critical awareness of knowledge issues in the field and at the interface between different fields • are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment • demonstrate expertise in their scope of practice • manage clinical care at the highest level independently, from beginning to end, for example from when an individual presents through to the end of the episode, which may include admission, referral or discharge or care at home • work as part of the wider health and social care team and across traditional professional boundaries • work across the service, network and/or regionally – leading and influencing practice development and service improvements • satisfy all the requirements of their nation to be recognised as an Advanced Practitioner 	<p>Advanced practitioner Refer to specific UK nation requirements for recognition as an advanced practitioner via accredited Masters programmes or portfolio of evidence route Plus: Evidence of achievement of Fundamentals of Cancer Care learning outcomes or equivalent</p> <p>Evidence of achievement of core cancer capabilities in practice (CiPs) at advanced level</p> <p>Appropriate continuing professional development (CPD) that enables the delivery of cancer care within specialist service aligned to role and scope of practice</p> <p>Appropriate practice supervisor/assessor status</p>	<p>Registered nurse (all fields), Registered pharmacist 15 allied health professions regulated by HCPC Advanced practitioner</p>



Career framework level of practice	Level descriptor	Indicative requirement to work at this level	Example roles/job
Consultant	<p>Practitioners at this level:</p> <ul style="list-style-type: none"> • require highly specialised knowledge, some of which at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research • are leaders with considerable responsibility, and the ability to research and analyse complex processes • have responsibility for service improvement, development and innovation • generate new knowledge about best treatment and care by actively seeking and implementing best evidence to improve health and care outcomes and experiences for patients and staff • through ongoing clinical development and research, apply expert knowledge and lead change strategically across whole systems in their everyday practice • operate at the 'leading edge' of their profession, developing and consolidating their clinical expertise and research independence through the development of novel, interdisciplinary research and clinical leadership • lead the transfer and mobilisation of new knowledge and the use of implementation science methods, ensuring that the research undertaken is addressing high priority questions relating to service delivery, optimising patient experience and outcomes, and that the value and impact of research activity is demonstrated at service level • transform the way care is developed and delivered to patients, leading partnerships with patients and the public, clinical academic experts and other key stakeholders to make improvements locally, nationally and internationally • may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role • satisfy all the requirements of their nation to be recognised as a consultant practitioner 	<p>Consultant practitioner Refer to specific UK nation requirements for recognition as a consultant practitioner</p> <p>Professional doctorate Doctorate in education PhD</p> <p>Plus: Evidence of achievement of Fundamental of Cancer Care learning outcomes or equivalent</p> <p>Evidence of achievement of core cancer capabilities in practice (CiPs) at consultant level</p> <p>Appropriate continuing professional development (CPD) that enables the delivery of cancer care within specialist service aligned to role and scope of practice</p> <p>Appropriate practice supervisor/assessor status</p>	<p>Registered nurse (all fields),</p> <p>Registered pharmacist</p> <p>15 allied health professions regulated by HCPC</p> <p>Consultant practitioner</p>





6.0 Component 2: The core cancer capabilities in practice (CiPs)

As identified in Section 3, the Framework articulates core CiPs for safe and effective cancer care aligned to the 4 pillars of professional practice and colour coded for each level of practice.

The core cancer CiPs are written at a 'high level' to enable practitioners and employers to contextualise the capabilities for the environment of care in which the service operates and the job/roles adopted for each level of practice. They can be interpreted and applied in the context of individual practitioners' scope of practice, role, practice environment and the patient group(s) with whom they work. In addition, this enables employers with their employees to confirm the scope of practice and a job/role description.

The core cancer CiPs are divided into 7 domains. Within the domains are capabilities detailed below (Table 5). The capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process or hierarchy. They have also been mapped to advanced clinical frameworks for each of the 4 UK nations (Appendix 3).

Colour coding for core cancer CiPs for cancer nursing and allied health professions workforce

Key








	Level of practice
	Supportive
	Assistive
	Pre-Registration (under supervision)
	Registration
	Enhanced
	Advanced
	Consultant



Table 5: Detailed Core Cancer CiPs colour coded for each level of practice

Domain A: Person-centred collaborative working 1.0 Capabilities: Professional values and behaviours The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
1.1 Seek and engage with individuals' perspectives on their condition, their preferences for their care, and what is important to them and their carers in terms of treatment goals and outcomes.							
1.2 Demonstrate understanding of the individual and show empathy for the impact of their cancer diagnosis.							
1.3 Value and acknowledge the experience and expertise of individuals, their carers and support networks.							
1.4 Use their 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.							
1.5 Recognise the wider impact that symptoms of cancer, often persistent, can have on individuals, their families and those close to them.							
1.6 Examine their role in supporting and enabling individuals to lead meaningful lives, whether or not cure or resolution is possible.							
1.7 Promote and contribute to a consistent and integrated approach throughout the episode of care, focusing on the identified needs of the individual.							
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.							
1.9 Value collaborative involvement and engage people with cancer to improve and co-produce person-centred, quality services.							
1.10 Adhere to legal, regulatory and ethical requirements, professional codes, and employer protocols.							
1.11 Adopt a critical approach to ethical uncertainty and risk, working with others to resolve conflict.							
1.12 Demonstrate safe, effective, autonomous, reflective practice.							
1.13 Inform their practice and professional development and remain up to date with the best available evidence through the appropriate use of clinical guidelines and research findings.							
1.14 Demonstrate accountability for their decisions and actions and the outcomes of their interventions.							
1.15 Work effectively as part of a team, using their professional knowledge and skills, and drawing on those of their colleagues.							
1.16 Promote person-centred care to meet individuals' best interests and to optimise service delivery.							
1.17 Support clinical research to develop cancer practice.							
1.18 Promote, enable and lead research to advance the development of cancer knowledge and practice.							



Domain A: Person-centred collaborative working 2.0 Capabilities: Maintaining an ethical approach and fitness to practice/ law, ethics and safeguarding The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
2.1 Demonstrate professional practice in own day to day clinical practice.							
2.2 Critically reflect on how own values, attitudes and beliefs might influence own professional behaviour and interactions.							
2.3 Use critical self-awareness of their own values, beliefs, prejudices, assumptions and stereotypes to mitigate the impact of these in how they interact with others.							
2.4 Identify and act appropriately when own or others' behaviour undermines equality, diversity and human rights.							
2.5 Reflect on and address appropriately ethical/moral dilemmas encountered during own work which may impact on care to people affected by cancer. Advocate equality, fairness and respect for people and colleagues in day to day practice.							
2.6 Keep up to date with mandatory training and/or revalidation requirements, encompassing those requiring evidence related to care for people affected by cancer.							
2.7 Recognise and ensure a balance between professional and personal life that meets work commitments, maintain own health, promote well-being and build resilience.							
2.8 Demonstrate insight into any personal health issues and take effective steps to address any health issue or habit that is impacting on own performance.							
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.							
2.10 Promote mechanisms such as complaints, significant events and performance management processes in order to improve peoples' care.							
2.11 Promote mechanisms such as compliments and letters of thanks to acknowledge and promote good practice.							



Domain A: Person-centred collaborative working 3.0 Capabilities: The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
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.							
3.2 Use advanced skills in listening and information-processing, alongside empathetic skills to assess, explore and respond to individuals' complex needs and concerns.							
3.3 Select appropriate language and media (including remote consultation such as telephone, skype, sign language, written) to facilitate effective communication and interactions with people affected by cancer.							
3.4 Respond sensitively to individual preferences and needs, and uphold and safeguard individuals' interests.							
3.5 Establish and integrate individuals' specific needs, preferences, priorities and circumstances to guide the care and treatment they offer.							
3.6 Demonstrate respect for individuals' expertise in their own life and condition, empower and support them to retain control and to make choices that fit with their goals.							
3.7 Use active listening and facilitation skills to enable individuals to talk about their concerns and priorities relating to their cancer symptoms and implications of its treatment.							
3.8 Help individuals and carers to understand their care options, sharing information on the risks, benefits, consequences, and potential outcomes in a clear, open way to support shared decision-making.							
3.9 Promote value-based decision making, critically evaluating and appropriately applying their knowledge and skills in a person-centred way, challenging predetermined protocols or workplace imperatives where necessary.							

Domain A: Person-centred collaborative working 4.0 Capabilities: Communication and consultation skills The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
4.1 Actively listen to and communicate effectively with others, recognising that both are an active, two-way process.							
4.2 Critically appraise communication strategies and be able to optimise communication approaches appropriately using skills such as active listening, for example frequent clarifying, paraphrasing and picking up verbal cues such as pace, pauses and voice intonation.							
4.3 Reflect on communication strategies and skilfully adapt those employed to ensure communication strategies foster an environment of person empowerment.							
4.4 Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.							
4.5 Communicate effectively, respectfully and professionally with service users and carers at times of conflicting priorities and opinions.							
4.6 Convey information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information.							
4.7 Engage with individuals and carers and respond appropriately to questions and concerns about their cancer related symptoms and its impact on their current situation and potentially in the future drawing on practitioners' in-depth knowledge of cancer and its effects.							
4.8 Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people's communication and language needs, preferences and abilities (including levels of spoken English and health literacy).							
4.9 Communicate effectively with individuals who require additional assistance, such as sensory or cognitive impairments, to ensure an effective interface with a practitioner, including the use of accessible information.							
4.10 Evaluate and remedy situations, circumstances or places which make it difficult to communicate effectively (for example noisy, distressing environments which may occur during home visits, care home visits or in emergency situations), and have strategies in place to overcome these barriers.							
4.11 Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of consultations and ensure communication is safe and effective.							
4.12 Adapt communication approaches to non-face to face situational environments, for example phone, video, email or remote consultation.							
4.13 Contextualise communication approaches to use in group situations.							
4.14 Respond to people effectively, respectfully and professionally, including carers and families, especially at times of conflicting priorities and opinions and be able to facilitate shared agenda setting using a triadic consultation approach.							
4.15 Select effective, situation and patient appropriate history taking and consultation skills drawing on knowledge and expertise in advanced communication skills.							



Domain A: Person-centred collaborative working 5.0 Capabilities: Personalising the pathway for people living with and affected by cancer (people affected by cancer) The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
5.1 Demonstrate sensitivity to the significance of individuals' background, identity, culture, values and experiences for how their cancer condition impacts on their life, recognising the expertise that individuals bring to managing their own care.							
5.2 Work with individuals to develop personalised care plans that: <ul style="list-style-type: none"> • reflect their priorities and concerns both now and for the future • encourage self-care and self-reporting of significant symptoms, including in an emergency • consider the psychological effects of cancer and strategies to manage this • incorporate other medical conditions and frailty risk consider the risks, benefits and consequences of each available option 							
5.3 Take account during care planning of the burden of treatment for individuals with cancer and co-morbidities, including regular appointments that may also be for the management of their other healthcare needs.							
5.4 Use protocols and guidelines to create person-centred individual care pathways and documentation, for example care plans, treatment summaries, late effects surveillance.							
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.							
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.							
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.							
5.8 Coordinate individualised care across sectors and disciplines according to the needs identified in the care plan.							
5.9 Establish processes and ensure physical, psychological and social assessments are incorporated into local care planning systems, for example health promotion, psychosocial adjustment, work and social functioning.							
5.10 Recognise the significance of family, carers and social networks in planning and providing care and the importance of developing partnerships with them, with due regard for the complexity and diversity in family relationships and arrangements.							
5.11 Review and audit care plans to promote evidence-based practice and ensure these reflect current best practice.							
5.12 Evaluate the implications of, and apply in practice, the relevant legislation for meaningful informed consent and shared decision making (for example mental capacity legislation, Fraser Guidelines).							
5.13 Monitor and evaluate services and pathways to ensure these are delivered effectively within own specialty or clinical field to meet the relative risks or complications and complexity of needs.							
5.14 Work with local service providers to develop pathways that facilitate rapid access to services when the need to do so is identified, for example re-entry to acute care services following signs of recurrence.							



Domain A: Person-centred collaborative working 6.0 Capabilities: Helping people make informed choices as they live with or are affected by cancer The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
6.1 Provide information and advice appropriate to the needs, priorities and concerns of individuals.							
6.2 Respond to individuals' descriptions of their needs, preferences and concerns to ensure that care plans meet their goals and needs, managing the changing needs and expectations of patients and their families and ensures care plans reflect the new priorities.							
6.3 Act as an expert resource for other health and care professionals when dealing with complex communication issues, such as when an individual's choices put them at risk.							
6.4 Acknowledge and respect the decisions made by individuals concerning their health and wellbeing in relation to cancer, cancer treatments, survivorship and late effects care.							
6.5 Explain the options, including the benefits and risks, that are available to individuals to enable them to reach their own decisions about their treatment, health and wellbeing and set their own priorities.							
6.6 Make appropriate decisions to seek help and report concerns to colleagues when an individual's choices place them at risk.							
6.7 Identify factors that can affect an individual's ability to request, organise or access services or assistance and take appropriate action to help them receive the care they require (for example knowledge, confidence, physical constraints, social isolation).							
6.8 Provide information and assistance to help individuals access the services and resources they require to implement their decisions.							
6.9 Promote the participation and inclusion of all service users and ensure that potential barriers are reported to the appropriate personnel.							
6.10 Work to ensure that services are inclusive and promotes equal opportunities for access and service provision.							
6.11 Recognise and promote the importance of social networks and communities for people and their carers in managing cancer related symptoms.							
6.12 Collaborate with other providers to promote services to help individuals make informed choices about their health and wellbeing and to develop information (visual, audio, written and non-text based information) and support to ensure individuals receive information appropriate to their needs and at the right time in the pathway.							



Domain A: Person-centred collaborative working 7.0 Capabilities: Providing information to support self-management and enable independence for people living with and affected by cancer The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
7.1 Provide written, online and verbal information to individuals about their condition, treatment and services available to support self-care and independence.							
7.2 Contribute to the development and evaluation of patient information resources for people living with and affected by cancer.							
7.3 Provide individuals with accessible information to support their intervention plan, for instance, crib sheet/audio visual material of signs and symptoms to be monitored in relation to cancer, cancer treatments, recurrence or likely late effects.							
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.							
7.5 Critically assess written information/websites before recommending them.							
7.6 Evaluate individual's understanding of information, (including written, visual and audio-based information), communicate effectively to correct misunderstandings and explain complex medical terminology in lay terms.							
7.7 Direct individuals and family members to local resources, appropriate agencies and information sources, including online information or non text-based information, on issues that may affect them following cancer treatment, including work and finance matters.							
7.8 Offer guidance and support with accessing appropriate online sources of information.							
7.9 Work with other teams and agencies to develop information and support resources to ensure individual people living with cancer and palliative care needs receive information appropriate to their needs, involving users in information development.							
7.10 Lead and develop support groups for individuals living with and affected by cancer and identifies opportunities/gaps in the provision of support groups at a local level.							
7.11 Implement and inform local and national initiatives regarding the development of information and support resources.							



Domain A: Person-centred collaborative working 8.0 Capabilities: Multidisciplinary, interagency and partnership working The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
8.1 Practise within their professional and personal scope of practice and access specialist advice or support for the individual or for themselves when appropriate.							
8.2 Engage in effective inter-professional communication and collaboration with clear documentation to optimise the integrated management of the individual with cancer.							
8.3 Liaise between service users, relatives and carers when making links to members of the multidisciplinary team involved in planning an individual patient's care pathway to optimise interventions.							
8.4 Act as a key contact with a variety of agencies in relation to current and anticipated needs of individual patients (for example employment, education, financial, exercise services), understanding the contributions of different health, social care and voluntary sector services in meeting holistic care needs (for example financial, vocational, practical and emotional support).							
8.5 Have a knowledge of the range of services available to support people across the care pathway and how to refer/signpost to them with awareness of when it would be appropriate to refer back to treating centres, including for emergency presentations.							
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.							
8.7 Work effectively within and across teams, managing the complexity of transition from one team to another or membership of multiple teams.							
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.							
8.9 Liaise with, signpost to and make referrals to the multidisciplinary team and other health and care professionals across all settings relating to other co-morbidities (for example learning disability, mental health as appropriate for the patient's physical and psychological symptoms).							
8.10 Provide expert advice to other members of the MDT and health, social care and voluntary sector agencies.							
8.11 Actively contribute to the development of services in the MDT understanding the importance of effective team dynamics.							
8.12 Build partnerships with the health, social care, voluntary and independent sectors to promote engagement with cancer services and late effects care.							



Domain A: Person-centred collaborative working 9.0 Capabilities: Referrals and integrated working to support transitional care for people living with and affected by cancer The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
9.1 Understand the roles that acute, community and primary care services play in supporting people living with and affected by cancer.							
9.2 Understand the issues facing individuals as they complete cancer treatment or are discharged from acute hospital follow up.							
9.3 Support individuals to develop confidence in their ability to cope with transition points in their care such as on discharge from hospital care to self-managing at home, supporting independence and acts as an advocate as appropriate.							
9.4 Effectively uses the treatment summary and surveillance plan in communication between hospital and primary care services, communicating effectively and working with other health care professionals and services to ensure individuals receive appropriate ongoing cancer care.							
9.5 Take an active role in working with others to minimise the occurrence of potential crises, for example inappropriate admission to hospital.							
9.6 Provide information and support regarding ongoing late effects surveillance.							
9.7 Act as a specialist resource for local health, social care and voluntary sector services regarding transitional care.							
9.8 Take a leading role in developing emergency referral pathways and educating the wider multi-disciplinary team on appropriate courses of action.							
9.9 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.							
9.10 Work with other agencies to develop clear pathways and guidelines for the transfer of long-term follow-up to primary services and to different models of follow up care.							
9.11 Lead and evaluate the development of education programmes for staff involved in supporting patients who move across different healthcare settings to affect a safe and effective transfer.							



Domain B: Assessment, investigations and diagnosis	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
10.0 Capabilities: History taking The practitioner is able to:							
10.1 Demonstrate an understanding of the Holistic Needs Assessment and Care Plan process, including the physical and psychosocial components, and its implications for practice; understanding the components which might influence personal choice, such as faith, age, culture.							
10.2 In collaboration with the individual, use the Holistic Needs Assessment and Care Plan to identify and prioritise needs which require support and informs the development of an appropriate personalised plan with defined outcomes.							
10.3 Structure consultations so that the person and/or their carer/family (where applicable) is encouraged to express their ideas, concerns, expectations and understanding.							
10.4 Uses specialist skills and knowledge to carry out screening and clinical assessments, conducting assessments using appropriate standardised, evidence-based screening and assessment tools (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 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).							
10.5 Use active listening skills and open questions to effectively engage and facilitate shared agenda setting.							
10.6 Explore and appraise peoples' ideas, concerns and expectations about their symptoms and condition and whether these may act as a driver or form a barrier.							
10.7 Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical, mental and psychological presentations.							
10.8 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.							
10.9 Synthesise information, taking account of factors which may include the presenting symptom, existing symptoms, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health to establish differential diagnoses.							
10.10 Incorporate information on the nature of the person's needs preferences and priorities from various other appropriate sources, for example third parties, previous histories and investigations.							
10.11 Assess the impact of individuals' presenting symptoms, including the impairment of function, limitation of activities and restriction on participation, including work.							
10.12 Deliver diagnosis and test/investigation results, including bad news, sensitively and appropriately in line with local or national guidance, using a range of mediums including spoken word and diagrams for example to ensure the person has understanding about what has been communicated.							
10.13 Record all pertinent information gathered concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.							



Domain B: Assessment, investigations and diagnosis 11.0 Capabilities: Clinical physical and mental health assessment The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
11.1 Appropriately obtain consent to physical examination, respect and maintain the patient's privacy, dignity (and comfort as far as practicable), and comply with infection prevention and control procedures.							
11.2 Adapt their practice to meet the needs of different groups and individuals (including those with particular needs such as cognitive impairment or learning disabilities), working with chaperones, where appropriate.							
11.3 Undertake observational and functional assessments of individuals relevant to their presenting condition to identify and characterise any abnormality.							
11.4 Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively.							
11.5 Use nationally recognised tools where appropriate to assess peoples' condition and symptoms.							
11.6 Perform a mental health assessment appropriate to the needs of the patient and the setting.							
11.7 Assess the psychological, social and emotional needs of cancer patients, their relatives and carers including coming to terms with a cancer diagnosis and potentially a terminal diagnosis.							
11.8 Use knowledge of cancer, its treatment and the risks of late effects complications to ensure assessments are appropriate to individual needs (for example type of cancer, treatment received, age, co-morbidities).							
11.9 Identify, analyse and interpret potentially significant information from the physical and mental health assessment (including any ambiguities) and consider the need for an appropriate and timely referral.							
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.							

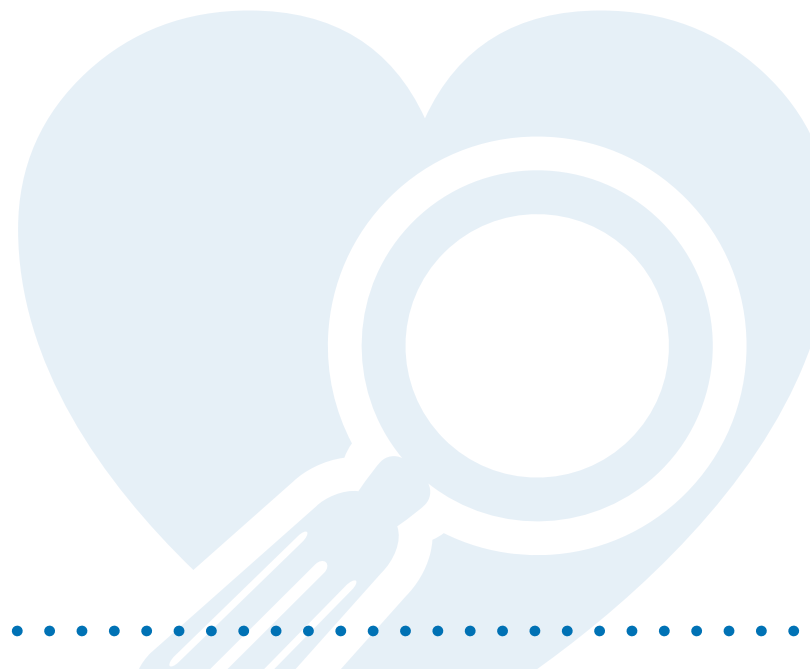


Domain B: Assessment, investigations and diagnosis 12.0 Capabilities: Investigations, diagnosis and care planning The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
12.1 Identify possible differential diagnoses for symptoms using a structured problem-solving method informed by an understanding of probability based on prevalence, incidence and of symptoms to aid decision making.							
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.							
12.3 Lead and develop services based on a risk stratified approach to care in collaboration with the wider multidisciplinary team.							
12.4 Assess the importance and meaning of presenting features from the clinical assessment, recognising the different symptoms and conditions commonly seen in first point of contact roles in cancer care.							
12.5 Recognise signs and symptoms requiring a change in the care pathway , for example side effect grading, psychological concerns (such as depression and anxiety) cancer recurrence and end of life care and initiates appropriate interventions.							
12.6 Identify risk factors for severity or impact and use tools where they exist to analyse and stratify risk of progression to long term symptoms and disability.							
12.7 Assess the impact of cancer diagnosis and treatment on lifestyle and future employment needs and interventions appropriately.							
12.8 Understand the importance and implications of findings and results and take appropriate action. This may be urgent referral/escalation as in life threatening situations, or further investigation, treatment or referral.							
12.9 Formulate a differential diagnosis based on subjective and where available objective data.							
12.10 Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained. This may include the use of time as a diagnostic tool where appropriate.							
12.11 Instigate appropriate investigative tests to aid diagnosis and assessment.							
12.12 Demonstrate knowledge of tests and investigations commonly used in cancer care, including rationale for use and normal ranges of results.							
12.13 Develop individualised patient care plans for tests and investigations and initiate them in accordance with guidelines and protocols.							
12.14 Prescribe, initiate, interpret and monitor diagnostic tests and investigations independently according to the individual's clinical need.							
12.15 Understand and interpret test results and act appropriately, demonstrating an understanding of the indications and limitations of different tests to inform decision-making and the imperative of using scarce, expensive or potentially harmful investigations judiciously.							
12.16 Provide appropriate explanations to individuals regarding the procedures involved and the reasons for tests and investigations.							





Domain B: Assessment, investigations and diagnosis 12.0 Capabilities: Investigations, diagnosis and care planning The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
12.17 Ensure the needs of patients with complex needs are met when obtaining consent for tests and investigations, for example learning difficulties, dementia, challenging issues relating to consent.							
12.18 Provide support and further explanation to the patient and family after the clinician has discussed test results.							
12.19 Act as an expert resource for other health care professionals when dealing with complex or challenging situations relating to assessment.							
12.20 Discuss findings with cancer specialist teams adopting a shared care template ensuring timely and optimum care.							
12.21 Recognise when a clinical situation is beyond individual capability or competence and escalate appropriately.							
12.22 Recognise other common co-morbidities that may be identified during assessment and makes appropriate referrals for ongoing care.							



Domain C: Condition management, treatment and planning 13.0 Capabilities: Clinical management The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
13.1 Vary the management options responsively according to the circumstances, priorities, needs, preferences, risks and benefits for people with cancer at any point of their condition, with an understanding of local service availability and relevant guidelines and resources.							
13.2 Consider a 'wait and see' approach for a change in condition or symptom where appropriate.							
13.3 Safely prioritise problems in situations using shared agenda setting where the person presents with multiple issues.							
13.4 Implement shared management/personalised care/support plans in collaboration with people, and where appropriate carers, families and other healthcare professionals.							
13.5 Arrange appropriate follow up that is safe and timely to monitor changes in the person's condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate.							
13.6 Evaluate outcomes of care against existing standards and patient outcomes and manage/adjust plans appropriately in line with best available evidence.							
13.7 Identify when interventions have been successful and complete episodes of care with the person, offering appropriate follow-on advice to ensure people understand what to do if situations/circumstances change.							
13.8 Promote continuity of care as appropriate to the person.							
13.9 Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing the person's autonomy.							
13.10 Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review.							
13.11 Support people who might be classed as frail and work with them utilising best practice.							
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.							





Domain C: Condition management, treatment and planning 14.0 Capabilities: Managing medical and clinical complexity and risk. The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
14.1 Understand the complexities of working with people who have cancer with or without other clinical conditions including physical, psychological, spiritual and psychosocial.							
14.2 Simultaneously proactively manage acute and chronic symptoms experienced by people with a cancer diagnosis, including people with other clinical conditions.							
14.3 Manage both practitioner and peoples' uncertainty.							
14.4 Appropriately support people at risk of or demonstrating signs of acute deterioration, with effective and timely multi-disciplinary team liaison and triage.							
14.5 Recognise the conflicts that arise when managing people with multiple problems and take steps to adjust care appropriately.							
14.6 Communicate risk effectively to people and involve them appropriately in management strategies and decision making.							
14.7 Promote health among high- risk individuals affected by cancer - focuses on the role of advanced level and consultant level practitioners in the care of high-risk patients who require close monitoring and complex care plans for a variety of reasons such as vulnerability, under served, high risk of recurrence, high risk of treatment complications or experiencing adjustment challenges.							
14.8 Consistently encourage prehabilitation, rehabilitation and, where appropriate, recovery.							
14.9 Manage situations where care is needed out of hours and understand how to enable the necessary arrangements. This should include clear safety netting and escalation instructions for patients and carers.							
14.10 Identify the need for immediate treatment of oncology-related palliative and urgent care emergencies such as cancer-associated thrombosis, metastatic spinal cord compression, superior vena cava obstruction and hypercalcaemia.							
14.11 Support people appropriately and with regard for other care providers involved in their care.							



Domain C: Condition management, treatment and planning 15.0 Capabilities: Independent prescribing and pharmacotherapy The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
15.1 Safely prescribe and/or administer therapeutic medications, relevant and appropriate to scope of practice, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies.							
15.2 Promote person-centred shared decision making to support medicine taking and side-effect reporting adherence.							
15.3 Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.							
15.4 Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing. Follow Royal Pharmaceutical Society Framework guidelines (for example medicines optimisation).							
15.5 Practice in-line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources.							
15.6 Ensure pharmacological optimisation of co-morbidities following a diagnosis of cancer, pre, during and post treatment of cancer.							
15.7 Appropriately review response to medication, recognising the balance of risks and benefits which may occur. Take account of context including what matters to the person and their experience and impact for them and preferences in the context of their life as well as polypharmacy, multimorbidity, frailty, existing medical issues such as kidney or liver issues and cognitive impairment.							
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.							
15.9 Advise people on medicines management, including compliance and the expected benefits and limitations and inform them impartially on the advantages and disadvantages in the context of other management options.							
15.10 Understand a range of options available other than drug prescribing (for example not prescribing, promoting self-care, advising on the purchase of over-the-counter medicines).							
15.11 Facilitate, refer to and/or prescribe non-medicinal therapies such as psycho-oncology, lifestyle changes, wellbeing information and support, and social prescribing.							
15.12 Support people to only take medications they require and deprescribe where appropriate.							
15.13 Support people having pharmacological treatment for cancer including knowledge of and management of side effects and when to seek additional advice.							
15.14 Maintain accurate, legible and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine.							



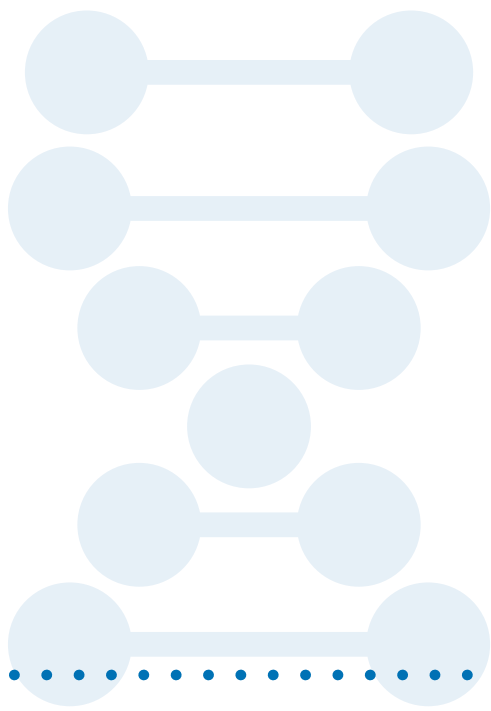
Domain C: Condition management, treatment and planning 16.0 Capabilities: Prehabilitation and rehabilitation interventions The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
16.1 Understand how to screen and assess people with cancer for prehabilitation interventions.							
16.2 Understand the importance of prehabilitation interventions at the earliest opportunity from diagnosis and how to implement the elements of effective prehabilitation.							
16.3 Understand the prehabilitation interventions and they can support people with cancer.							
16.4 Understand the role of common rehabilitation interventions for people with cancer.							
16.5 Have an in-depth knowledge of the rationale behind effective prehabilitation and rehabilitation and the role of advanced and consultant level practitioners in leading, designing, delivering services and undertaking research and education in this area of practice.							
16.6 Advise on the expected benefits and limitations of different rehabilitation interventions used in managing the symptoms and side effects of cancer and its treatments providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options.							
16.7 Provide advice on restoring function, including graded return to normal activity, navigation to self-management resources, and modifying activity for limited time periods.							
16.8 Understand that cognitive, psychological and emotional support are the key to successful rehabilitation.							
16.9 Understand that some individuals such as those living with disability, mental health issues, multimorbidity and/or frailty may require additional rehabilitation support and that their trajectory of recovery and/ or increased independence may be slower than for others.							
16.10 Work in partnership with individuals to explore suitability of prehabilitation (universal, targeted and specialist) and rehabilitation interventions, including social prescribing for those requiring universal support, for example referring individuals to a range of local non-clinical services such as community-based physical activity programmes, where appropriate.							
16.11 Prescribe personal rehabilitation programmes to help individuals enhance, restore and maintain their mobility, function and independence considering the use of digital technology (for example apps and wearables) to support adherence where appropriate.							
16.12 Refer individuals to highly specialist health and care professionals, for example allied health professionals where this is appropriate to individuals' needs and wishes.							
16.13 If in scope of professional practice, carry out specialist prehabilitation and rehabilitation assessments and treatments.							
16.14 Make recommendations to employers regarding individuals' fitness to work, including through the appropriate use of fit notes and seeking of appropriate occupational health advice.							



Domain C: Condition management, treatment and planning 17.0 Capabilities: Promoting self-management and behaviour change The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
17.1 Screen and assess the ability, motivation, self-efficacy and activation of individual cancer patients to self-care developing strategies and interventions to enable individuals to optimise their ability to self-manage, evaluating their effectiveness and actions.							
17.2 Understand and use behaviour change techniques such as motivational interviewing and health coaching to facilitate cancer patients to understand the contribution of healthy lifestyle behaviours in promoting and sustaining recovery and well-being prior to, during and after treatment.							
17.3 Teach individuals to carry out self-monitoring and self-care, mentoring them in the process, including recognising symptoms that require further advice/investigation and the pathways available for accessing this care.							
17.4 Promote the importance of physical activity for general health and advise on what people with cancer related symptoms can and should do.							
17.5 Promote the importance of a healthy diet and nutritional requirements to reduce the impact of cancer-related symptoms.							
17.6 Advise on the effects of smoking, obesity and inactivity in cancer related symptoms and, where appropriate promote change or refer to relevant services.							
17.7 Provide encouragement to individuals attempting to change or adopt new health related behaviours providing positive reinforcement when they are finding it difficult or achieving less than they hoped, supporting development of realistic short and long-term goals.							
17.8 Signpost individuals to local services that support healthy living, whilst acknowledging and respecting their individual decision making, applying knowledge of the range of services available to support and guide individuals across the care pathway.							
17.9 Involve the family/support network (where appropriate) in supporting self-management and self-care.							
17.10 Provide practical and emotional support to encourage individuals to take an active role in communicating with health professionals where this is needed, by supporting and encouraging them to ask questions about what is a priority or a concern for them.							
17.11 Recognise social, economic, and environmental factors that influence behaviour, and those that act as barriers and facilitators, providing intervention and/or signposting to inform and motivate individuals to change behaviour.							
17.12 Develop and provide services with interventions designed to support behaviour change, using evidenced behaviour change techniques and tailored to the capabilities, opportunities and motivations of service users.							
17.13 Proactively promote the self-care principle at local, national and international forums, supporting other team members to understand models and concepts related to health-related behaviour change and to recognise the 'teachable moment' with supporting theories.							
17.14 Ensure that effective strategies are in place to maximise the opportunities for self-management and supported self-management.							



Domain C: Condition management, treatment and planning 18.0 Capabilities: Symptom management The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
Examples of disease-related/treatment-related symptoms and complications that patients with cancer can experience, which can occur at different stages in the pathway are provided in Appendix 5.							
18.1 Recognise common symptoms and oncological emergencies.							
18.2 Assess and recognise treatment-related and disease related symptoms relevant to own area of practice and screen for all these symptoms.							
18.3 Depending on profession, undertake assessment, plan care for and manage treatment-related and disease related symptoms using appropriate evidence-based screening and assessment tools.							
18.4 Have a knowledge of the presentations of treatment-related and disease related symptoms and the red flags that would necessitate escalation, emergency admission and/or onward referral.							
18.5 Complete referral or monitoring of any interventions given.							
18.6 Report to specialist multi-disciplinary teams concerning progression, deterioration or those with highly specialist need.							



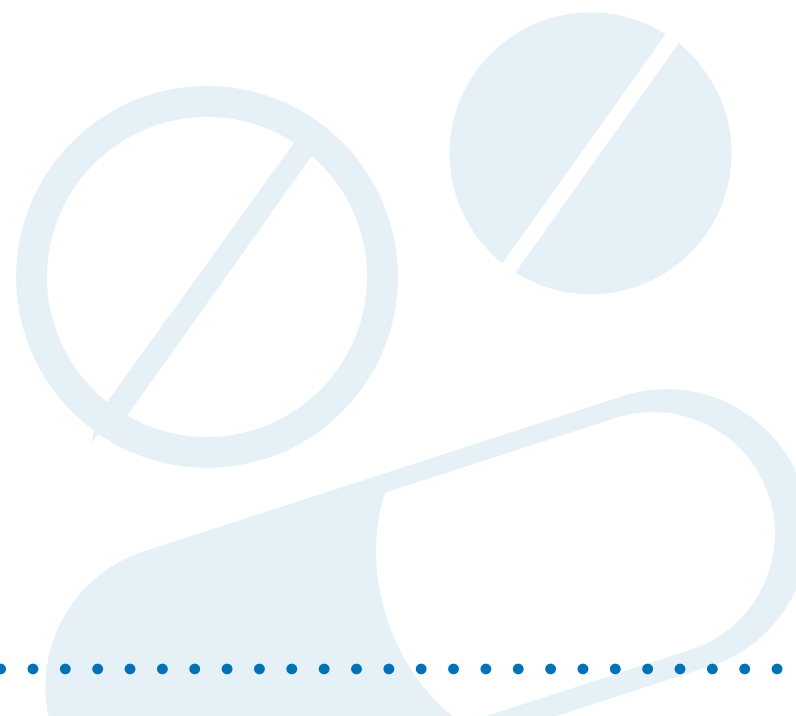


Domain C: Condition management, treatment and planning 19.0 Capabilities: Late effects The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
19.1 Demonstrate knowledge of symptoms and care interventions for late effects appropriate to own client group/ specialty (for example endocrine, bone health, cardiac toxicity, psychosexual issues, fertility, dental health, early menopause).							
19.2 Distinguish between symptoms and intervene to ensure individuals are on the appropriate care pathway, for example treatment related, late effects, recurrence, progression.							
19.3 Use protocols and guidelines to create holistic individual care pathways and documentation, for example care plans, treatment summaries, late effects surveillance.							
19.4 Provide specialist interventions and advice to support symptom management including complex symptoms arising from cancer, cancer treatment and late effects.							
19.5 Use knowledge of cancer, its treatment and the risks of late effects complications to ensure assessments are appropriate to individual needs (for example type of cancer, treatment received, age, co-morbidities).							
19.6 Provide information and support to primary care staff regarding ongoing late effects surveillance.							
19.7 Work with other agencies and services to ensure that cancer, late effects and survivorship is fully integrated into the care plans of individuals with new and pre-existing mental health illness.							
19.8 Work with 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.							
19.9 Develop systems for documenting symptoms that help to build knowledge about late effects and late effects services.							
19.10 Develop systems for documenting assessment findings that help to increase wider knowledge about cancer, its treatment consequences and survivorship, late effects and care services.							
19.11 Build partnerships with the health, social care, voluntary and independent sectors to promote engagement with cancer services and late effects care.							
19.12 Play a leading role in local, network and national audits of late effects and cancer services.							





Domain C: Condition management, treatment and planning 20.0 Capabilities: Palliative and end of life care The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
20.1 Take a structured history of a patient presenting with palliative care needs or in the last days of life.							
20.2 Undertake appropriate system and symptom assessment and examination.							
20.3 Provide well evidenced differential diagnosis and suggested management plan, to include the use of non-pharmacological interventions.							
20.4 Understand and practice within the key legal framework relating to end-of-life care such as: <ul style="list-style-type: none"> • advanced directives • lasting power of attorney • do not resuscitate • treatment escalation plans 							
20.5 Identify and rationalise any need for additional support for the patient and carer / family, socially, psychologically and medically.							
20.6 Identify the need for additional clinical and professional support such as referral, second opinion.							

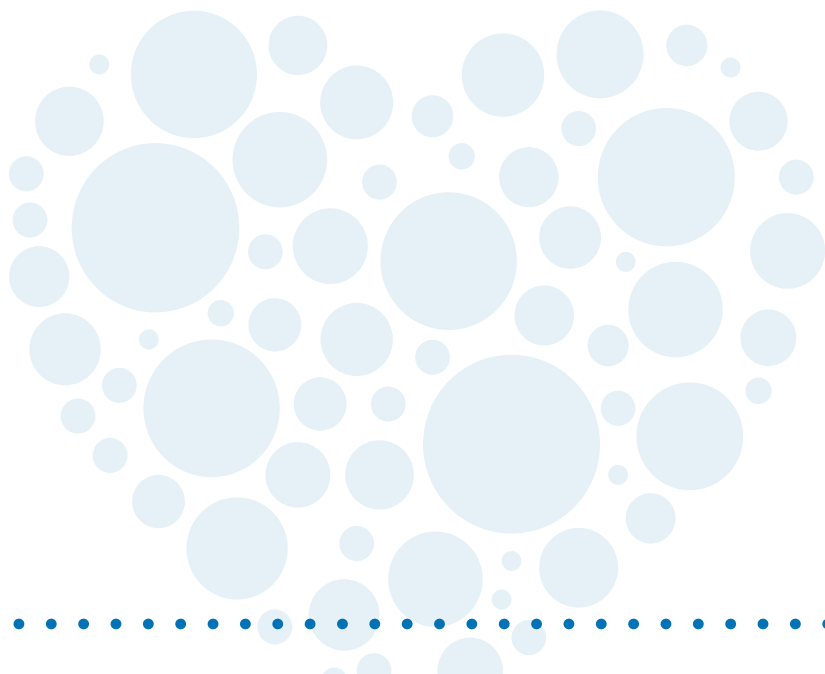


Domain D: Leadership and collaborative practice 21.0 Capabilities: Leadership, management and organisation The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
21.1 Be organised with due consideration for people and colleagues, carrying out both clinical and non-clinical aspects of work in a timely manner, demonstrating effective time management within the constraints of the time limited nature of healthcare.							
21.2 Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice.							
21.3 Act appropriately when services deficiencies are identified (,for example frequent long waiting times) that have the potential to affect the effective management of individuals' care and condition, including by taking corrective action, where needed.							
21.4 Demonstrate leadership and resilience, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.							
21.5 Demonstrate receptiveness to challenge and preparedness to 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.							
21.6 Demonstrate awareness of policies and procedures relevant to their own area of practice in cancer services and support service developments to improve patient outcomes.							
21.7 Negotiate an individual's scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.							
21.8 Influence policies for people living with and beyond cancer at local/regional/national level and feed back to own teams and external organisations, services, systems.							
21.9 Demonstrate awareness of the funding, commissioning and development of cancer services to meet local needs.							
21.10 Know the evidence required to influence funding and commissioning of cancer services, including cost, benefits, outcomes and utilisation and how these are used by decision makers.							
21.11 Lead locally on the implementation of national guidance for services for people with cancer.							
21.12 Represent services for people with cancer or own discipline at national and/or network meetings.							
21.13 Regularly apply and lead the development of innovative service models across the pathway.							
21.14 Capture and evaluate the required evidence and work with local enablers (for example departmental manager or general manager) to influence commissioning agendas locally and regionally.							
21.15 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.							
21.16 Respond to compliments and complaints appropriately, following professional standards and applicable local policy.							
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.							





Domain D: Leadership and collaborative practice 21.0 Capabilities: Leadership, management and organisation The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
21.18 Engage people within own organisation/network and other key stakeholders in defining own organisation's/ network's direction and committing their energies and expertise to achieving its results.							
21.19 Work collaboratively at a strategic level with local, regional, system and national services/voluntary organisations to engage in short- and long-term strategic planning, peer review and team/service and system evaluation to encourage innovation, facilitate effective change and evaluate impact of clinical practice and quality of cancer care and services.							



Domain E: Developing evidence-based practice and improving quality 22.0 Capabilities: Research and evidence-based practice The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
22.1 Demonstrate a detailed understanding of the importance of clinical research and evidence-based practice and applies to own area of practice.							
22.2 Access appropriate sources of evidence to support their own practice in cancer and palliative care services (for example journals, literature reviews, research articles, audits, and arts-based practices).							
22.3 Understand and utilise the evidence of best practice to inform own practice.							
22.4 Demonstrate an understanding of the principles of clinical research, and can explain to service users common terms and concepts in relation to their cancer treatments (for example placebo, randomisation, quantitative and qualitative research, critical appraisal, patient-reported outcomes, informed consent).							
22.5 Demonstrate working knowledge of: <ul style="list-style-type: none"> • the range of qualitative and quantitative methodologies available and their purpose • the concepts of validity and reliability in relation to the design of data collection, collation and analysis • the processes used to critique a research paper and how to consider the implications for practice 							
22.6 Use specialist knowledge to contribute to the development of evidence-based policies and procedures.							
22.7 Contribute data to systems to be used for research, audit or service evaluation and understands own contribution to these processes.							
22.8 Understand the ethical and legal issues around data collection and information handling, including confidentiality, consent, data protection and storage.							
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.							
22.10 Apply a range of quality assurance and research methodologies, selecting and applying rigorous and systematic methods, to evaluate own and other clinical practice, disseminating and using the findings to identify strategies to improve/enhance/innovate in cancer care and services.							
22.11 Apply principles of ethical good clinical practice in relation to research, audit and service evaluation (for example working within local governance systems and policies, informed consent and confidentiality).							
22.12 Ensure that systems are in place to guarantee that project design and data management and dissemination meet ethical practice standards.							
22.13 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.							





Domain E: Developing evidence-based practice and improving quality 22.0 Capabilities: Research and evidence-based practice The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
22.14 Proactively network to develop and facilitate collaborative links with specialist cancer services and active researchers in academic and clinical settings to identify potential for further research in cancer care and opportunities to apply for funding, disseminate research and quality improvement through relevant media and fora							
22.15 Formulate and implement strategies to act on learning from a range of sources (audit, service user feedback, research, policy) and knowledge of the funding of cancer care services in the NHS and third sector to make improvements, influence and lead new practice and service/system redesign solutions to reduce variation, promote access to underserved communities and enhance quality in response to feedback, evaluation and need.							

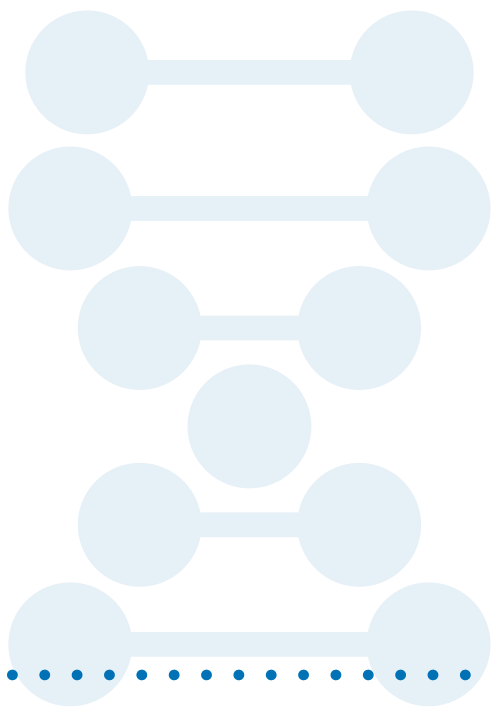


Domain F: Developing evidence-based practice and improving quality 23.0 Capabilities: Service evaluation and quality improvement The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
23.1 Initiate, lead and guide investigation and review of services and subjects relating to people living with and affected by cancer symptom management.							
23.2 Demonstrate the impact of advanced and consultant level clinical practice on service function and effectiveness, and quality (that is outcomes of care, experience and safety).							
23.3 Assist with service evaluations and audits of key aspects of own and shared practice, for example patient satisfaction, local service standards.							
23.4 Instigate developing practice in response to changing population health need, engaging in horizon scanning for future developments and to add value (for example impacts of genomics, new treatments and changing social challenges).							
23.4 Procure services that continually improve the pathway for people and supports lifestyle choices and future employment needs where applicable.							
23.5 Identify areas of the current service that could be developed including identification of the gaps and potential opportunities.							
23.6 Collect data required for service evaluations, audits or research in services for people living with and affected by cancer.							
23.7 Develop systems for measuring outcomes for individuals, groups and services that enable accurate and meaningful reviews of progress and services.							
23.8 Actively involve a range of service users in evaluating services, applying the principles of equality, diversity and anti-discriminatory practice and actively promotes cancer related research projects.							
23.9 Interpret and summarise data relating to individuals, groups of patients and local cancer services to create information and knowledge that can influence the clinical trajectory (that is. to recognise the need to commence palliative care or end of life services, service delivery and/or affect small scale service improvement).							
23.10 Evaluate the effectiveness of screening and assessment tools and guidelines used locally, nationally and internationally, as well as own data produced in terms of impact on patient outcomes and services and outcome measures linked to key drivers and evidence-based practice.							
23.11 Critically evaluate local and national service change in similar cancer/palliative care services comparing the data and knowledge generated against own services to inform business cases and commissioning opportunities.							
23.12 Use data supported information to drive both small- and large-scale service improvement and local research programme development.							
23.13 Work with individuals and groups who are considered to be at high-risk due to their cancer experience and groups of service users to promote their inclusion in the development and review of services for people living with and beyond cancer and leads on delegated projects.							





Domain F: Developing evidence-based practice and improving quality 23.0 Capabilities: Service evaluation and quality improvement The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
23.14 Ensure and monitor that own and local services meet the wide range of needs of people living with a cancer diagnosis from prehabilitation to living well (health promotion), to active surveillance and complex symptom management.							
23.15 Set up monitoring to ensure that regional and network services meet the wide range of needs of people living with a cancer diagnosis from prehabilitation to living well (health promotion), to active surveillance and complex symptom management and lead on innovations in service delivery.							
23.16 Contribute to the development and completion of peer review, service review, audits and research within local services.							
23.17 Establish the development and completion of peer review, service review, audits and research within local/ regional services evaluating and presenting findings to inform strategic service developments.							

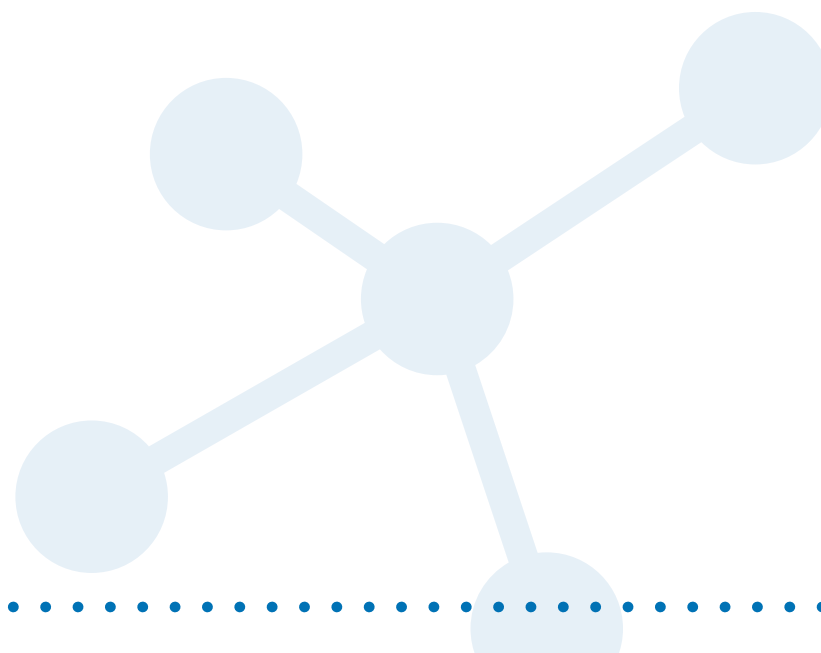


Domain G: Educating and developing self and others 24.0 Capabilities: Education The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
24.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the 4 pillars of clinical practice.							
24.2 Engage in self-directed learning, critically reflecting on practice to maximise advanced clinical skills and knowledge, as well as own potential to lead and develop both care and services locally and regionally.							
24.3 Plan, engage in and record learning and development relevant to their role and in fulfilment of professional, regulatory and employment requirements.							
24.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.							
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.							
24.6 Establish, deliver and evaluate teaching/learning and development opportunities for the workforce providing general and specialist cancer care in a range of settings, including supervising and assessing those on clinical placements.							
24.7 Contribute to curriculum development and delivery of cancer and/or palliative care modules/programmes at undergraduate and postgraduate level with education providers.							
24.8 Instigate, promote and utilise clinical supervision for self and other members of the healthcare team to support and facilitate professional development.							
24.9 Lead learning and development needs analyses to inform 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.							
24.10 Disseminate and explain the findings best practice research, quality improvement projects and data through appropriate media, using language and terminology appropriate to the intended audience (for example service users, multi-disciplinary teams, network meeting).							
24.11 Establish opportunities to collaborate with those involved in providing services for people with cancer to generate ideas for spread and adoption of good practice, research, audits, service reviews and journal clubs.							
24.12 Support other staff in the implementation of services for people with cancer.							
24.13 Promote awareness and implementation of national guidance for rehabilitation relating to cancer, palliative care and end of life care, for example exercise and bone metastases guidance.							
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.							
24.15 Write for publication and present at local and national conferences on own specialty/practice.							
24.16 In collaboration with clinical, research and academic partners, disseminate research/knowledge exchange and innovation activities through presentations at national and international conferences and writing for publication.							





Domain G: Educating and developing self and others 24.0 Capabilities: Education The practitioner is able to:	Supp	Assist	Pre-reg	Reg	Enh	Adv	Cons
24.17 Develop relationships with other agencies to promote research and enterprise, build partnerships to improve experiences and services for people living with and affected by cancer.							
24.18 Engage in research supervision as member of supervisory teams for health and social care students/staff undertaking research.							
24.19 Recognise people as a source of learning, in their stories, experiences and perspectives, and as peers to co-design and co-deliver educational opportunities. Appraise and respond to learning/information needs of individuals, families, carers and communities delivering informal learning opportunities and formal/structured education and training to people with cancer, their families and carers to promote self-care, support health literacy and empower participation in decision-making about aspects of their care, management and treatment.							
24.20 Critically analyse and instigate the development of the workplace/system as a learning environment to enhance the knowledge, skills and capabilities of health and care colleagues to deliver evidence-based generalist and specialist cancer care, evaluating the impact and application of learning to clinical practice, patient and service outcomes.							
24.21 Set up, procure or instigate business case to develop members of the wider multi-professional specialist cancer team as educators, supervisors and assessors for the workforce providing general and specialist cancer care.							





**7.0 Component 3:
Education framework**

Table 6 provides a summary of the education framework for each level of practice including:

- core knowledge for supportive, assistive and pre-registration levels identified in a 'module' called Foundations of Cancer Care'. Table 7 provides detail presented in 'module' format with proposed high level learning outcomes, syllabus and assessment
- core knowledge for registration, enhanced, advanced and consultant level practice identified in a 'module' called Fundamentals of Cancer Care'. Table 8 provides detail presented in 'module' format with proposed high level learning outcomes, syllabus and assessment
- postgraduate certificate, diploma and master's award (specific detail in Table 9)

These align to the levels of practice descriptors and indicative requirements to work at each level for the cancer workforce (Table 4) and the core cancer CiPs (Table 5) to provide the underpinning core cancer knowledge for the workforce.

Whilst presented in a 'modular format', the learning outcomes, syllabi and the core cancer CiPs for each level of practice may be incorporated into credit bearing and non-credit bearing CPD or guide workplace-based learning. Practitioners may develop their knowledge, skills and evidence their capability through a range of opportunities including:

- workplace-based learning and reflection
- continuing professional development (CPD) events
- elearning/online learning resources
- university accredited modules and programmes

Examples of additional role specific CPD opportunities and options are also identified in Table 6. **These are illustrative only.** Links to these and other options are provided on the ACCEND website at: <https://www.hee.nhs.uk/our-work/cancer-diagnostics/ACCEND> and individual education/training provider sites.



Table 6: Education Framework: Learning and development routes for cancer nursing and allied health professions workforce

Level of practice	Supportive	Assistive	Pre-registration	Registration	Enhanced	Advanced	Consultant
Level of certificated learning or equivalent	See Table 1						
Core cancer knowledge	Foundations of Cancer Care or equivalent	Foundations of Cancer Care (FHEQ 4/5; CQFW 4/5; SCQF7/8) or equivalent	Foundations of Cancer Care (FHEQ 4/5/6/7; CQFW 4/5/6/7; SCQF7/8/9/10/11) or equivalent	See Table 1 Fundamentals of Cancer Care module (FHEQ 6; CQFW 6; SCQF 10/9) or Postgraduate level (FHEQ 7; CQFW 7; SCQF 11) or equivalent	Fundamentals of Cancer Care module Postgraduate level (FHEQ 7; CQFW 7; SCQF 11) or equivalent		
Core Cancer CiPs (Levels)	Supportive	Assistive	Pre-registration	Registration	Enhanced	Advanced	Consultant
Examples of additional role specific and professional development	Supportive conversations training	Supportive conversations training	Supportive conversations training	Site specific or role specific development	Site specific or role specific development	Site specific or role specific development	Site specific or role specific development
Further detail about specific courses, learning and development opportunities is available on the ACCEND website		Edward Jenner Programme	Edward Jenner Programme Student cancer fellowship programme	Enhanced communication skills Edward Jenner Programme	Enhanced communication skills Edward Jenner Programme Independent and supplementary prescribing	Advanced communication skills Psychological (level 2) assessment and support Independent and supplementary prescribing Rosalind Franklin Programme Other HEE advanced practice credentials developed. https://advanced-practice.hee.nhs.uk/credentials/	Advanced communication skills Psychological (level 2) assessment and support Independent and supplementary prescribing Mary Seacole Programme Elizabeth Garrett Anderson Programme



Table 7: Foundations of Cancer Care – core learning outcomes and syllabus for supportive level and pre-registration level nursing associates, nursing and allied health professions

Foundations of Cancer Care (FHEQ 4/5; CQFW 4/5; SCQF7/8) or equivalent	Aims and learning outcomes	Syllabus	Assessment
<p>Core foundation knowledge and skills for supportive level, pre-registration level trainee nursing associates, nursing and allied health professions students</p>	<p>Aims:</p> <p>(1) to provide an introduction to the philosophy, principles and practices underpinning cancer care and the provision of holistic person-centred care of people affected by cancer.</p> <p>(2) to provide foundation knowledge, skills and capabilities for the supportive workforce, trainee nursing associates, pre-registration nursing and allied health professional students to provide evidence-based care for people affected by cancer at the point of registration.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none"> • Examine current national policies, guidance and local healthcare processes influencing organisation of cancer services and care for people affected by cancer. • Explore public and professional attitudes to cancer. • Describe the biological basis of cancer and examine how this informs practices relating to risk reduction, early detection, screening, diagnosis, staging and grading of cancer, personalised treatment decisions. • Analyse the physical, psychological, emotional and social impact of cancer and its treatment across the spectrum of cancer care. 	<ul style="list-style-type: none"> • Philosophy and principles of cancer care. • Person-centred/family centred care. • Transitions in cancer care (risk reduction, screening, prehabilitation, treatment, rehabilitation, late and long-term effects, supportive, palliative and end of life care, bereavement care). • Biological basis/process of carcinogenesis. • Genomics and its applications in cancer diagnosis, prognosis and treatment. • Grading and staging cancer. • Cancer treatments and decision-making. • Multi-professional teamworking. • Range of support needs – models of assessment including psychosocial assessment and support, person-centred assessment and care for people affected by cancer including self care, self management and rehabilitation/ reablement. • Models of communication, supportive conversations, emotional intelligence, wellbeing. • Professional accountability, the law and ethical decision making. • Principles of effective symptom assessment and management and care. • Recognising oncological emergencies. • Personal and team well-being, clinical supervision. • Reflective and evidence-based practice and continuing professional development. 	<p>Range of evidence to demonstrate achievement of defined learning outcomes and core cancer capabilities in practice for supportive and pre-registration level.</p>



Foundations of Cancer Care (FHEQ 4/5; CQFW 4/5; SCQF7/8) or equivalent	Aims and learning outcomes	Syllabus	Assessment
	<ul style="list-style-type: none">• Examine the range of support (a) informational, (b) emotional, (c) esteem, (d) social network support, and (e) tangible support needs of people living with and beyond cancer, palliative and end of life care.• Analyse models of communication and psychological support for addressing the emotional concerns of patients and/or their caregivers.• Examine own professional role as part of multi-professional team contributing to person-centred assessment and care for people affected by cancer including self care, self management and rehabilitation/reablement.• Explore own support and development needs and identifying opportunities for clinical supervision, support and development.		



Table 8: Fundamentals of Cancer Care – core learning outcomes and syllabus for registration, enhanced, advanced and consultant level nursing and allied health professions

Foundations of Cancer Care (FHEQ 6; CQFW 6; SCQF 10/9) or Postgraduate level (FHEQ 7; CQFW 7; SCQF 11) or equivalent	Aims and learning outcomes	Syllabus	Assessment
<p>Core for registered practitioners at all levels</p> <p>To facilitate awareness of limitations of own knowledge and skills and to be able to signpost and refer patients to more specialist/advanced practitioners and/or specialist services.</p> <p>The 'module' includes the biological basis of cancer, risk factors, cancer patient referral and treatment pathways, staging and grading of cancer, treatment modalities and options including precision medicine, care of the acutely unwell patient with cancer and signposting and referral.</p> <p>It also delivers the principles of symptom assessment and management, care planning, communication skills, ethics, prehabilitation, rehabilitation, supportive care, bereavement care and future care planning.</p> <p>The module includes the principles of team and multi-agency working and co-ordinating care and respecting patient choices throughout the spectrum of cancer care.</p>	<p>Aims</p> <p>(1) to provide fundamental core knowledge and skills for registered nursing and allied health professionals to deliver optimal care for people affected by cancer, based upon the current evidence.</p> <p>(2) To provide an in-depth focus on the philosophy, principles and practices of care for people affected by cancer to enable practitioners to undertake person-centred holistic evidence-based assessment and care.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none"> • Critically appraise contemporary national and international policies, guidance and healthcare processes influencing organisation of cancer services and care for people affected by cancer. • Apply in-depth knowledge of the biological basis of cancer, risk factors, treatment options, staging and grading of cancer and the development of personalised treatments for cancer. • Examine the impact of cancer and its treatment on the physical, psychological, emotional, social, and spiritual wellbeing of people affected by cancer 	<ul style="list-style-type: none"> • Philosophy and principles of cancer care. • Policies influencing the delivery and quality of cancer care/services. • Person-centred assessment, management and care. • Transitions in cancer care (primary prevention, screening, diagnosis, prehabilitation, treatment, rehabilitation, supportive, palliative and end of life care). • Understanding the biology of normal and cancer cells, cancer as a genetic disease/process of carcinogenesis, angiogenesis and metastases, cell growth, cell death and DNA repair, aetiology, epidemiology. • Genomics and its applications in cancer diagnosis, prognosis and treatment. • Presenting symptoms and referral for suspected cancer diagnosis. • Cancer pathways. • Grading and staging cancer. • Cancer treatments, developments in personalised medicine and the rationale for their use. • Hazard management related to cancer treatments. • Supporting value-based, shared decision-making. 	<p>Range of evidence to demonstrate achievement of the learning outcomes and defined capabilities in practice for relevant level of practice.</p> <p>Demonstrate communication skills to establish authentic, therapeutic relationships with all recipients of cancer care.</p> <p>Undertake a person-centred assessment and formulate, communicate (using a range of formats) and deliver an effective, co-ordinated care plan.</p>



Foundations of Cancer Care (FHEQ 6; CQFW 6; SCQF 10/9) or Postgraduate level (FHEQ 7; CQFW 7; SCQF 11) or equivalent	Aims and learning outcomes	Syllabus	Assessment
	<ul style="list-style-type: none"> • Critically evaluate models of communication and psychological support for addressing the emotional concerns of patients and/or their caregivers. • Critically evaluate evidence-based assessment and personalised care and support strategies for people affected by cancer across the spectrum of care. • Critically analyse their professional role in person-centred assessment and care for people affected by cancer. • Examine effective teamworking in the assessment and delivery of person-centred holistic care for people affected by cancer across the spectrum of care. • Critically appraise the clinical, legal and ethical issues that arise in providing person-centred care and symptom management when caring for people affected by cancer as part of multi-professional teams across the spectrum of care. • Debate professional contributions in terms of leadership, communication, and research and how being a reflective practitioner contributes to professional development. 	<ul style="list-style-type: none"> • Person-centred and holistic models of care • Working within a multi-professional team. • Organisation of cancer services, referral and signposting. • Models of communication, supportive and advanced communication skills and emotional intelligence. • Strategies to maintain own emotional wellbeing. • Recognising a person with an acute oncological emergency. • Immediate care and escalation of oncological emergencies. • Paraneoplastic syndromes. • Professional accountability, the law and ethical decision making. • Meaningful informed consent and mental capacity. • Advance care planning. • Principles of effective symptom assessment and management and care (for people with common or life-threatening symptoms of cancer/cancer treatment). • Psychosocial concerns and needs assessment and care. • Multi-disciplinary team care for the needs of families/ carers and bereavement support. • Leadership and management in cancer care. • Research utilisation and evidence in cancer care. 	



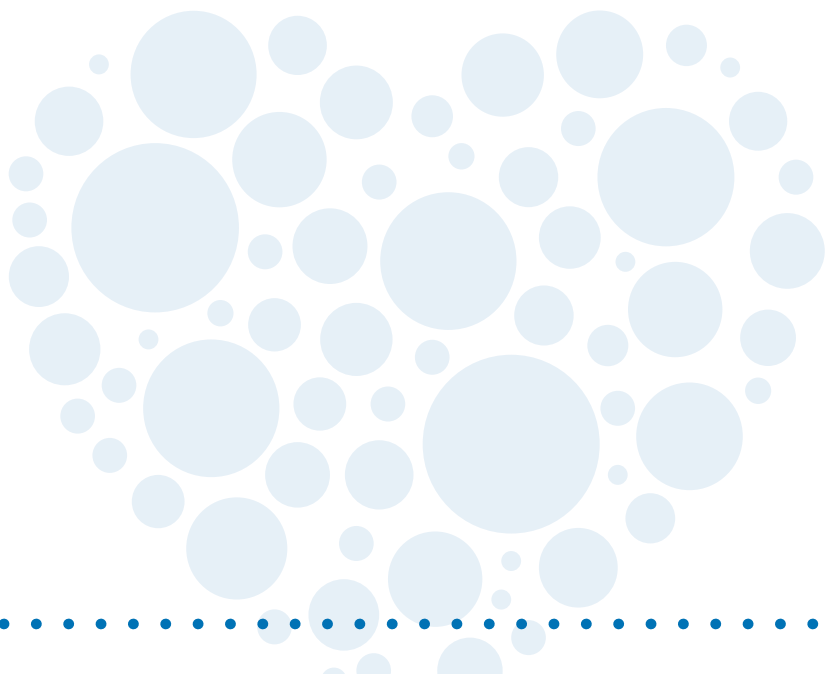
Table 9: High- level learning outcomes and syllabus for graduate/postgraduate certificate/diploma/masters

Foundations of Cancer Care	Credits or equivalent	High level learning outcomes
Foundations of cancer care (Table 7)		<ul style="list-style-type: none"> • Examine current national policies, guidance and local healthcare processes influencing organisation of cancer services and care for people affected by cancer. • Explore public and professional attitudes to cancer. • Describe the biological basis of cancer and examine how this informs practices relating to risk reduction, early detection, screening, diagnosis, staging and grading of cancer, personalised treatment decisions. • Analyse the physical, psychological, emotional and social impact of cancer and its treatment across the spectrum of cancer care. • Examine the range of support (a) informational, (b) emotional, (c) esteem, (d) social network support, and (e) tangible support needs of people living with and beyond cancer, palliative and end of life care. • Analyse models of communication and psychological support for addressing the emotional concerns of patients and/or their caregivers. • Examine own professional role as part of multi-professional team contributing to person-centred assessment and care for people affected by cancer including self care, self management and rehabilitation/reablement. • Explore own support and development needs and identifying opportunities for clinical supervision, support and development.
Fundamentals of cancer care (Table 8)		<ul style="list-style-type: none"> • Critically appraise contemporary national and international policies, guidance and healthcare processes influencing organisation of cancer services and care for people affected by cancer. • Apply in-depth knowledge of the biological basis of cancer, risk factors, treatment options, staging and grading of cancer and the development of personalised treatments for cancer. • Examine the impact of cancer and its treatment on the physical, psychological, emotional, social, and spiritual wellbeing of people affected by cancer. • Critically evaluate models of communication and psychological support for addressing the emotional concerns of patients and/or their caregivers. • Critically evaluate evidence-based assessment and personalised care and support strategies for people affected by cancer across the spectrum of care. • Critically analyse their professional role in person-centred assessment and care for people affected by cancer. • Examine effective teamworking in the assessment and delivery of person-centred holistic care for people affected by cancer across the spectrum of care. • Critically appraise the clinical, legal and ethical issues that arise in providing person-centred care and symptom management when caring for people affected by cancer as part of multi-professional teams across the spectrum of care. • Debate professional contributions in terms of leadership, communication, and research and how being a reflective practitioner contributes to professional development.
Graduate/ postgraduate certificate/ (or equivalent)	30/60	<ul style="list-style-type: none"> • To provide knowledge and skills for registered nursing and allied health professionals in equipping them with the knowledge and capabilities to provide optimal care for people affected by cancer, based upon the current evidence. • To provide an in-depth focus of the philosophy, principles and practices of care for people affected by cancer to enable practitioners to undertake holistic and person-centred assessment and deliver care relevant to their area of practice. • To support practitioners to continue to develop their clinical expertise in their sphere of practice whilst acquiring transferable skills. • To work in collaboration with other practitioners, multi-professional teams and people affected by cancer in order to provide the optimal level of care.



Foundations of Cancer Care	Credits or equivalent	High level learning outcomes
Postgraduate diploma (or equivalent)	120	As above plus: <ul style="list-style-type: none">• To provide a comprehensive post-registration, postgraduate learning environment that utilises critical thinking, problem solving skills and a critical awareness of the research and evidence base to provide care and develop interventions to improve service user outcomes and promote high quality cancer care practice.• To facilitate the reflexive acquisition of specialist knowledge in relation to contemporary issues within the student's area of cancer expertise and the creation of new insights into professional practice through knowledge and application of research, audit and service evaluation.• To continue to develop a theoretical knowledge base, comprehensive skills and the professional attitude to share knowledge through teaching, mentorship and/or coaching, and acting as a role model for others.
Masters	180	As above plus: <ul style="list-style-type: none">• To facilitate the development of a comprehensive understanding of the techniques applicable to advance healthcare research and quality improvement demonstrating the ability to lead innovation and manage service developments in cancer care.

The high-level learning outcomes for postgraduate certificate, postgraduate diploma and master's identified in Table 9 reinforce the continuing development of the 4 pillars of professional practice initiated in pre- registration programmes to meet the education standards for registration (GPhC, 2021; 2017; HCPC, 2018; NMC 2018a,b) with a practitioner's focus of activity progressing through 1:1, group, team, organisational and system activities alongside an increasing scope of complexity from clinical skills and competency development to leading improvement and innovation as their level of practice develops from registration to enhanced, advanced and consultant levels (Manley and Jackson, 2020).





8.0 How to use the Framework:

The dynamic and complex nature of contemporary practice environments means it is not possible to provide absolute definitions of the scope of practice or discrete levels of practice.

The advantage in articulating and colour coding the core cancer CiPs is to give employers, education and training providers, and practitioners maximum flexibility in taking a job/role and working through all core capabilities and identifying which level of practice is required in their context.

8.1 Career pathway:

The career pathway can help support the sustainability and growth of the cancer workforce and facilitate staff to practice within specialist cancer services, as well as providing a career structure for staff working within this area. The pathway provides an insight into the characteristics required to work at each level (Table 4) and gives examples of the level of knowledge and skill required for working at each level. Equally, whilst the career pathway indicates the levels as opportunities for progression, practicing at a particular level is a legitimate endpoint. Practitioners may prefer to practice at a particular level and their knowledge and skills should be recognised and valued.

8.2 Core cancer capabilities in practice and education framework:

The core cancer CiPs have not been designed whereby, if an employer or practitioner identifies they need to have/work at an enhanced level for one capability then, by default, they must be at an enhanced level for all capabilities. The potential combinations for practice are numerous, therefore the capability framework does not prescribe which roles/job should operate at each level. However, the colour coding in Table 5 provides an indicative guide to illustrate how the appropriate level of each capability can relate to the levels of practice. Employers and practitioners are also recommended to review the requirements (level of education and generic capabilities) for the advanced practitioner role set out in the respective ACP frameworks by the devolved UK nations. To assist with this, the core cancer capabilities have been mapped to generic capabilities in these ACP frameworks (Appendix 3).

The core cancer CiPs in Table 5 focus on one group of supportive level practitioners, one group of assistive level practitioners, pre-registration nursing and allied health professional students, and 2 broad groups of registered nursing and allied health professionals involved in the delivery of care to people affected by cancer. For those working in specialist cancer services/roles, core cancer CiPs are identified for registration, enhanced, advanced, and consultant levels of practice. These groups do not constitute a hierarchy of practice but are intended to represent the levels of practice and identify the associated core cancer specific CiPs required for working in different contexts, at different levels, along the cancer continuum.



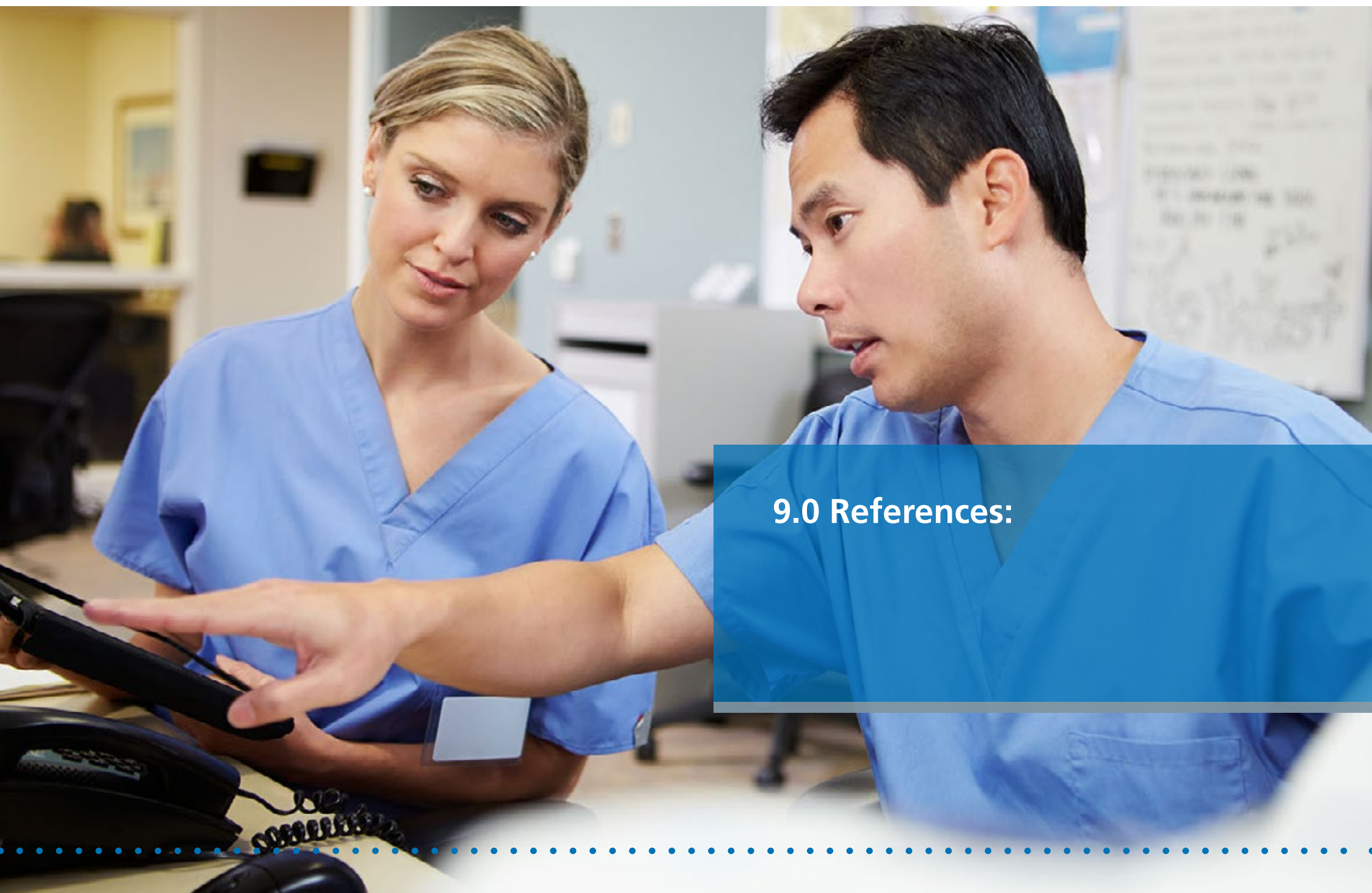
Core cancer CiPs are colour coded for the following levels:

- **Supportive level:** Caring for people affected by cancer in general/ non-specialist and in specialist cancer services.
- **Assistive level:** Registered nursing associates and assistant practitioners who provide care to people affected by cancer in general and specialist cancer settings.
- **Pre-registration (undergraduate or postgraduate) level:** Nursing and allied health professional students working under supervision, to have achieved at the point of registration to deliver care to people affected by cancer across all ages in general settings and to adults in specialist cancer services. For example, some of the key cancer care concepts identified as relevant for the nursing and allied health professions workforce entering practice include fundamental level skills in communication, psychological, social and emotional support, conceptualisation of the meaning of cancer, and an understanding of carcinogenesis and cancer treatment.
- **Registration level:** Registered nurses and AHPs at registration, enhanced, advanced and consultant levels who provide care to people affected by cancer in general and specialist cancer services/ roles. These registered professionals may participate more frequently, or for short intensive periods in the care of people affected by cancer due to their expertise in addressing specific health needs, or because of their practice context. For example, some will provide care to people affected by cancer in general settings/services or practice in dedicated cancer services. They may be primarily responsible for care of adults at a specific phase of their journey (for example, radiotherapy or chemotherapy/SACT treatment), or across all phases of the cancer journey. Some registered practitioners will be delivering site-specific or role specific care in specialist cancer services in areas such as head and neck or breast surgery, infection control, stoma therapy, or palliative care. These registered practitioners may demonstrate the application of the core cancer CiPs at the different levels of practice in the particular contexts in which they practice.

To meet their learning, development and education needs and expectations (illustrated in Table 6), they may require access to a range of opportunities including workplace-based learning, coaching, elearning, accredited education in areas of cancer care with a direct application to their role. Some registered practitioners may develop their practice to advanced or consultant levels. These registered practitioners may build on the core cancer CiPs defined within this Framework through additional experience and education at graduate, postgraduate certificate, diploma, master's and doctoral level or equivalent.

This will require organisational commitment to facilitating consolidation and on-going development of knowledge, behaviour and skills related to the cancer-specific CiPs and learning outcomes, with the goal of improving care to people affected by cancer in the organisation. To assist with implementation of this Framework, a companion document 'User Implementation Guides' are available on the ACCEND website.





9.0 References:



Andritsch E, Beishon M, Bielack S, Bonvalot S, Casali P, Crul M, Delgado Bolton R, Donati DM, Douis H, Haas R, Hogendoorn P, Kozhaeva O, Lavender V, Lovey J, Negrouk A, Pereira P, Roca P, de Lempdes GR, Saarto T, van Berck B, Vassal G, Wartenberg M, Yared W, Costa A, Naredi P. ECCO Essential Requirements for Quality Cancer Care: Soft Tissue Sarcoma in Adults and Bone Sarcoma. A critical review. Crit Rev Oncol Hematol. 2017 Feb; 110:94-105. doi: 10.1016/j.critrevonc.2016.12.002. Epub 2016 Dec 8. PMID: 28109409.

Cancer Research UK (CRUK) (2015) Independent Cancer Taskforce Strategy (2015) Achieving World Class Cancer Outcomes. A Strategy for England 2015-2020. Available at: https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_executive_summary.pdf

Children's Cancer and Leukaemia Group (CCLG) and the Royal College of Nursing (RCN) 2022 Career and education framework for children and young people cancer nurses V3.0. Available at <https://www.cclg.org.uk/professionals/cyp-cancer-framework>

CRUK (2021) Cancer Statistics for the UK. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-One>

Department of Health (1999) Department of Health (1999) Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074704.pdf (Accessed 01/11/21)

Department of Health (2010) Advanced Level Practice, London: Department of Health

Department of Health for Northern Ireland (2022) A Cancer Strategy for Northern Ireland. Available at: <https://www.health-ni.gov.uk/publications/cancer-strategy-northern-ireland-2022-2032>

Department of Health Northern Ireland (2018a) Advanced Nursing Practice Framework. Available at: <https://www.health-ni.gov.uk/publications/advanced-nursing-practice-framework>

Department of Health Northern Ireland (2018b) Career Framework for Specialist Nursing Roles: Supporting Specialist Nursing In Health and Social Care. Belfast: DoH

Department of Health Northern Ireland (2018c) Standards for Nursing Assistants employed by HSC Trusts in Northern Ireland. Belfast: DoH.

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

Department of Health Northern Ireland (2017) Professional Guidance for Consultant Roles: supporting Consultant Nurses and Consultant Midwives in Health and Social Care. Belfast: NIPEC

Department of Health and Social Care (DHSC) (2022) 10-Year cancer Plan: Call for Evidence. Available at: <https://www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/10-year-cancer-plan-call-for-evidence>

Government UK (2010) Equality Act 2010. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

EONS (2018) Cancer Nursing Education Framework. Available at: <https://cancernurse.eu/wp-content/uploads/2020/05/EONSCancerNursingFramework2018-1.pdf>



General Pharmaceutical Council (2021a) Standards for the initial education and training for pharmacists. Available at: <https://www.pharmacyregulation.org/initial-training>

General Pharmaceutical Council (2017) Standards for the initial education and training for pharmacy technicians. Available at: <https://www.pharmacyregulation.org/initial-PT>

General Pharmaceutical Council (2017b) Standards for pharmacy professionals. Available at: https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf

HCPC (2018) Standards of proficiency. Available at: <https://www.hcpc-uk.org/standards/standards-of-proficiency/>

HEE (2021) Enhanced Clinical Practitioner Apprenticeship <https://haso.skillsforhealth.org.uk/wp-content/uploads/2021/08/Enhanced-Clinical-Practitioner-Apprenticeship-FAQs-v1-Aug-21-.pdf>

HEE (2021a) Multi-professional consultant-level practice capability and impact framework. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf>

HEE (2021b) Allied Health Professions' Support Worker Competency, Education and Career Development Framework. Available at: <https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development>

HEE (2020) Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development Available at: <https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>

HEE (2019) Exploring the Role of Allied Health Professionals in the Care of People Affected by Cancer: The Patient and Practitioner Voices. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/The%20Role%20of%20AHPs%20in%20Cancer%20Care%20FINAL.pdf>

HEE (2017a) The NHS Cancer Workforce Plan. Available at: <https://www.hee.nhs.uk/our-work/cancer-workforce-plan>

HEE (2017b) Multi-professional Framework for Advanced Clinical Practice in England. Available at: <https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-clinical-practice-in-england/>

Health Education and Improvement Wales (2021) Advanced Practice <https://heiw.nhs.wales/transformation/workforce-modernisation/introducing-advanced-practice>

Leary A (2019) Enhanced Practice A workforce modelling project for Health Education England, HEE

Macmillan Cancer Support (2021a) Workforce. Available at: <https://www.macmillan.org.uk/about-us/what-we-do/we-make-change-happen/we-shape-policy/workforce.html>

Macmillan Cancer Support (2021b) Cancer Nursing on the Line. Available at: <https://www.ippr.org/files/2021-03/recover-reward-renew-march-21.pdf>

Macmillan Cancer Support (2020) The Macmillan Competency Framework for Nursing https://www.macmillan.org.uk/images/competency-framework-for-nurses_tcm9-297835.pdf

Macmillan Cancer Support (2020) Macmillan AHP Competence Framework <https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/competency-framework-for-allied-health-professionals>





Macmillan Cancer Support (2019) Prehabilitation principles and guidance for people with cancer <https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/principles-and-guidance-for-prehabilitation>

Macmillan Cancer Support (2019) Macmillan Person Centred Care Competency Framework <https://macmillan.fuseuniversal.com/communities/3463/contents/192999>

Macmillan Cancer Support (2018a) Cancer rehabilitation pathways <https://www.macmillan.org.uk/assets/macmillan-cancer-rehabilitation-pathways.pdf>

Macmillan Cancer Support (2018b) Allied Health Professional Workforce report https://www.macmillan.org.uk/images/allied-health-professional-workforce-report_tcm9-344100.pdf

Macmillan Cancer Support (2017) Cancer Nursing Census. Available at: <https://www.macmillan.org.uk/about-us/what-we-do/we-make-change-happen/we-shape-policy/workforce.html>

Macmillan Cancer Support (2017b) Thinking Differently. Available at: <https://www.macmillan.org.uk/documents/policy/thinking-differently.pdf>

Manley K, Jackson C (2020) The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system, *Journal of Evaluation in Clinical Practice*, 26, 622-634.

NHS England (2019) NHS Long Term Plan. Available at: <https://www.longtermplan.nhs.uk/>

NHS England (2019b) Interim People Plan. Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf

NHS England (2018) Quick guide: The role of allied health professionals in supporting people to live well with and beyond cancer. <https://www.england.nhs.uk/wp-content/uploads/2018/10/quick-guide-ahp-cancer.pdf>

NHS England (2017) AHP's into Action. Available at: <https://www.england.nhs.uk/ahp/ahps-into-action/>

NHS Education Scotland (2007) National Health Service Education Scotland (NES) (2007) Advanced Nursing Practice Toolkit. Edinburgh: Scotland. Available at: www.advancedpractice.scot.nhs.uk (Accessed 01/11/21)

NHS Education for Scotland (2021a) Nursing, Midwifery and Allied Health Professions (NMAHP) Development Framework. Maximising potential and impact at every level of practice. Available at: <https://www.nmahpdevelopmentframework.nes.scot.nhs.uk/NMAHP-Development-Framework.pdf?updated=may2021>

NHS Education Scotland (2021) Advanced Nursing Practice. Available at: <https://www.nes.scot.nhs.uk/our-work/advanced-nursing-practice-anp/>

NHS Employers (2021) Advanced and enhanced clinical practice. Available at: <https://www.nhsemployers.org/articles/advanced-and-enhanced-clinical-practice>

NMC (2018a) Standards of proficiency for registered nursing associates. Available at: <https://www.nmc.org.uk/standards/standards-for-nursing-associates/standards-of-proficiency-for-nursing-associates/>

NMC (2018b) Standards of proficiency for registered nurses. Available at: <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>



Royal College of Nursing (2017) Career and Education Framework for Cancer Nursing. London: Royal College of Nursing

Royal College of Nursing (2022) Career Pathway and Education Framework for Cancer Nursing. London: Royal College of Nursing
<https://www.rcn.org.uk/professional-development/publications/career-pathway-and-education-framework-for-cancer-nursing-uk-pub-010-076>

Royal College of Nursing (2021) Workforce Standards. Available at:
<https://www.rcn.org.uk/professional-development/publications/rcn-workforce-standards-uk-pub-009681>

Scottish Government (2022) New cancer strategy: consultation. Available at: <https://www.gov.scot/publications/new-cancer-strategy-consultation/>

Scottish Credit and Qualification Framework (2019) Qualifications can Cross Boundaries. A guide to comparing qualifications in the UK and Ireland. Available at: <https://scqf.org.uk/media/e5pjypw4/qccb-web-oct-2019.pdf>

Skills for Health (2010) Skills for Health (2010) Key elements of the Career Framework available at:
http://www.skillsforhealth.org.uk/images/stories/Resource-Library/PDF/Career_framework_key_elements.pdf (Accessed 01/11/21)

Skills for Health (2021) Cancer Clinical Nurse Specialist (CNS) Capability Framework. Available at: <https://skillsforhealth.org.uk/info-hub/cancer-cns-framework/>

Teenage Cancer Trust 2014) Caring for teenagers and young adults (TYA) with cancer: A competence and career framework for nursing, available at: <https://www.teenagecancertrust.org/sites/default/files/Nursing-framework.pdf> (Accessed 01/11/21)

Welsh Government (2022) The quality statement for cancer. Available at: <https://gov.wales/quality-statement-cancer>

World Health Organization. (2020). WHO report on cancer: setting priorities, investing wisely and providing care for all. World Health, <https://www.who.int/publications/i/item/who-report-on-cancer-setting-priorities-investing-wisely-and-providing-care-for-all>





33					
34	18/3	Roland Birch	onc		
35	21/3	Demetrius P	onc		
36	2/3	Alan G			
37	14/3	John F	ENT long	2/3	
	20/3	James G	Ref		
		Lee B	onc		
		Ashley T	NK		
		Preraj K	ENT/FV 2/3		
		Ssa E	onc		
		Blanche W	T-V		
		Selwyn S	McCoolan		
		Kenneth W	1/3		
		I S.	ENT		
			PJ		

Appendices:

Appendix 1: ACCEND Programme

The ACCEND programme has been developed collaboratively by (in alphabetical order):

- Cheshire and Merseyside Cancer Alliance
- Circle Health Group
- Greater Manchester Cancer Alliance
- Guy's Cancer Academy
- Health Education England
- Macmillan Cancer Support
- Royal College of Nursing Cancer and Breast Care Forum Steering Committee
- Skills for Health
- UK Oncology Nursing Society
- University of Central Lancashire
- University of West of England

Health Education England (HEE) has co-ordinated and led the programme creating the necessary programme and governance structure to ensure that the programme is delivered in the right way, involving the right people, with the right skills and enthusiasm. An Expert Advisory Group, with representation from the 4 UK nations and a range of health professions and cancer services, has enabled wide collaboration and input into this programme and Framework, alongside patient and public engagement.

Aims of the ACCEND programme:

Using a national collaborative approach, the ACCEND programme aims are to:

1. attract registered nurses and allied health professionals into a career in cancer care to secure the future specialist workforce
2. develop and promote a nationally agreed career pathway and multi-level, core capabilities and education framework for those nursing and allied health professionals aspiring to work at all levels (registered, enhanced, advanced, consultant) in specialist cancer roles/services
3. use the agreed career pathway and education framework from (2) to ensure the future and existing workforce delivering general and specialist cancer care have access to relevant pre and post-registration education, learning and development opportunities which enable practitioners to achieve the underpinning knowledge, skills and competencies required for their role/service, wellbeing and career aspirations, and enable employers to deliver high quality services to people affected by cancer, support workforce transformation and the health and wellbeing of staff
4. enable nursing and allied health professionals to evidence their knowledge, skills and capabilities in a national digital portfolio
5. promote the agreed career pathway and education framework from (2) and the range of pre and post-registration education, workplace-based and elearning development opportunities through the creation of a national elearning for healthcare (elfh) cancer hub





Rationale for the ACCEND programme?

Several reports and health policies have been published since 2017 which reinforce the need to develop the nursing and allied health professional cancer workforce and establish nationally agreed career pathways and levels of practice.

Cancer Nursing on the Line Report (Macmillan Cancer Support 2021b) highlights the lack of a clear, structured pathway to specialist cancer nursing which prevents many nurses specialising in cancer. As recently as July 2021, the CQC highlighted that “cancer nurse specialists were overstretched” and that not enough has been done to tackle the crisis. Covid-19 has (and continues to) put immense strain on our cancer and wider health and care workforce. The report recognises that the broader NHS workforce crisis is set to get worse, citing a study undertaken in February 2021, whereby almost 30% of nurses and midwives in England (equivalent to 108,000 staff) said they were more likely to leave the profession compared to a year ago. Furthermore, as services address the backlog of people waiting for diagnosis and treatment in the wake of the pandemic, the exhausted, depleted cancer nurse workforce continues to face extraordinary pressure. The report also stresses the pressures that the cancer workforce is under which may result in higher levels of burnout and a less resilient workforce going forward. Even before Covid-19, almost half of cancer nurses in England (44%) reported that their workload was negatively affecting the quality of care they can give to cancer patients. Over three quarters (76%) of respondents to the England survey said that having more time for continuing professional development (CPD) would help them improve care for people living with cancer.



HEE (2019) published the ‘**Exploring the Role of Allied Health Professionals in the Care of People Affected by Cancer: The Patient and Practitioner Voices**’ project which identifies that AHPs make up the third largest professional group in the NHS workforce and as such, make a significant contribution to the care of people affected by cancer. This report was published to:

- raise public and professional awareness of AHP roles across the entire cancer care pathway
- stimulate interest in AHP careers and help expand the AHP training pipeline
- inspire existing AHPs to develop the knowledge, skills and behaviours (competencies) required deliver high quality care for people affected by cancer
- inspire local NHS service leaders to consider further how AHP roles and multidisciplinary teamworking can help meet the needs and expectations of an increasing number of people being diagnosed with and surviving cancer

The **NHS Interim People Plan** (NHS England 2019) aims to grow the nursing workforce by over 40,000 by 2024, and to reduce vacancy levels to 5% by 2028, enabling the NHS to keep pace with rising demand. Immediate actions recommended to start tackling shortages and grow the nursing and allied health professional workforce are included below, the sections highlighted in bold are most relevant to this proposal:

- Increasing supply through undergraduate nursing degree courses, as the largest and most effective supply route, and reducing attrition from training.
- Providing clear pathways into the profession and further developing additional entry routes through the nursing associate qualification and apprenticeships.**

Improving retention of our existing nursing workforce.
Supporting and encouraging more nurses to return to practice. Ensuring that any nurses wishing to increase their part-time working hours are able to do so.

Providing continuing support to our people to develop their careers and their skills to respond to the changing needs of patients and citizens.
Continuing to focus on safe and effective staffing, building on existing policy and support to boards and staff in making effective decisions.

Macmillan AHP workforce survey report (2018b) identified findings from 1774 AHPs about their role in cancer across the UK. This was the first survey of its kind on this scale which was undertaken in collaboration with the allied health professional bodies. This included establishing the size of cancer caseloads, where AHPs intervene in the cancer pathways, the common cancer types seen by AHPs, the settings and sectors where AHPs work and the education and development identified as required by AHPs to support people with cancer. Following this at least 3 cancer alliances in England have undertaken local surveys of AHPs and their role in cancer (Wessex, South Doncaster and Bassetlaw and North West (Greater Manchester, Cheshire and Merseyside and Lancs and South Cumbria))

NHS England (2018) published a quick guide to **the role of allied health professionals in supporting people to live well with and beyond cancer** which aimed to:
support the improvement of care and services for people with cancer
raise the profile of the role of AHPs in leading the design and delivery of care and support for people affected by cancer
encourage, support and inspire AHPs to recognise their central role and to lead on this agenda



share examples of innovative AHP practice in cancer care highlight the aspects of strategic transformation that are particularly relevant to AHPs and explain how this links to everyday AHP practice

Cancer nursing census in England in 2017 (Macmillan Cancer Support, 2017): The census shows that there is variation in the types of training required for specialist cancer nurse roles across Cancer Alliances and area of practice and recommends that 'Clear career pathways for specialist cancer nursing roles need to be developed'. In addition, with the findings potentially pointing to some downgrading of roles, it is vital that there is clarity about the skills and competencies required at each level. This will prevent deskilling and encourage nurses providing cancer care in general settings to move into specialist services and roles.

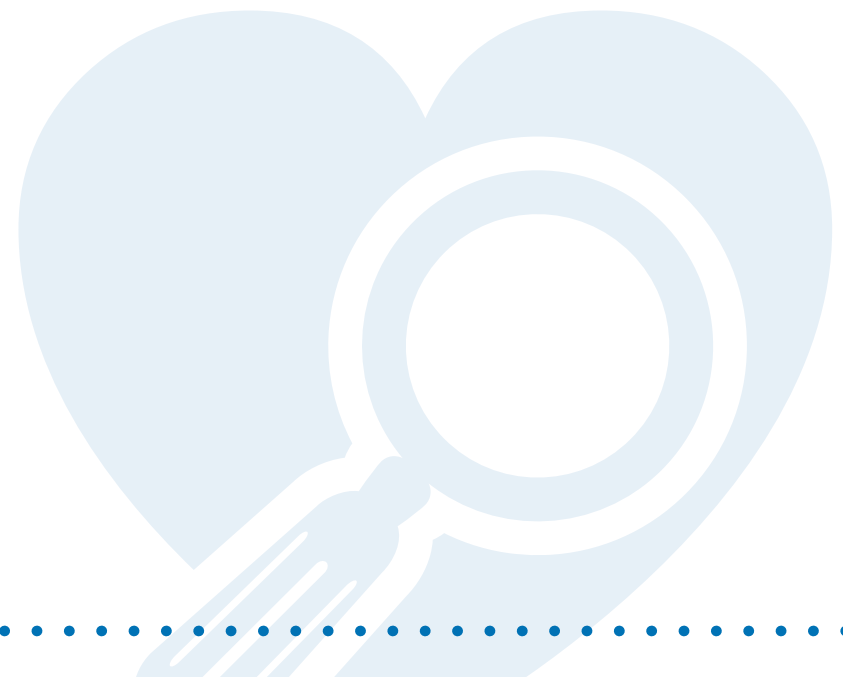
The NHS Cancer Workforce Plan (DH 2017) highlighted the role of key worker and coordinator which is often fulfilled by cancer clinical nurse specialists (CNS). The role of the CNS is one that many nurses progress to as experienced registered nurses with a wealth of foundational and specialist experience in care. Despite the cancer workforce plan being 4 years old, the key challenges and issues flagged then, still need to be addressed and include:

- no nationally agreed competency and skills framework for CNS's
- no defined route for a nurse to become a CNS
- recognition that the CNS role has expanded and many report large workloads and having insufficient time

The plan recommends that work needs to be undertaken to identify a nationally agreed competency and skills framework for CNS's as well as an identified route for a nurse to become a CNS, but arguably, it is across the whole cancer nursing pathway that requires focus, beginning from undergraduate to developing leaders for the future.

Thinking Differently Report (Macmillan Cancer Support 2017b); Doing things differently in the delivery of cancer care means ensuring every health professional understands the cancer pathway, has the confidence to be open to conversations with people affected by cancer, and understands their role in achieving excellent cancer care. In this report, Macmillan Cancer Support identify that enabling generalists with an interest in cancer to develop their skills is one way in which a pipeline of professionals can be created to fill current and future gaps. It also highlights the need for transformational change as, without a coherent national framework, the health and care system risks continuing to make fragmented, incremental progress within the nursing and allied health professional workforce to support cancer care.

AHPs into Action report (NHS England 2017) identified that AHPs help to increase NHS capacity by streamlining patient pathways which accelerate diagnosis, improve survival and offer a better quality of life for people affected by cancer.



ACCEND Workstreams:

	Workstream title	Target participants/persona	Programme aims Through participation in a service-led programme	Learning opportunities
0	Cancer Support Worker Supportive Workforce	Cancer Support Worker Supportive workforce recruited to roles in generalist specialist cancer care services	Learning outcomes and syllabus identified in Foundations of Cancer Care module and core cancer capabilities for supportive level	<p>Access to Foundations of Cancer Care module or equivalent learning outcomes/syllabus</p> <p>Providing evidence of achievement of core-cancer CiPs through:</p> <p>Workplace-based learning Accredited accredited module Continuing professional development</p> <p>Participation in professional development programme including:</p> <ul style="list-style-type: none"> • networking • coaching • action learning sets • elearning modules <p>Freely accessible online learning</p>
1	Aspirant cancer professional student programme	(1a) Pre-registration nursing associates, nursing and allied health professional students	<p>(1a) To enable all pre-registration nursing associate, nursing and allied health professional students to:</p> <p>Learning outcomes and syllabus identified in Foundations of Cancer Care module and core cancer capabilities for pre-registration level to be achieved at the point of registration</p>	<p>(1a) Access to Foundations of Cancer Care module or equivalent learning outcomes/syllabus for all pre-registration nursing and allied health professional students:</p> <p>Core knowledge and CiPs recommended for inclusion in pre-registration nursing and AHP programmes</p>
		(1b) Pre-registration nursing and allied health professional students	<p>(1b) To enable those nursing and allied health professional students who aspire to work in specialist cancer services/roles at the point of registration to:</p> <p>In addition to 1a, experience cancer care through placements, role modelling, reflection, networking, action learning sets and coaching</p>	(1b) Participation in student cancer fellowship programme



	Workstream title	Target participants/persona	Programme aims Through participation in a service-led programme	Learning opportunities
2	Early career professional development programme	(2a) Registered nursing and allied health professionals recruited to roles in generalist specialist cancer care services	<p>Learning outcomes and syllabus identified in Fundamentals of Cancer Care module and core cancer capabilities for registration level</p> <p>Core requirements: biology of cancer and its treatment (including personalised/precision medication and treatment), rationale for treatment – grading and staging of cancer, prevention and screening, communication skills training, psychological skills training, advocacy, ethical decision making, training in genomics, digital medicine, imaging and pathology, person-centred care and decision-making; therapeutic relationships and teamworking</p>	<p>Access to Fundamentals of Cancer Care module or equivalent learning outcomes/syllabus</p> <p>Providing evidence of achievement of core-cancer CiPs through:</p> <p>Workplace-based learning accredited module Continuing professional development</p> <p>Participation in early career cancer professional development programme Including:</p> <ul style="list-style-type: none"> • networking • coaching • action learning sets • elearning modules <p>elearning modules – for example elfh Cancer Nursing Careers and PROsPer</p> <p>Freely accessible online learning , for example Essentials of Cancer Care Macmillan Explore programme</p>
		(2b) Registered nurses and allied health professionals aspiring to enhanced and advanced level roles in specialist cancer care service	<p>Proposed learning outcomes and syllabus identified in Fundamentals of Cancer Care module and core cancer CiPs for registration level plus some role specific capabilities at enhanced level</p> <p>Core requirements: biology of cancer and its treatment (including personalised/precision medication and treatment), rationale for treatment – grading and staging of cancer, prevention and screening, communication skills training, psychological skills training, advocacy, ethical decision making, training in genomics, digital medicine, imaging and pathology, person-centred care and decision-making; therapeutic relationships and teamworking</p> <p>As above plus role specific capabilities at Enhanced level and personal development plan career planning for enhanced, for example systemic anti-cancer therapy Administration and Patient Care, Acute Oncology, Compassionate Communication in Cancer Care, tumour-type specific education</p>	<p>As above plus:</p> <p>Role specific continuing professional development, for example:</p> <ul style="list-style-type: none"> • personalised care planning • systemic anti-cancer therapy (SACT)d; acute oncology • communication skills • psychological skills • tumour-type specific courses



	Workstream title	Target participants/persona	Programme aims Through participation in a service-led programme	Learning opportunities
3	Cancer care professional development and clinical leadership programme	(3a) Registered nurses and allied health professionals newly appointed to enhanced or advanced clinical roles	<p>Proposed learning outcomes and syllabus identified in Fundamentals of Cancer Care module and core cancer capabilities for enhanced level or advanced level staff in specialist cancer care across the 4 pillars)</p> <p>Enhanced and advanced level practitioners will:</p> <p>(1) develop their understanding about their specialist area of cancer care</p> <p>(2) develop their understanding about leadership and management theories and their application to cancer care and delivery of clinical services</p> <p>(3) develop their understanding about practice development and quality enhancement approaches and their application to cancer and palliative care and clinical services</p> <p>(4) develop a learning environment</p> <p>(5) develop a personal development/career plan</p> <p>Core requirements as above plus: working in partnership, shared decision-making, advanced communication skills, case load management, patient/self management and self-referral, line management, change and project management, developing self and others; level 2 psychological support.</p>	<p>(3a) Access to Fundamentals of Cancer Care module or equivalent learning outcomes/syllabus</p> <p>Providing evidence of achievement of core-cancer CiPs through:</p> <ul style="list-style-type: none"> • workplace-based learning • accredited module • continuing professional development <p>Participation in cancer care professional development and clinical leadership programme Including:</p> <ul style="list-style-type: none"> • networking • coaching • action learning sets • elearning modules <p>Accredited modules building on 'Fundamentals of Cancer Care', related to role specific capabilities (For example: advanced practice in cancer; acute oncology, SACT, rapid diagnostics), clinical leadership, EBP/QI, education equivalent to 120-180 credits/post-graduate diploma/MSc</p>
		(3b) Registered nurses and allied health professionals appointed to trainee ACP roles within services and undertaking MSc ACP plus care credential (under development) in own UK nation	<p>(3b) ACPs in cancer care will be completing or have completed national training for advanced clinical practice aligned to national framework for advanced clinical practice and credential in cancer care (forthcoming)</p> <p>ACCEND programme offer is: Providing professional supervision to support the clinical supervision as identified in HEE Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach</p>	<p>Participation in cancer care professional development and clinical leadership programme Including:</p> <ul style="list-style-type: none"> • professional supervision • networking • coaching • action learning sets • networking to support the trainee ACP and ACP (cancer care) to establish and deliver ACP roles and services in cancer care



	Workstream title	Target participants/persona	Programme aims Through participation in a service-led programme	Learning opportunities
4	Cancer strategic leader & clinical researcher development programme	(4a) Registered nurses and AHPs aspiring to, or newly appointed to strategic/executive leadership roles in specialist cancer care services (4b) Registered nurses and AHPs aspiring to, or newly appointed to clinical academic/research roles at all levels in specialist cancer care services	Participants will: (1) develop their knowledge and skills related to strategic leadership and service development for cancer, communities (2) develop their knowledge of clinical commissioning processes applying this to their cancer communities and services (3) examine workforce and service development opportunities	Cancer strategic development programme including: <ul style="list-style-type: none"> • networking • coaching • action learning sets • strategic leadership module • NHS Leadership Academy - Nye Bevan Programme PhD scholarships, professional doctorates, DPhils, NIHR ICAP Fellowships
5	Career pathway, core-cancer capabilities and education framework	Nursing and allied health professional workforce	The overall purpose of this Framework is to provide guidance about: <ul style="list-style-type: none"> • the routes to working in cancer care • the core cancer capabilities for the supportive, assistive, registered nursing and allied health professional workforce who care for people affected by cancer in generalist and specialist cancer services and roles as part of multi-professional teams across the UK nations • the range and level of learning, development, training and education opportunities required to meet the cancer workforce needs 	Range of learning opportunities including: <ul style="list-style-type: none"> • workplace-based learning • continuing professional development • accredited modules and courses • elearning • action learning sets and coaching opportunities

Appendix 2: How the Framework was developed

Development of this Framework was guided by the ACCEND Steering group representing key stakeholders detailed in Section 2. 4 nation and wider service and public user representation was achieved via an Expert Advisory Group. A consultation period was also established to include a more diverse range of organisations and individuals that wished to be updated in the development of the Framework and to provide comments or feedback. Individuals were able to register their interest on a project web page.

Initial desk research was undertaken to identify key references, resources and significant frameworks. (See Section 8: References).

Resources which informed this Framework include:

- Advanced Clinical Practice Frameworks in the 4 UK nations (Health Education and Improvement Wales 2021; Department of Health Northern Ireland 2018; HEE 2021; 2017b; NHS Education Scotland 2021).
- HEE Advanced Clinical Practice credential for Palliative and End of Life Care (Forthcoming)
- Career and education framework for children and young people cancer nurses V3.0 (Children's Cancer and Leukaemia Group (CCLG) and the Royal College of Nursing (RCN) 2022) Career pathway and education framework for cancer nursing (Royal College of Nursing 2022; 2017)
- Advanced clinical practitioner paediatric oncology and haematology capability document (CCLG Advanced Clinical Practitioners Forum, 2021)

- An integrated career and competence framework for nurses working in the field of long-term follow-up and late effects care of children and young people after cancer (Cancer After Cure Nurses United Kingdom (CANUK), 2011) This document is due review and is being updated in 2021 and due relaunch in 2022
- Caring for teenagers and young adults (TYA)with cancer: A competence and career framework for nursing (Teenage Cancer Trust 2014)
- Macmillan Competency Framework for Nurses (Macmillan Cancer Support 2020)
- Macmillan Allied Health Professions Competence Framework (Macmillan Cancer Support 2020)
- Macmillan Person Centred Care Competency Framework (Macmillan Cancer Support 2019)
- Working with Individuals with Cancer, their Families and Carers. Professional Development Framework for Nurses – Specialist and Advanced Levels (NES and Macmillan Cancer Support 2010).

Initial versions of the Framework were developed based on the findings of the desk research and consultation with the workstream steering group. Subsequently, in July and August 2022, a wider online consultation survey was conducted with a total of 494 respondents. Based on an analysis of these survey outcomes, further amendments and refinements were undertaken, leading to a final meeting of the workstream steering group.





Appendix 3: Mapping of capabilities to advanced clinical practice frameworks/key documents.

The capabilities within the Framework which have been identified as advanced level practice capabilities have been mapped across a number of existing frameworks/key documents to demonstrate alignment and consistency with this Framework.

The frameworks/key documents used for mapping were:

- Health Education England (2017) Multi-professional framework for advanced clinical practice in England (HEE MPF) <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>
- Department of Health Northern Ireland (2019) Advanced AHP Practice Framework (NIAHP) <https://www.health-ni.gov.uk/sites/default/files/publications/health/AHP-Framework.pdf>
- Department of Health Northern Ireland (2016) Advanced Nursing Practice Framework (NIN) <https://www.health-ni.gov.uk/sites/default/files/publications/health/advanced-nursing-practice-framework.pdf>
- Scottish Government (2008) Supporting the Development of Advanced Nursing Practice (SG) <https://www.advancedpractice.scot.nhs.uk/media/1371/supporting%20the%20development%20of%20advanced%20nursing%20practice.pdf>
- NHS Wales Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (APW) accessed 08/06/2022 via <https://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>

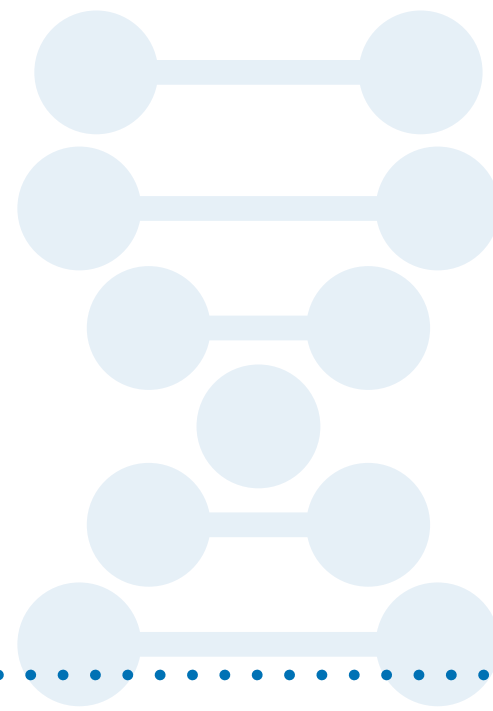


CAPABILITIES	HEE MPF	NIAHP	NIN	SG	APW
1.0 Capabilities: Professional values and behaviours	1.6, 1.9, 4.1, 4.8	Core Competency (CC) 1	Core Competency (CC) 1	All Pillars	All Pillars
2.0 Capabilities: Maintaining an ethical approach and fitness to practice/ law, ethics and safeguarding	1.1	CC 1	CC 1	Pillar 4	Pillar 4
3.0 Capabilities: Person-centred collaborative working	1.4, 1.5, 1.6	CC 1, CC2	CC 1, CC2	Pillar 4	Pillar 4
4.0 Capabilities: Communication and consultation skills	1.2, 1.4, 1.5, 1.6, 1.8, 1.11, 2.1, 2.8	CC1, CC2	CC1, CC2	Pillar 1, Pillar 4	Pillar 1, Pillar 4
5.0 Capabilities: Personalising the pathway for people living with and affected by cancer	1.4, 1.7, 1.9, 1.11, 2.5	CC1, CC2	CC1, CC2	Pillar 1, Pillar 4	Pillar 1, Pillar 4,
6.0 Capabilities: Helping people make informed choices as they live with or are affected by cancer	3.3, 3.7	CC1	CC1	Pillar 1, Pillar 4	Pillar 1, Pillar 4,
7.0 Capabilities: Providing information to support self-management and enable independence for people living with and affected by cancer	3.3, 1.5, 1.9, 1.11, 2.5, 4.4	CC1	CC1	Pillar 2, Pillar 4	Pillar 2, Pillar 4
8.0 Capabilities: Multidisciplinary, interagency and partnership working	1.6, 1.8 1.9 2.1, 2.2, 2.5, 2.6, 3.5, 3.7	CC1, CC2	CC1, CC2	Pillar 1, Pillar 2, Pillar 4	Pillar 1, Pillar 2, Pillar 4
9.0 Capabilities: Referrals and integrated working to support transitional care for people living with and affected by cancer	1.9, 1.10, 1.11, 2.9, 3.5, 3.7	CC1, CC2, CC3	CC1, CC2, CC3	Pillar 1, Pillar 2, Pillar 3	Pillar 1, Pillar 2, Pillar 3
10.0 Capabilities: History taking	1.5, 1.6, 1.7, 1.8	CC1	CC1	Pillar 4	Pillar 4
11.0 Capabilities: Clinical physical and mental health assessment	1.4, 1.6	CC1	CC1	Pillar 4	Pillar 4
12.0 Capabilities: Investigations, diagnosis and care planning	1.3, 1.4, 1.5, 1.6, 1.8, 1.10, 1.11, 2.5, 3.8	CC1, CC2	CC1, CC2	Pillar 1, Pillar 2, Pillar 4	Pillar 1, Pillar 2, Pillar 4
13.0 Capabilities: Clinical management	1.4, 1.6, 1.7, 1.8	CC1	CC1	Pillar 4	Pillar 4
14.0 Capabilities: Managing medical and clinical complexity and risk.	1.2, 1.3, 1.4, 1.11	CC1	CC1	Pillar 4	Pillar 4
15.0 Capabilities: Independent prescribing and pharmacotherapy	1.11	CC1	CC1	Pillar 4	Pillar 4
16.0 Capabilities: Prehabilitation and rehabilitation interventions	1.11	CC1	CC1	Pillar 4	Pillar 4
17.0 Capabilities: Promoting self-management and behaviour change	1.5, 1.10, 1.11	CC1	CC1	Pillar 4	Pillar 4
18.0 Capabilities: Symptom management	1.11	CC1	CC1	Pillar 4	Pillar 4
19.0 Capabilities: Late effects	1.6, 1.7, 1.9, 2.5, 2.7, 4.6	CC1, CC2, CC3	CC1, CC2, CC3	Pillar 1, Pillar 4	Pillar 1, Pillar 4
20.0 Capabilities: Palliative and end of life care	1.4, 1.6, 1.7, 1.11	CC1	CC1	Pillar 4	Pillar 4





CAPABILITIES	HEE MPF	NIAHP	NIN	SG	APW
21.0 Capabilities: Leadership, management and organisation	2.3, 2.4, 2.5, 2.7, 2.9, 2.11, 4.2, 4.3, 4.4, 4.6	CC1, CC2, CC3, CC4	CC1, CC2, CC3, CC4	Pillar 1, Pillar 2	Pillar 1, Pillar 2
22.0 Capabilities: Research and evidence-based practice	1.1, 1.2, 2.9, 4.1, 4.2, 4.4, 4.5, 4.6	CC3, CC4	CC3, CC4	Pillar 1, Pillar 2, Pillar 3	Pillar 1, Pillar 2, Pillar 3
23.0 and 24.0 Capabilities: Service evaluation and development	1.10, 2.3, 2.4, 2.5, 2.6, 2.9, 3.4, 3.6 4.1, 4.2, 4.1, 4.2, 4.3, 4.4	CC2, CC3, CC4	CC2, CC3, CC4	All Pillars	All Pillars
25.0 Capabilities: Education	3.1, 3.2, 4.7	CC4	CC4	Pillar 2, Pillar 3	Pillar 2, Pillar 3



Appendix 4: User Guides

The following materials are provided to help further peoples understanding of the utility of the framework as well as to showcase the opportunities to work within cancer care.

About capabilities

For the purposes of this Framework, we are using the following definition of capabilities:

Capabilities are the attributes (skills, knowledge, and behaviours) which individuals bring to the workplace. This includes the ability to be competent, and to:

- manage change
- be flexible
- deal with situations which may be complex or unpredictable and,
- continue to improve performance

In practice, the terms 'capability' and 'competence' and are both widely used in educational and workforce development literature, and they have often been used interchangeably, with little clear distinction between the 2.

Both capability and competence:

- are about 'what people can do'
- describe knowledge, skills, and behaviours
- can be the outcome of education, training, or experience

However, for the purposes of this Framework we are using the term 'capabilities' as this describes the ability to be competent and to work effectively in situations which may require flexibility and creativity.

User guide: Staff, people and teams

This Framework will support staff, people and teams by:

- promoting cancer care as a career option
- setting out clear expectations at each level of practice
- supporting appraisal
- supporting staff to identify CPD needs
- supporting the development of teams

The Framework promotes cancer care as a career option for a wide range of individuals as well as giving a clear sense of the ways in which to progress.

The Framework sets out clear expectations for staff about the requirements for effective and safe practice. It provides clarity about attributes and requirements at each level of practice.

This Framework can be used by staff to better understand the development needs of themselves as individuals and the wider workforce. It can help them understand how to maximise the contribution of the existing workforce, identify opportunities for new ways of working and where appropriate, identify the need for new roles.

This Framework can be used to review and recognise how existing capabilities are individually and collectively being utilised across a team and/or area of care.



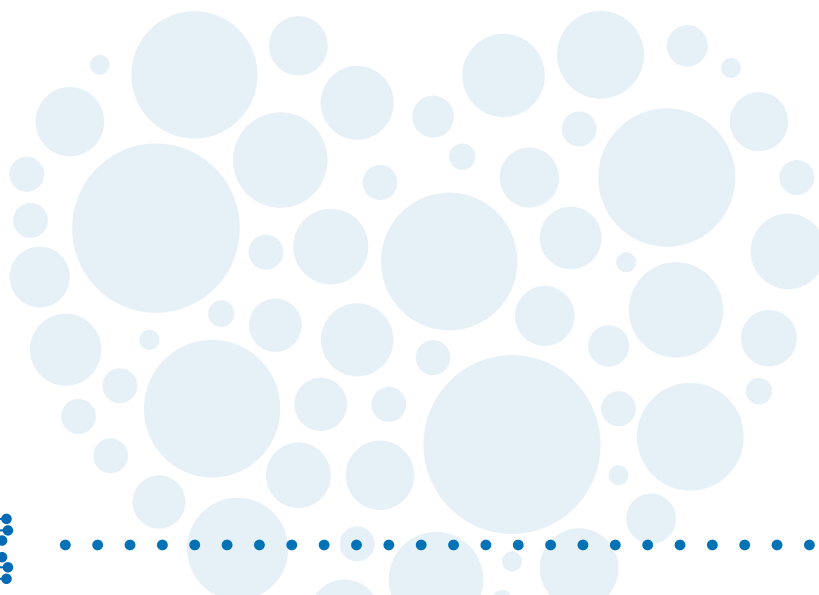


The Framework can be used as the basis to conduct formal or informal appraisal and training needs analysis, comparing current capabilities with those identified in the Framework. This Framework can also be used to support career progression and development in a challenging environment and engagement in continuing professional development.

Staff using this Framework need to work with their employers to:

- identify where their existing role sits on the Career Framework
- review which capabilities are applicable to their role
- identify and evidence their capability as part of the performance review/appraisal process
- identify gaps in capability
- agree a programme of development to address any 'gaps' and/or to identify career development opportunities

This Framework will assist staff in the development of a portfolio of evidence of capability and can be used support revalidation requirements with the NMC, GPhC or HCPC.



User Guide: Employers

This Framework will:

- enable employers to demonstrate that the nursing and allied professional workforce meet the required capabilities
- demonstrate there are development plans in place to ensure that they are proactively working to achieve those capabilities
- ensure learning and development can be targeted and focussed on the needs of the service and the workforce.

This Framework underpins the continuing professional development of staff at all levels of the career pathway to ensure their practice remains up-to-date, safe and effective and it supports the process of quality assurance to ensure the safety and effectiveness of their role.

The Framework enables employers to consider objectively how their current workforce's performance aligns to the capabilities and ensure any workforce development is based on service need/outcomes.

Employers would need to undertake the following for each of their existing jobs in their setting:

- Identify which level of the career pathway the role sits on (it is possible some roles may sit across more than one level).
- For each capability there is a suggested level, based on each career framework level; review this and satisfy yourself that this is appropriate for the role.
- Use the capabilities as the basis for individual performance management, for example, supervision / review / appraisals.
- Use any capability 'gaps' as the basis for continuing professional development.

- Use the evidence gathered in performance reviews/appraisals as the basis for a training needs analysis to inform the allocation of training resources.

A further aspiration in providing this Framework is to support service transformation meaning that organisations use the Framework to review their current arrangements for practice and use the Framework to develop roles and teams. This Framework also provides potential benchmarking of service provision at an organisational level and for employers to identify appropriate/further development.

User Guide: Education

This Framework will:

- inform the design and delivery of curricula
- promote and support capability in cancer care across the levels of practice
- promote the opportunity to identify shared core capabilities and include interprofessional education/training in their delivery

This Framework will enable education and learning providers to inform the design of their curricula and the delivery of education, training, and development programmes, including identifying learning outcomes.

This will ensure that their learning and development provision contributes to the full range of knowledge to support the capabilities required to make individuals safe and effective member of the workforce.





The Framework will inform those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve and maintain. This in turn, will guide the content to be included and the use of appropriate learning and teaching strategies.

Use of this national Framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of the population.

In so doing, it aims to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Education and learning providers would need to work in partnership with employers to:

- ensure education programmes learning outcomes are aligned to identified capabilities within the framework
- ensure learning outcomes are measurable and objective that ensure learners can demonstrate identified capabilities
- promote learning as means of enabling a culture of multi-professional working that is focussed on meeting the outcomes of patients, citizens and the wider population



Appendix 5: Sources of further guidance and support

A companion User Implementation Guide is available at: <https://www.hee.nhs.uk/our-work/cancer-diagnostics/ACCEND>

Information about the ACCEND programme, organisational and individual persona's and range of learning and development opportunities is also available at: <https://www.hee.nhs.uk/our-work/cancer-diagnostics/ACCEND>

Examples of common disease-related and treatment-related effects include:

Common

- Alopecia (treatment-induced)
- Altered body image and function
- Anxiety
- Acute peripheral neuropathy
- Cognitive impairment
- Fatigue
- Gastro-intestinal symptoms (mucositis, indigestion, nausea, vomiting, constipation, diarrhoea, bowel obstruction, peritonitis, typhlitis, colitis)
- Localised infections (increased risk of bacterial, fungal and viral infection)
- Low mood
- Myelosuppression
- Psychological distress

Oncological emergencies

- High-grade symptoms plus:
- New onset acute breathlessness
- Haemorrhage
- Cancer-associated thrombosis
- Chest pain
- Disseminated intravascular coagulation
- Loss of consciousness
- Metabolic disorders (renal impairment, liver impairment, hypercalcaemia, steroid-induced diabetes, tumour lysis syndrome)
- Metastatic spinal cord compression
- Pulmonary effusion
- Sepsis
- Seizures
- Superior vena cave obstruction

Treatment-related specific

- Chronic peripheral neuropathy
- Loss of continence
- Dysphasia
- Dysphagia
- Extravasation injury
- Fever
- Immunotherapy-induced toxicities (hypophysitis, impaired thyroid function, pneumonitis, pancreatitis, colitis, skin rashes, fever, arthralgia)
- Lower urinary tract symptoms
- Lymphoedema
- Nychias (changes to nail beds causing ridging, splitting, peeling, flaking nails)





- Osteonecrosis
- Osteoporosis
- Skin injury from radiation
- Skin rashes
- Pulmonary fibrosis
- Sexual dysfunction
- Trismus

Disease-related specific

- Abdominal ascites
- Anorexia/Cachexia (including weight management/taste changes)
- Bleeding
- Breathlessness
- Depression
- Deconditioning
- Malodorous wounds and discharge
- Impaired mobility
- Musculoskeletal conditions (including skin and soft tissue management)
- Nocturnal sweats
- Pain (acute and chronic)
- Reduced performance status
- Ruptured ego/self-identity
- Sleep disturbance
- Vital organ enlargement (for example splenomegaly, hepatomegaly)



Appendix 6: Glossary of terms

(From Skills for Health (2022) Standardisation of Frameworks: Guidelines and standards for the production and revision of capability and competency frameworks)

Term	Definition
Capabilities / capability in practice (CiP)	The attributes (skills, knowledge and behaviours) which individuals bring to the workplace. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations which may be unpredictable and continue to improve performance.
Competencies	The same as capabilities. The term capabilities is recommended to make a clear distinction from competences.
Competences / competency	Defined standards of performance, focused on the outputs of work and observable performance. Competences include the ability to transfer and consistently apply skills and knowledge to a range of situations/contexts – although tend to describe practice in stable environments with familiar problems.
Proficiencies / proficiency	The knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings. They reflect what the public can expect nurses to know and be able to do in order to deliver safe, compassionate and effective nursing care (NMC, 2018).
Domain	A group of related capabilities/competences in a framework.
Level	A level of practice in a framework.
Statements	The statements within capabilities which describe the skills, knowledge and behaviours required to deliver safe and effective services, and/or the statements within competences which describe the outputs of work and observable performance.
Platform statement	The platform statement (where applicable) prefixes all statements in a capability/competency, for example 'The person/practitioner will...'
Scope	The area and level of practice described by a framework (including any limitations such as relevant age group or applicable country/region).
Stakeholder/s	Individuals and/or organisations who have a professional (or personal) interest in the development and/or implementation of a framework.
Tier	A level of practice in an occupational area. Tier is a recommended term in frameworks where the term 'level' may risk being confused with the level of a related qualification.



Health Education England

Health Education England
www.hee.nhs.uk

 [LinkedIn](#)

 [@NHS HealthEdEng](#)

 www.facebook.com/nhshee

