



**PROSTATE
CANCER UK**

A PROFESSIONAL DEVELOPMENT FRAMEWORK FOR SPECIALIST PROSTATE CANCER NURSING

Review date: 2028



This Professional Development Framework has been written by a team consisting of nurses working in prostate cancer, researchers and men who have used prostate cancer services. It has been supported by Prostate Cancer UK.

The work was independently co-produced by a steering group – Amy Rylance, Emma Chappell, Kaljit Kaur, Louisa Fleure, Lorna Nevin, Simon Lord, Shievon Smith, Tracey Blackmore – and the report authored by Prof Alison Leary at London South Bank University.

Our Goal

It is intended to guide nurses, their line managers and their employers on the core skills, knowledge and training that nursing staff working in prostate cancer will gain and demonstrate as they progress in role.



Thank you

Thank you to the committee of Lung Cancer Nursing UK for the use of their format which will help provide consistent development frameworks across cancer nursing.

Thanks are also due to the British Association of Urological Nurses for their help and support throughout the development of this project.



This resource has been endorsed by the Royal College of Nursing until 1 September 2027. Endorsement only applies to the professional content of the resource.



This work was initially kindly sponsored by MSD. While MSD provided funding for the report, Prostate Cancer UK and the authors retained complete editorial independence and control.



This is the second edition of the professional development framework for specialist prostate cancer nursing from Prostate Cancer UK. This framework has been reviewed by the UK Oncology Nursing Society (UKONS) and Prostate Cancer UK's team of Specialist Nurses.

Prostate cancer is now the most common cancer in the UK and with an ageing population, we will see significantly more men diagnosed. It is vital that there are more clinical nurse specialists (CNSs) who are fully trained to provide care and support for the anticipated number of men who will be diagnosed and living with the disease.

The Government has set out its ambitions for an NHS that is “fit for the future.” However, to achieve this, there must be support for a fully trained and sustainable NHS workforce able to meet patient need.

The recently published Cancer Plan for England states that CNSs “*should be more central in workforce models.*” Trusts will now be required “*to ensure that every patient has a clinical nurse specialist or other named lead as their primary contact*”. To create new training opportunities, the Government will also prioritise grants for clinical nurse specialists and expand the Aspirant Cancer Career and Education Development (ACCEND) programme to provide more training opportunities.

We welcome ambitions to expand CNS provision. This is significant given the pressures that nurses report and the critical nature of the role in supporting men with prostate cancer.

This framework can be used alongside other nursing frameworks, including ACCEND, and it is designed to support aspiring nurses wanting to become CNSs and existing CNSs in understanding what competencies are required to support men with prostate cancer.

With increased prostate cancer incidence, it is vital that we get this right, so thank you for joining us to deliver the greatest possible impact for men and their families.



Chiara De Biase
Interim Fundraising and
Health Strategy Director

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2. The value of specialist nursing to patients and families

The value of the nursing team and, in particular, the pivotal role of the case-managing clinical nurse specialist to patients cannot be underestimated.

The importance of patient access to the specialist cancer nursing team is affirmed in the evidence and in documents such as the NICE Prostate Cancer Quality Standard¹. The benefits of specialist advanced cancer nursing range from psychological care, more efficient use of resources and improved experience and patient outcomes including survival².

Despite this, in the most recent National Cancer Patient Experience Survey almost a fifth of patients (18%) were unable to access a specialist professional to contact³ which is usually a specialist nurse, however those who did found it 'helpful' or 'very helpful' to do so.



The co-ordination they do is necessary, it reduces uncertainty and anxiety and increases patients confidence.

Prostate Cancer Service User

3. The nursing workforce in prostate cancer

Registered nurses specialising in prostate cancer are highly skilled professionals, working at different levels of practice, in the heart of multidisciplinary teams (MDTs). A number of different roles exist in prostate cancer care. In addition to registered nurses, there is a nursing support workforce which supports patient care and the smooth running of services. All the roles practice across the four pillars of clinical, education, research and leadership with different levels of complexity.

There are a number of different job titles which are often organisationally dependent and even country dependent.

Nursing roles found in prostate cancer care:

Support Workers – who support the nursing team and wider multidisciplinary team to organise and deliver care. They're not registered nurses but may have some specific cancer training.

Specialist Nurses – are registered nurses with deeper knowledge of a specialism, who work with patients and families to provide holistic nursing care as part of a wider multidisciplinary team.

Clinical Nurse Specialists (CNSs) – are registered nurses who proactively manage care in the context of an advanced practice role. They can provide complete episodes of care within a specialism, for example they may manage a diagnostic or treatment pathway or they may manage care overall on behalf of the multidisciplinary team as the "keyworker".

Advanced Nurse Practitioners (ANPs) – are registered nurses practicing at an advanced level. They often provide care across a part of the patient pathway for example diagnosis or treatment.

Consultant nurses – are registered nurses who provide expert nursing care but also oversee systems of care in prostate cancer.

4. A Professional Development Framework for Prostate Cancer Nursing

Nursing practice is increasingly portrayed as a series of technical tasks or competencies. Whilst technical competency is important in any safety critical work, the development of practice, including clinical acumen and the ability to manage risk are also important aspects of nursing work. In the role of specialist nursing, the organisation of care has also been shown to have a safety critical component as far back as the 1990s⁴ when care is not provided or well organised, people with cancer can experience distress, fall through gaps in the system which causes treatment delay and uncertainty⁵.

This Framework considers the capabilities of professional practice required to provide the highly complex care that prostate cancer patients need, the different levels of nursing practice evident in this care, and the career possibilities and routes that the nursing workforce can take from entry to advancement with real examples from nurses themselves.

This Framework has been designed with Prostate Cancer UK to align with and support both general nursing frameworks and cancer-specific nursing frameworks such as UK Oncology Nursing Society (UKONS)⁶ and the Aspirant Cancer Career and Education Development programme (ACCEND)⁶.

The governance of specialist registered nursing at all levels is influenced by employers but is also clearly set out in the regulatory codes of conduct and professional frameworks that exist. These are shown in Figure 1.

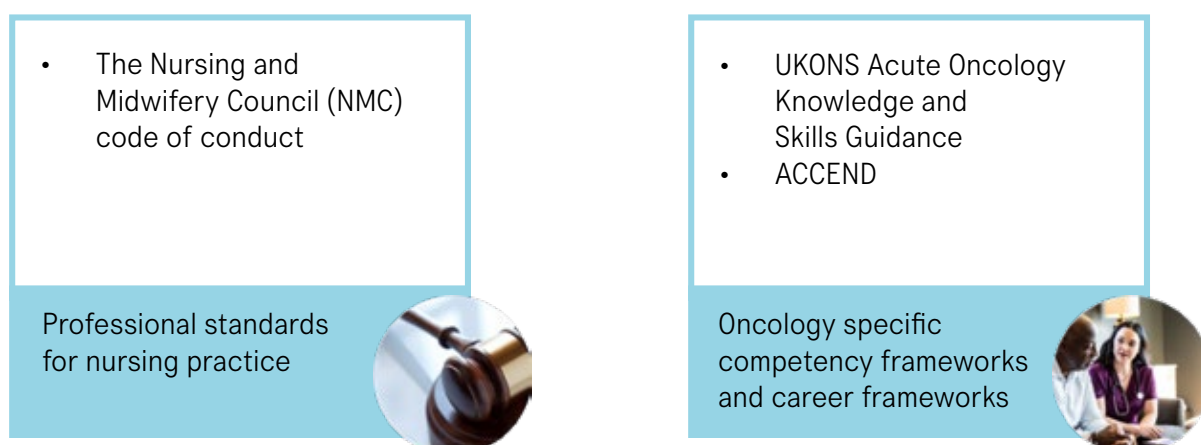


Figure 1. The codes of practice and professional frameworks which exist in specialist cancer nursing for registered nurses. The NMC code of conduct also applies to the nursing associate, a registered nursing support worker role.

NB In addition for advanced level practice, all four nations have a Framework. These do not align and so this work is the document is based upon ACCEND. Visit the RCN Cancer Forum website at [This is nursing | Royal College of Nursing](#) for up-to-date information on education frameworks across the four nations.

This document is designed to be an adjunct to these frameworks and apply specifically to prostate cancer nursing. It has been designed to be used by:

1. **Nurses aspiring** to work in prostate cancer to understand the qualifications, and hence training or professional development, they may need to complete to secure a nursing role, and the skills and capabilities they will be using to care for patients and services as a newly-appointed specialist nurse.
2. **Existing nurses** working in prostate cancer, with differing experience, time in role and at different levels, to aid them in:
 - 2a. Considering their priorities for professional development, and where they want to focus to develop in their practice in prostate cancer.
 - 2b. Supporting conversations with managers about their training needs and career goals.
 - 2c. Job matching and making a case for promotion, where nurses are operating at a higher Agenda for Change band or level. The Royal College of Nursing has useful information and a guide to support members in seeking an evaluation of their role and pay banding decision⁷.
3. **Line managers**, in aiding conversations with their direct reports about their current level of practice, their priorities for their professional development and their career goals – both as part of, and outside, annual appraisals.
4. **Employers**, to understand in more detail the roles that their workforce will be playing in individual (and often complex) case management, pathway management, service design and delivery, management and leadership, and research, and to support them in determining the nursing and support worker resource needed to meet the needs of the prostate cancer population.
5. **Policymakers**, to bring to life the multiple and varied contributions that nurses working in specialisms make to improving service delivery and patient outcomes and experience, and the critical importance of the nursing workforce if we are to meet the NHS Long Term Plan's ambition to improve outcomes and save thousands more lives each year from cancer⁸.

Referencing is included to signpost evidence and sources of information that readers may find helpful.

4.1. A summary of nursing roles in prostate cancer nursing

There are several roles working at supportive, enhanced, advanced and consultant level practice. Job titles can be variable. The commonly used ones are listed below but they might be variations locally across regions and UK countries. For further information visit [Levels of nursing | Royal College of Nursing](#)

Support worker role

Support workers (also sometimes called co-ordinators, trackers, navigators or nursing associates) support the registered nursing team to organise and deliver care. Some undertake specialist training to undertake certain types of delegated work and help deliver aspects of nursing care.

Specialist nurse role

Specialist nurses are usually experienced nurses that work as part of a wider multidisciplinary team. They might be a point of contact for patients and their practice is diverse. They can support patients with information needs and decision-making about treatments. They'd also participate in nurse-led services and could be on a developmental pathway to becoming a clinical nurse specialist. They're able to plan holistic cancer care using the nursing process.

Advanced nurse practitioner role (ANP)

This role is an advanced practice role which in prostate cancer care often provides whole episodes of care across a service. For example, an ANP might provide and manage a diagnostic service or a treatment pathway.

Clinical nurse specialist role (CNS)

The role of the clinical nurse specialist in cancer is not new and the role of the CNS is an internationally recognised advanced practice role⁹. Although in Northern Ireland and Scotland, this is seen as a sub-advanced practice role, this is not borne out by the data or the global recognition of the work⁹. There is a substantial body of evidence of the multiple ways in which CNSs improve holistic cancer care, in terms of patient outcomes and experience, service delivery, and system efficiency¹⁰. It is also one of the most common roles in specialist cancer nursing with an estimated 463 whole time equivalent urology cancer posts at the last national census in 2017 (England)¹¹ and 16.7 posts in Northern Ireland (2021)¹².

Guidance from the Department of Health (England) and Macmillan Cancer Support summarises many of the key contributions made by CNSs to cancer care across the pathway¹². These are shown in Figure 2.

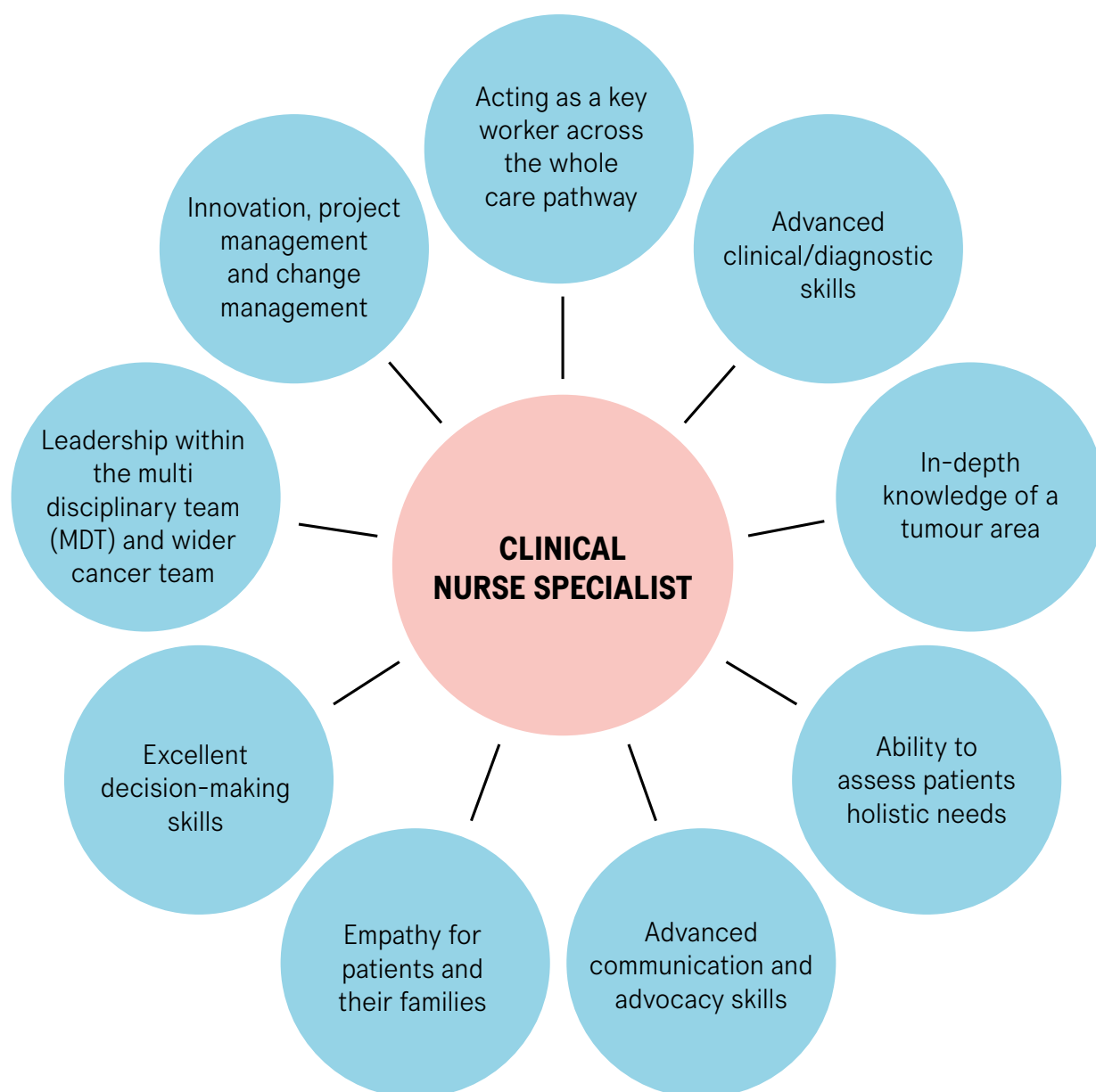


Figure 2. The functions of the clinical nurse specialist

The CNS role constantly evolves as cancer care advances and patients can benefit from new tests, treatments, and types of supportive care.

CNS case management can be critical to patient safety, clinical outcomes and patient experience. The NICE Quality Standard for prostate cancer¹ in adults explicitly recognises the importance of patients having access to CNS from the earliest possible stage, stating that:



Adults with suspected or confirmed prostate cancer [should] have access to a named prostate cancer clinical nurse specialist.¹

The National Optimal Prostate Cancer Pathway likewise endorses the “key role [of the CNS] in communication, coordination and as a point of contact throughout the patient journey¹.”

In the 2021 National Cancer Patient Experience Survey, 18% of prostate cancer³ patients didn't have access to a prostate cancer CNS to support them.

The consultant nurse role

This role encompasses expert practice in prostate cancer nursing. Strategic and enabling leadership learning, developing and improving services across the system, leading research and innovation

In terms of work and impact, the consultant nurse role enables measurable and lasting improvements to the quality of care and service and the development of innovative and effective person-centred pathways aligned with systems of care. They demonstrate that the public, service users, carers and families have been involved significantly in joint activities to co-design, improve and evaluate services. They lead on significantly improved person-centred, safe, effective and quality services across the system¹³.

4.2. Prostate cancer nursing across the patient pathway

For many specialist nurses, CNSs and consultant nurses, their work starts **even before patients are referred** with a public health function. Nurses working in prostate cancer, lead or are actively involved in raising awareness of risk factors, signs and symptoms in their local communities.

As soon as a patient is referred into hospital for **diagnosis and investigations**, a prostate cancer CNS should be there to provide nursing care for them. This involves managing their care in partnership with the patient, family and other members of the MDT through the diagnostic process. The CNS can explain what tests they need and support and advise them when their diagnosis is made. Increasingly, CNSs are the case managers of cancer care and will manage the diagnostic pathway entirely, working with the multidisciplinary team and patients.

Many CNSs and ANPs are now delivering nurse-led diagnostic services including informing and caring for patients at a cancer diagnosis. When a patient is diagnosed, the specialist nursing team offers psychological care and provides information. This can support patients in their decision-making, answer queries about symptoms and refer them to other members of the team as necessary.

In many services, CNSs will also play a role in addressing symptom management for the men who receive benign diagnoses in addition to those diagnosed with cancer, before referral onward.

The **post-diagnosis and pre-treatment** phase is often an area in which specialist nursing care is offered. This might range from being the key accessible professional, a holistic needs assessment, pre-habilitation to active, complex planned or unplanned care depending on the issues the patients are experiencing.

As **treatment** starts, the prostate cancer CNS will often case manage care along with direct care by specialist nurses and support workers. The nursing team will still be a key point of contact and continuity.

Throughout the treatment phase, the nursing team will empower patients to be involved in shared decision-making, acting as an advocate for the patient in MDT meetings and working with other members of the clinical team (surgeon, oncologist, radiologist) to relay often complex information back to the patient and their family in language they can understand, so they know what has been discussed and what will happen next. Patients can often feel overwhelmed, so the specialist nurse or CNS will tailor the information to the patient's needs at the time.

Most cancer patients, including those with prostate cancer, will encounter non-specialist nurses throughout their pathway, particularly at diagnosis, during treatment, and if admitted to a DGH during treatment. This is why foundation-level cancer education for non-specialist nurses is already in place.

This emphasises the collaborative role of the CNS in supporting and educating non-specialist nurses, as increasing elements of cancer care, especially living with and beyond cancer are delivered in primary care settings.

Care coordination is crucial to patient outcomes and experience of care. Many patients will have complex needs and other conditions to manage alongside their prostate cancer treatment.

Specialist nursing teams are also involved in supporting patients with fitness for and living well on treatment, for example signposting pre-habilitation, smoking cessation, and dietary support. They also have important roles in identifying and intervening early to manage treatment side effects or signs of disease progression. Many prostate cancer CNSs and ANPs are non-medical prescribers and will be prescribing medicines to help control symptoms and side effects. By coordinating care in the right place and at the right time it is also possible to avert unplanned admissions and enable more patients to receive care at home for longer.

The rise in treatment options and targeted therapies and combination treatments has meant that expert knowledge on treatment options and side effects of treatments is pivotal to the patient care needs, safety and experience.

Prostate cancer CNSs often lead on **follow up** in conjunction with other teams and also have a role in coordinating with palliative care teams or directly providing care in **advanced disease** and ensuring that the patient's holistic needs continue to be met.

4.3. Beyond individual patient care – service development and quality improvement

Prostate cancer CNSs and consultant nurses also take leadership roles in service delivery, redesign and improvement. They are well placed to identify where services can be adapted or introduced to better meet patient needs and efficiencies can be made. Many prostate cancer CNSs and consultant nurses run nurse-led clinics and services, as well as leading on the audit and reporting of patient outcomes and experiences of care.

4.4. Professional practice

Professional standards for practice and behaviour for registered nurses, midwives and nursing associates are set out by the Nursing & Midwifery Council in the Nursing and Midwifery Code.¹⁴ All registered nurses are expected to be familiar with the Code and must uphold these standards to be registered to practise in the UK. The Code exists to protect the public and to give patients confidence that their nurse or nursing associate is registered and fit to practise within the limits of their competence.

In addition to the professional standards that all nurses should uphold, this Professional Framework is overlaid with four additional domains that the prostate cancer nursing workforce develop and apply in their practice. These are based on the four pillars of practice¹³.

These are:

- Clinical
- Research
- Education
- Leadership

4.5. Education, capabilities and skills needed by the prostate cancer nursing workforce

On the following page we have described the qualifications, clinical skills, knowledge and experience, leadership and management and research capabilities that we would expect aspiring and existing prostate cancer nursing workforce to demonstrate or be working towards.

These have been designed to align with the combined nursing national job profiles available from NHS Employers¹⁵. The levels are cumulative, so a nurse operating at a higher level of complexity must be able to demonstrate that they have the skills and capabilities listed for the band before. An overview of the workforce against the four pillars of practice are outlined in Figure 3. For further information visit [Levels of nursing | Royal College of Nursing](#)

Role	Level of practice	Education From	To	Clinical	Leadership	Professional Development	Clinical academic careers
Support Worker	Supportive	GCSE, Care certificate	Foundation degree	Supportive /associate	Leadership of self and others	In house/ specific CPD	Evidence informed practice
Enhanced Specialist Nurse	Enhanced	Post qualifying CPD Enhanced practice apprenticeships	Master's	Proficient	Service leadership	CPD	Studentships Evidence based practice
CNS ANP	Advanced	Master's Degree	PhD or professional doctorate	Expert	Service leadership	CPD Accreditation	Clinical lecturer Research studentships
Consultant	Consultant	Master's/PhD or Professional doctorate	Post-doctoral specialist qualifications	Expert/ Mastery	Systems leadership	CPD	Clinical lectureship Post-doctoral/ PI/Senior clinical lectureship/Chair

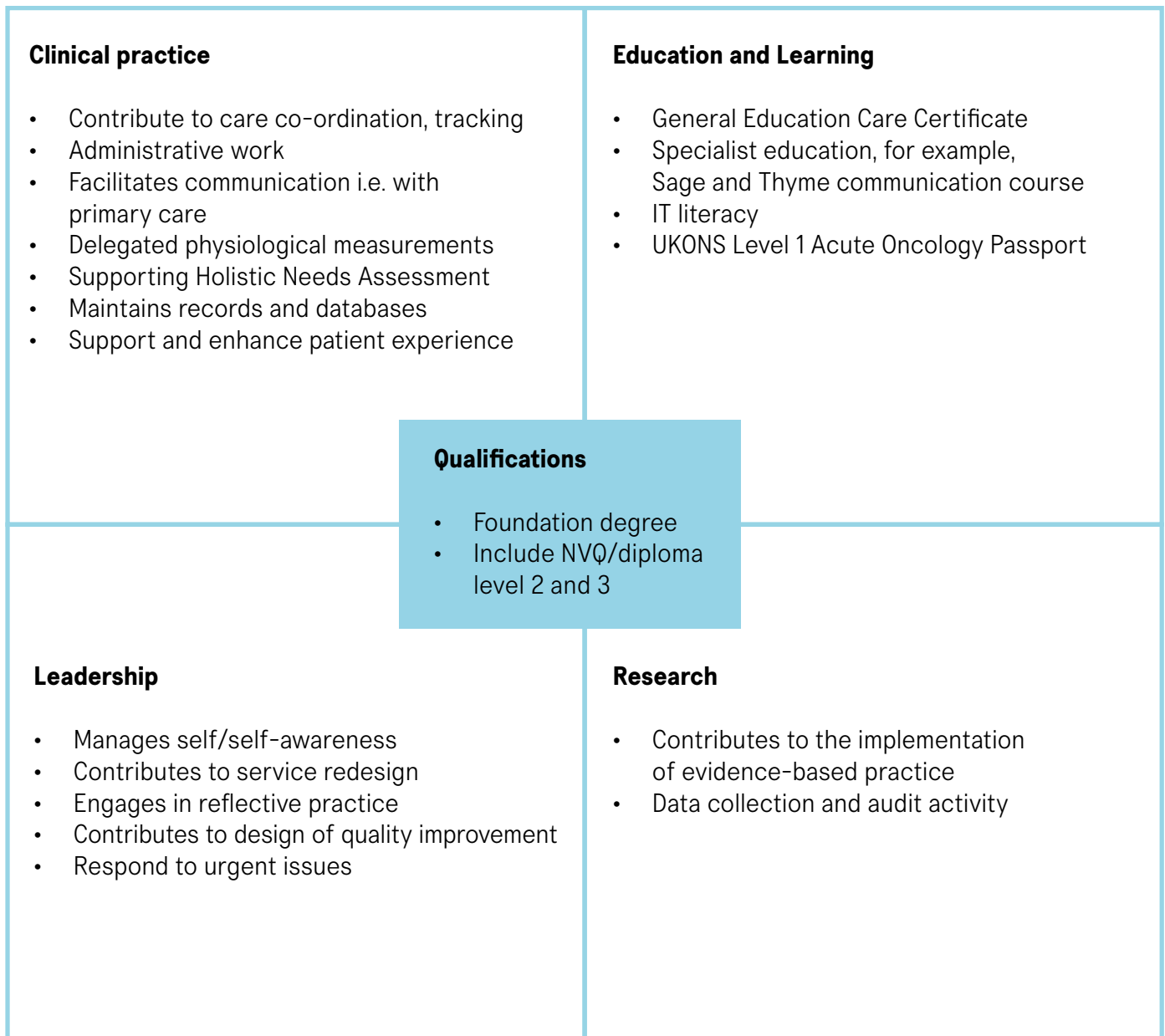
Figure 3. An overarching view of the different roles and levels of practice.¹⁷

In the sections that follow, we have provided more detail of the skills and capabilities the prostate cancer nursing workforce need to have or to be working towards under each of these four domains. More details of specific cancer capabilities can be found in the ACCEND programme⁶.

The prostate cancer workforce should be encouraged and supported by their line managers and employers to develop and enhance both their theoretical knowledge, reflective practice and technical skills under each area, including the development of professional practice. This should happen from their first post as a newly appointed specialist nurse, as they become more experienced in the role, and as they advance their expertise as a practitioner and leader.

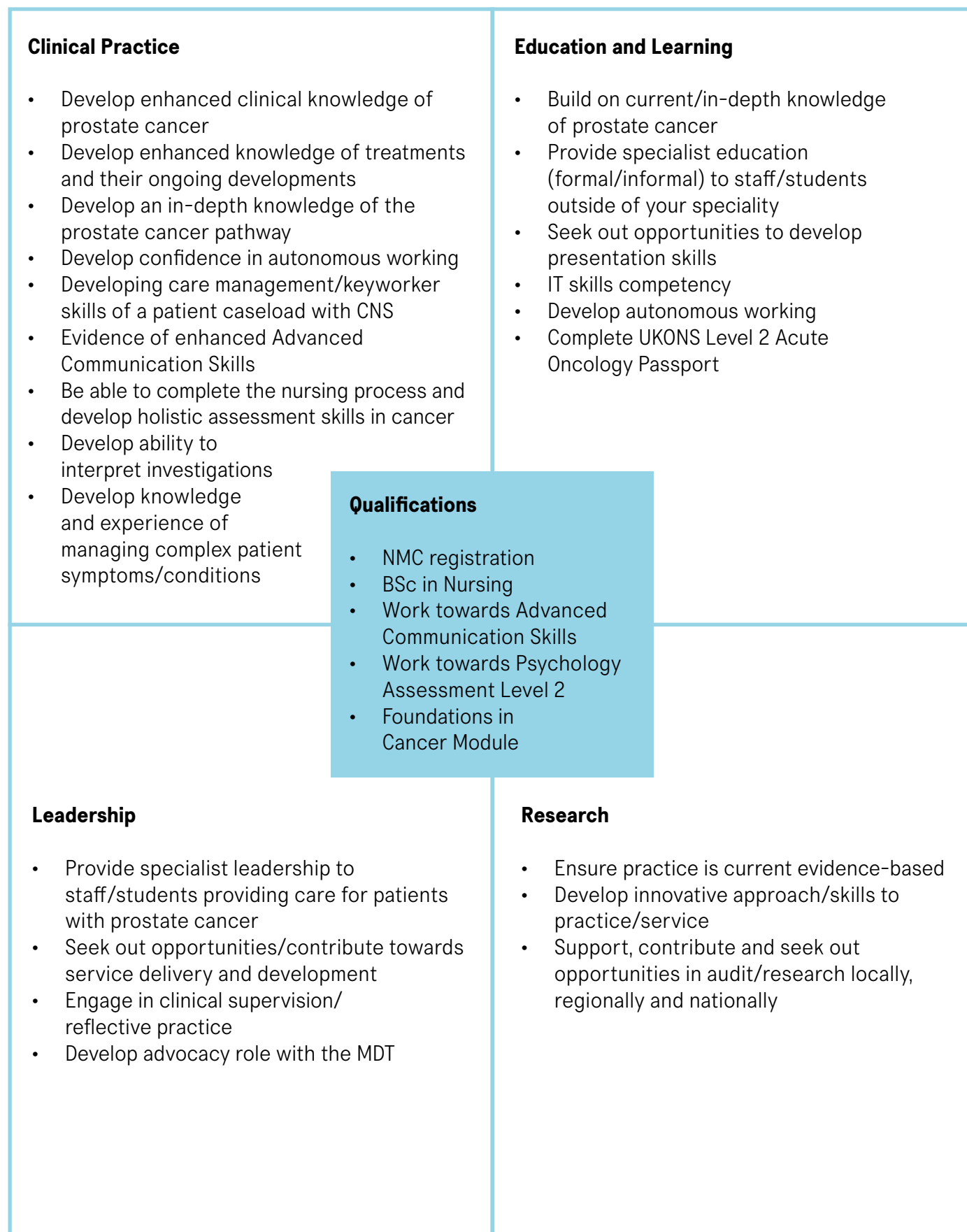
Support workers working at supportive or associate/assistive levels

A support worker in prostate cancer would have the following attributes to their work. They are likely to have a general education and acquire specialist cancer education, a care certificate or a foundation degree.



Specialist nurses working at enhanced practice level¹⁶

A registered nurse who is working within a prostate specialist team to hold the qualifications set out below and demonstrate the following skills to demonstrate expertise and skills as set out in the diagram below:



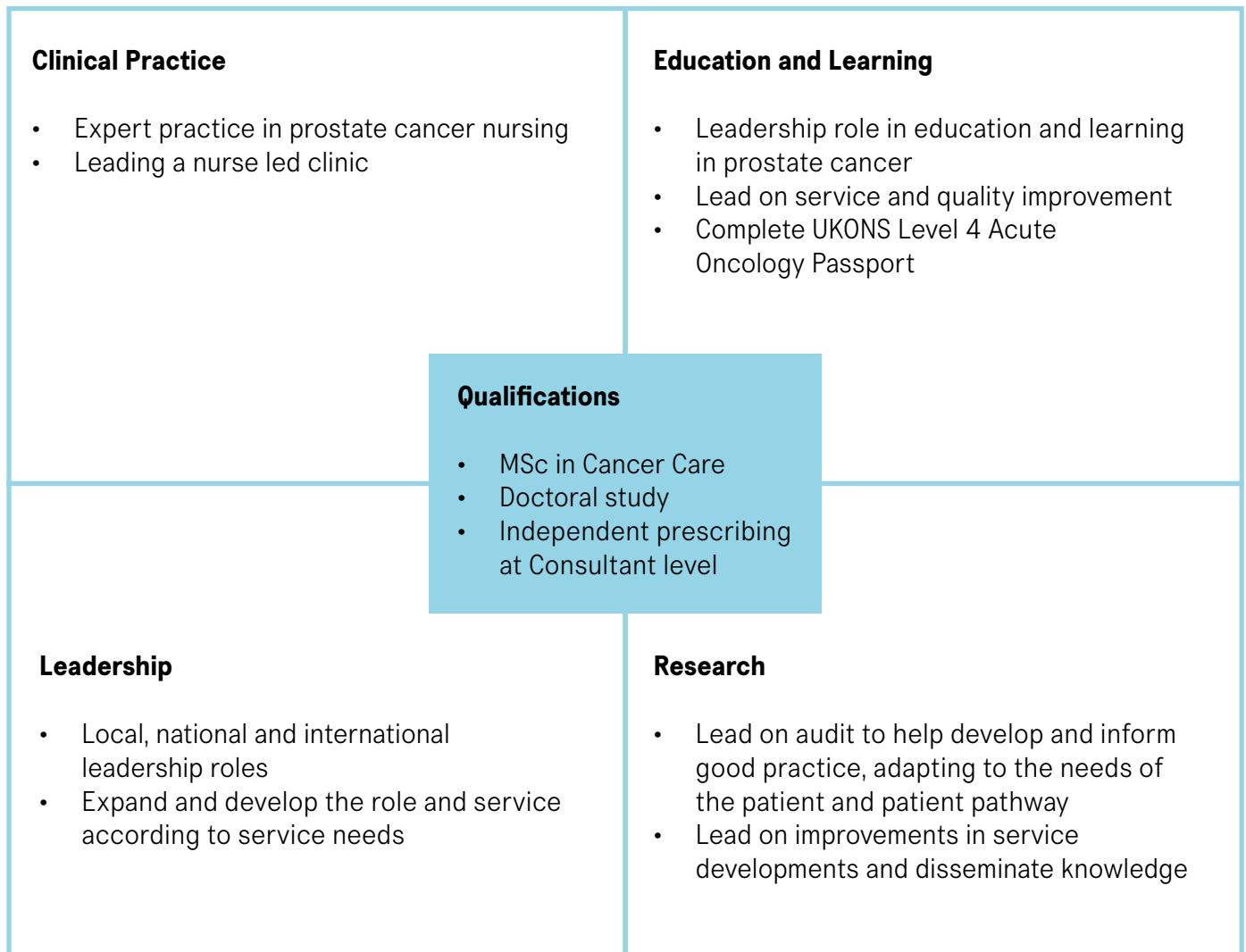
CNSs working at advanced practice level

As a CNS working in prostate cancer, in addition to those set out at the previous level, we would expect nurses to hold the following qualifications and to demonstrate (or be demonstrably working towards) the following experience and ways of working:

Clinical Practice • Advanced clinical knowledge of prostate cancer • Manage caseload of patients • Keyworker in cohort of patients with prostate cancer • Decision making skills • Advanced Communication Skills • Assessment skill • In-depth knowledge of the nursing process as applied to prostate cancer • History taking • Ability to interpret investigations • Develop technical competency in service specific requirements (for example biopsy) if required • Able to manage complex patient symptoms/conditions/episode of care	Education and Learning • In-depth knowledge of prostate cancer • Ability to facilitate teaching/clinical education • Able to seek out independent learning/education and keep practice/knowledge up to date • Advanced presentation skills • Knowledge sharing and teaching • Complete UKONS Level 3 Acute Oncology Passport
Qualifications • PG Diploma/BSc/Master's in Cancer care/practice or working towards • MSc or working towards MSc • NMP or working towards • Advanced Communication Skills • Psychology Assessment Level 2 standards • Physical Assessment in Cancer Care	
Leadership • Evidence of leadership qualities in MDT/wider team • Role modelling for less experienced colleagues • Evidence of evaluation of service delivery • Redesign of own service/service improvement as needed • In depth understanding of the cancer pathway	Research • Evidence-based innovation in practice • Undertake relevant audit/research and publish findings

Consultant level nursing practice

As a consultant nurse working in prostate cancer, in addition to those set out at the previous level, we would expect nurses to hold the following qualifications and to demonstrate (or be demonstrably working towards) the following experience and ways of working:



5. Case Studies

Rebecca Heimann, Macmillan Cancer Support Worker, Urology Prostate Cancer team, Guys Hospital, London, England

"I joined Guys as a Macmillan Patient Navigator in November 2018 this job title later changed to that of Macmillan Cancer Support Worker with a varied background working in hospices, hospital administration and the retail sector.

While I am not clinically trained, my previous jobs, in particular my experience working in hospices, allowed me to develop strong interpersonal skills. One of my hospice roles was that of MDT Co-ordinator and while it included administrative work, it also involved dealing with highly charged and complex emotional and practical situations, in addition to acting as a link between patients, other healthcare professionals and the wider MDT.

In that hospice role, I was able to develop my listening and communication skills, both on the job and through training courses and these helped me to deal with the acute and desperate situations and difficult conversations that occurred. These included meeting relatives after a death, guiding them through the registration procedure and talking about bereavement counselling and support services; encouraging a parent to bring his young children to see their mother before she died and ensuring there was an appropriate, welcoming space for them, with toys, food and distractions for them to have some "time out". All of these skills, together with attendant life experience, stood me in good stead for my role as a Macmillan Cancer Support Worker.

The prime focus of the Support Worker role is to perform Holistic Needs Assessments (HNAs) with patients, mainly although not exclusively, at the initial diagnosis stage of their treatment pathway. The HNAs can effectively offer a 360-degree view of a patient's situation and their concerns, covering everything from physical symptoms and family issues to faith and finances. Patients are asked to rate each concern from 1-10 (10 being the highest level of concern) and then to submit the completed assessment online. A Support Worker calls them to discuss the concerns they raised and to offer support, signposting and to refer onwards, as appropriate. These assessments can be hugely valuable in highlighting issues which may not have previously been disclosed at appointments and which may not only significantly impact the patient's life but may also adversely affect their engagement with treatment and clinical outcomes. Examples of such issues include: domestic abuse, poverty, homelessness, family difficulties and other health issues and diagnoses.

One of the challenges of the role is maintaining the non-clinical boundary: I always make it clear at the outset that I am not a clinical member of the team and that while I can make a note of clinical issues, I can't comment on them and will need to refer on to a clinical nurse specialist".

Josiane Kento, Specialist Nurse, London, England

"After qualifying as a Band 5 nurse, I worked on a urology surgical ward as a staff nurse for four years. During my time on the ward, I gained my mentorship qualification with the aim to teach and support students, patients, their families, and junior staff. I developed a knowledge and interest in prostate cancer care looking after pre- and post-prostatectomy patients from admission to safe discharge. I then took a Band 6 role in urology outpatients, where I developed further clinical skills. My dream was to become a urology CNS. After working in the urology outpatient centre for seven years I was successful in obtaining a Band 6 role.

In my current role, I have expanded my experience, skills and knowledge in the care of people with urological cancer, with a particular interest in prostate cancer. My role involves supporting patients in clinic, being a keyworker, running a nurse led clinic for men starting hormone therapy and working closely with the multidisciplinary team. I also have a dedicated holistic needs assessment clinic. This

is an important part of my role to be able to support prostate cancer patients and their family to help improve their experience through their treatment journey. As part of the assessment and where deemed necessary, a patient will be sign posted, advised, and where appropriate referred on. Also, I can support and advise on clinical and non-clinical matters.

As a Band 6 specialist nurse I have been able to develop my knowledge of prostate cancer and treatments and their side effects, and how to support men in their recovery as well as their long-term care. I am developing my decision making and communication skills and my confidence in working autonomously within my scope of practice."

Paula Brooks, Trainee Advanced Oncology Nurse Practitioner, Northern Ireland Cancer Centre, Belfast City Hospital, Northern Ireland

"After qualifying in 2004 as Band 5 staff nurse, I joined the Chemotherapy Day hospital. I had various roles within this day hospital, such as Clinical Band 6 staff nurse, Deputy Ward Manager and Ward Manager.

Three years ago, I took up the position of Oncology Nurse Practitioner and completed the V300 prescribing postgraduate course. It was at this time that I joined the prostate oncology team. In September 2022 I began a MSc in Advanced Nursing, and took up the role of Trainee Advanced Oncology Nurse Practitioner within the prostate team.

My role within the prostate oncology team allows me to work alongside oncologists and independently to deliver care to patients undergoing treatment for their cancer diagnosis. The role is a very rewarding role as it allows the practitioner to have a holistic/autonomous approach, assessing, diagnosing and treating patients with prostate cancer, offering support, guidance and information when required.

The role also involves monitoring/prescribing treatment plans, ensuring the patient is tolerating the treatment and the ability to recognise, manage and treat side effects.

On completion of my MSc, my plan is to set up a nurse-led service for patients being treated for prostate cancer, to join the team at review clinics and also to consent and educate new patients commencing treatment."

Tracey Blackmore, Macmillan Uro-oncology Clinical Nurse Specialist, Jersey, Channel Islands

"I qualified in 1995 and immediately worked on a male surgical ward. This trend continued when I moved to Jersey in 1997. I transferred to an outpatient staff nurse with a special interest in Urology in 2005.

It became apparent that prostate cancer patients were not completely supported and often had to leave the Island for treatment which added another layer of need.

I was appointed as Macmillan Uro-Oncology Clinical Nurse Specialist in 2010 and this was a completely new role which I have continued to develop over the last 13 years. I completed my BSc in 2010 and my MSc in Advanced Practice 2020 which included non-medical prescribing. The dissertation for my MSc was to perform a piece of primary research and I chose to explore the impact of the decision-making process on men and their partners for localised prostate cancer. The results influenced my practice enormously.

I manage all active surveillance patients and I'm currently developing a raised PSA clinic. All my clinics are nurse-led and I work autonomously every day. However, the fundamentals are still so important and being there to support someone especially at diagnosis is so important. I find my role so rewarding and continue to develop the service according to patient need".

Kal Kaur, Consultant Nurse, Royal Free Hospital, London, England

"I have worked in the specialism of urology since qualifying as an RN in 2001 with a BSc in Nursing Science. My career commenced in a North East England hospital, on a ward learning the breadth of inpatient urology care across acute and elective pathways. After 5 years, I became the Ward Manager, an incredibly rewarding role for the next decade.

Throughout my ward-based roles, service improvement, transformation and patient experience remained my interest. I executed several initiatives which enhanced in-patient care, patient flow and staff development during this time. Following 10 years as a Ward Manager I took an opportunity to develop a nurse-led urology rapid access unit (URAU) to improve emergency and ambulatory urology where I remained a Nurse Practitioner for 3 years. During this role I commenced an MSc Advanced Nurse Practitioner pathway. The URAU model has since become a GIRFT national recommendation for innovative practice.

After a relocation to London, I joined a prestigious cancer hospital as a Urology Advanced Nurse Practitioner (ANP). 6 years in this unit exposed me to vast and complex uro-oncology, clinical research trials and here I discovered my passion for nurse-led prostate cancer diagnostics – a transformational shift in practice that has become standard in many units across the UK. As an ANP specialising in prostate cancer diagnostics I had the opportunity to be involved in a NHSE project, leading to designing and implementing nurse-led diagnostic models within several urology units across South West London. The role facilitated completion of my MSc and enabled advanced clinical practice through delivering autonomous care across the entire diagnostic pathway. Clinical assessment, delivering diagnosis and treatment counselling, non-medical prescribing and performing independent image-fused prostate biopsy were encompassed within this role.

In addition, I was Lead Nurse for urology managing and empowering a team of specialist nurses across all urology cancer tumour groups.

I am currently a Urology Nurse Consultant in a large teaching trust where my role involves providing expert clinical practice, education, professional leadership, and service improvement. It is an exciting opportunity and is pivotal to working collaboratively with the multidisciplinary team to enhance pathways, build capacity and expand the nurse-led profile to further shape and deliver the strategic vision of a world class urology service. Holding extensive urology experience and being a senior leader with a track record of implementing change has been fundamental. The role encourages me to demonstrate visionary leadership where I can inspire and motivate nursing staff across the department. I have a responsibility to develop research and educational programmes required for professional development across the workforce.

I have authority and flexibility to initiate and develop practice within a clinical governance framework and represent senior nursing at a network and national level".

Glossary

ACCEND	Aspirant Cancer Career and Education Development programme	https://www.hee.nhs.uk/our-work/cancer-diagnostics/aspirant-cancer-career-education-development-programme
ANP	Advanced Nurse Practitioner	
CNS	Clinical Nurse Specialist	
CPD	Continuing Professional Development	
GIRFT	Getting It Right First Time	https://gettingitrightfirsttime.co.uk/
MDT	Multi-Disciplinary Team	
NICE	National Institute for Health and Care Excellence	https://www.nice.org.uk/
NMC	Nursing & Midwifery Council	https://www.nmc.org.uk/
RCN	Royal College of Nursing	https://www.rcn.org.uk/
RN	Registered Nurse	
UKONS	UK Oncology Nursing Society	https://www.ukons.org/
URAU	Urology Rapid Access Unit	

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