

The Nursing Contribution to Cancer Care

A strategic programme of action in support
of the national cancer programme.

Making a Difference

Challenging Cancer

Purpose of this document

The purpose of this document is to set out a strategic programme of action for nursing in support of the national cancer programme. This programme will help cancer nurse leaders working at every level, to ensure that the nursing contribution, so vital to the patients' experience of care, is in place and supporting those affected by cancer throughout the cancer journey.

ACTION

Matters requiring action

Distribution	Health Authorities NHS Trusts Lead Cancer Nurses NHS Trusts Primary Care Groups
Contact point	Sue Hawket NHS Executive Health Services Directorate Wellington House 133-155 Waterloo Road London SE1 8UG
Further copies from	Department of Health PO Box 777 London SE1 6XH Fax: 01623 724 524
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Executive Summary

This paper describes the contribution and impact that cancer nurse leaders will make to national cancer programme. The programme, led by Professor Mike Richards will address seamless working between services and throughout the cancer journey for all those affected by cancer.

Nurses have a significant contribution to make in ensuring a coherent service, working with other colleagues and across professional and organisational boundaries.

The paper outlines a programme of strategic action for cancer nurse leaders. The term 'Cancer nurse leader' has been used as a short hand to denote any senior cancer nurse who has a leadership responsibility in virtue of their job or professional experience and standing. This will include practitioners at local, regional and national level, service planning and operational management, education, research and policy making, and those in professional associations and the professional regulatory bodies.

The paper addresses action that is needed on a number of fronts including:-

- Organisation, management and quality of care and services
- Workforce planning
- Education, training and continuing professional development
- Recruitment, retention and career pathways and
- Leadership.

It is recognised that it is only by working collaboratively with other stakeholders that cancer nurse leaders can take forward the programme of action.

A summary of action is as follows: -

Organising and delivering services

- establish strong partnerships with colleagues in primary care, and with voluntary sector agencies, to develop care pathways to provide better continuity of care and access to specialist nursing advice at all levels;

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- develop the role of nurses in cancer prevention by educating the public and by providing support and advice;
- build and use the evidence base to support and inform cancer nursing interventions;
- influence the research and development agenda, to build nursing research capacity, to encourage sustained programme funding and to secure evaluation of the effectiveness of new nursing roles;

Workforce, education and training

- ensure revisions to pre-registration education accommodate the need for all nurses to have an awareness of the required knowledge and skills to provide the initial and ongoing care for people affected by cancer;
- work with and through education consortia and cancer networks to use research findings to inform education commissioning for specialist cancer nurse training, to help standardise learning outcomes and the assessment of prior learning, and link competencies to the new career framework;
- contribute to local recruitment and retention campaigns, both to increase the general pool of qualified nurses in the NHS and to attract back those with specialist cancer qualifications;
- ensure local service planners and education consortia are fully apprised to ensure workforce planning is properly informed about cancer nursing needs, and contribute through cancer networks to national work to scope cancer workforce needs.

Careers in cancer nursing

- take stock of the cancer nursing workforce against current and projected service plans, to identify gaps and to establish recruitment, retention and educational strategies to remedy deficits
- consider extant guidance and identify where the establishment of more nurse consultant posts would help improve services and patient outcomes, enhance leadership and help make cancer nursing careers more attractive;
- review skill mix and service provision to develop educational investment plans which support the cancer education needs of (a) health care support workers, (b) nurses working in non-specialist services, (c) nurses who need to develop specialist skills, (d) specialist cancer nurses who need to advance their knowledge and skills for senior leadership positions, (e) continuing professional development for all cancer nurses;

- monitor national progress on pay and career progression to inform work (which can begin now) to establish the proposed new career framework by defining the general and specialist nursing competencies needed to provide a comprehensive cancer service.

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Leadership

- sustain and develop local, regional and national cancer nursing networks as a focus for professional and service development;
- ensure that cancer nurses access national, regional and local leadership initiatives, tailoring provision to their specialist-specific needs by supplementing programmes by coaching, mentoring, shadowing, job swaps and through learning sets;
- succession plan and co-operate locally, regionally and nationally to support and develop aspiring cancer nurse leaders through involvement in, for example, practice and service development projects;
- work with the Department of Health to establish a database of cancer services lead nurses, and a reference group to inform and support the national cancer programme and engage in other national level work.

The role and contribution of nursing to cancer care is vital at every level and at every stage of the cancer journey for those affected by cancer.

The Nursing Contribution to Cancer Care

Introduction

1. A comprehensive programme of action for cancer is now largely in place. It reflects the priority accorded cancer in *Saving Lives: Our Healthier Nation* [1], the *National Priorities Guidance* [2] and the programme agreed with Ministers following the Downing Street 'Challenging Cancer' seminar held in May 1999.
2. In October 1999 Professor Mike Richards was appointed National Cancer Director to co-ordinate a programme of action to improve cancer services. The main priorities are to:
 - ensure a coherent service - from prevention, through primary care and screening services, diagnosis, treatment, rehabilitation and palliative care which includes close and seamless working with the voluntary sector and social services and is aimed at securing the best possible health outcomes.
 - improve consistency in quality of cancer services across the country;
 - expand and support an effective workforce, with improved workforce planning and targeted education and training initiatives to support implementation;
 - ensure appropriate information, psychological assessment and subsequent support, with access to specialist palliative care, if appropriate, are provided to all those who are affected by cancer, and delivered to those who need it.
 - Improve the access to care by ensuring that the NHS can meet the two week waiting time target;
 - ensure research, information and resources are effectively targeted to support implementation of the programme of action
3. This paper supports these goals by setting out plans to ensure that cancer nurse leaders are actively involved in strengthening the nursing contribution to cancer care.

Context and background

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4. Nurses are crucial to the delivery of a comprehensive service to those affected by cancer¹ and central to improvements in equity and access envisaged in *A Policy Document for Commissioning Cancer Services* ('Calman-Hine') [3]. The case for developing cancer nursing and cancer nurses is clearly set out in *The New NHS-Modern-Dependable* [4] and has been restated in *Guidance on Commissioning Cancer Services* focusing on breast, colorectal, lung and gynaecological cancers [5-8].
5. Since publication of the 'Calman-Hine' report, cancer nurses have risen to the challenge and responded to the opportunity of working with colleagues at all levels within the NHS to take this policy forward. Over the last few years a number of nursing groups have organised themselves into local, regional and national networks to help develop and deliver a comprehensive cancer and palliative care nursing service, working closely with local implementation teams. This has resulted in some excellent examples of effective strategic planning and good clinical practice, but it has been patchy and has not been shared across professional and organisational boundaries.
6. But the number of nurses with specialist knowledge and skill is still inadequate. Two regions have undertaken formal studies of the nursing and professions allied to medicine, which showed that the number of nurses who had undertaken specialist cancer courses was alarmingly low. This reinforces other work [9] that has shown that as few as 2% of qualified nurses working with cancer patients in some NHS Trusts had any specialist training. These studies also confirmed that there is a lack of clarity about what courses should be undertaken, little consistency about the criteria used to recognise prior learning and a lack of confidence about the appropriateness of learning outcomes.
7. In 1998 the English National Board (ENB) commissioned the first of a two phased study. A literature review and documentary analysis of ENB numbered courses in cancer and palliative care has been completed [10]. The analysis confirmed variations in course content across the country and a paucity of qualified nurses who had undertaken a specific cancer qualification. The second phase aims to assess the effectiveness of ENB-approved post-registration courses [11].
8. Early in 1998 a group of cancer nurse leaders (the 'Warren House' group) met informally to consider cancer nursing issues. The group identified a need for greater clarity and cohesion to develop cancer nursing in support of Government policy. Informed by thinking from the 'Warren House' group, a national working group was established by the Department of Health to identify emerging cancer nursing roles and to develop a framework for the development of cancer nursing. In addition, in May 1999 a meeting was convened to provide an informed contribution to the NHS Central Research and Development Committee and to explore a longer-term research strategy for cancer and palliative care to ensure that the nursing and PAMs

¹ The term 'people affected by cancer' is used deliberately to encapsulate the range of nursing contact with people who have cancer and with their families and carers, and to encompass the range of interventions from education, health promotion and prevention, screening, diagnosis, treatment and rehabilitation through to palliative care.

contribution is rigorous and progressive. An important outcome was recognition that evaluative research was needed to inform further development in the delivery of a clinical cancer nursing service.

9. These strands of work culminated in a consensus meeting in September 1999. Fifty cancer nurse leaders helped draw together previous work to support a programme of strategic action. This paper reports the outcome of that event.

Vision

10. A key starting point at the consensus meeting was agreement about the foundations for strategic development, and in particular the following value statement:

In the context of the national programme for cancer, everyone affected by cancer should receive care and support from nurses who are caring and competent, which is co-ordinated to provide a coherent service - from prevention, through primary care and screening services, diagnosis, treatment, rehabilitation and palliative care – and which includes close and seamless working with other professionals, the voluntary sector and social services and is aimed at securing the best possible health outcomes.

11. This has implications for a range of issues and implies the need for action on a number of fronts, including:
 - the organisation, management and quality of care and services;
 - workforce planning
 - education, training and continuing professional development;
 - recruitment, retention and career pathways; and
 - leadership.

Organising and delivering services

12. The NHS is committed to doing better for cancer patients. A comprehensive service requires the right number of nurses with knowledge and skills to a level appropriate to the service being provided. For site-specific cancers managed in a unit or centre, a co-ordinated nursing service – supervised by a clinical nurse specialist – should be provided for each group of patients. Where the size of the patient population does not merit a cancer unit with clinical nurse specialists for each patient group, there should be effective liaison with the cancer centre.
13. Continuity of care, and flexibility in the use of resources and skilled staff, is enhanced where there are clear care pathways with agreed protocols and guidelines for referral, diagnosis, treatment and continuing care. Cancer

services lead nurses² have a key role to play in working with partners such as, for example, Primary Care Groups and patients and users, to ensure that the best service delivery arrangements are in place and that they remain truly patient focused.

14. Nursing roles have and are developing to lead or to respond to new service models and to improve quality. A number of specialist roles have emerged, focused especially on care and treatment in hospital, often using complex technology. Greater attention needs to be paid to cancer prevention, especially in providing timely information and education in support of healthy lifestyles, and to community services, helping people with cancer remain in their own homes for as long as possible by avoiding unnecessary admission. This might involve the development of primary care cancer nurse specialists, hospital based cancer nurses establishing much better links with community services and colleagues, and palliative day care provided in partnership with the voluntary sector. But ensuring services are effectively organised and managed is not enough, a commitment to quality improvement is essential too.
15. The Government's plans for quality improvement in the NHS are built around clear national standards, ensuring and monitoring local delivery through clinical governance, supported by professional self-regulation and continuing professional development, and externally monitored by the Commission for Health Improvement [12]. A national survey to assess progress on the implementation of Calman-Hine has been undertaken to support this, and during 2000/2001 the Commission for Health Improvement will evaluate progress too. A national patient survey is also under development and will provide further benchmarking evidence.
16. Cancer nurses have a strong orientation towards quality improvement, developing standards and monitoring and auditing clinical practice, some of which is founded on an emerging evidence base for cancer nursing practice. This needs to be further developed. More evidence is needed about the relationship between care practices and interventions and patient outcomes; and practice needs to be supported by clinical supervision and mentoring; and investment is needed in continuing professional development to promote the skills necessary to foster evidence-based cancer nursing. But research to support practice has been limited. Barriers include lack of research training, slow and unsustained development of centres of excellence bringing together practice and research, coupled with a lack of co-ordinated and longer term funding to support programmes of research rather than one-off projects.
17. The importance of cancer nursing expertise is emphasised in each in the series of *Guidance on Commissioning Cancer Services*, which recommend that a core member of the multi-professional team should be a nurse specialist. However, with the exception of breast care and palliative care, the research evidence supporting the guidance concluded that there was little or no evidence about the effectiveness of colorectal, lung or gynaecological cancer nurse specialist posts. This deficit needs to be addressed. Investment

² This nurse leads whole cancer nursing services across organisational and professional boundaries facilitating the development, delivery and evaluation of high quality cancer care.

in research and development, and in research and research capacity is needed as a priority.

Working collaboratively with other stakeholders, **cancer nurse leaders³ should take action to:**

- establish strong partnerships with colleagues in primary care, and with voluntary sector agencies, to develop care pathways to provide better continuity of care and access to specialist nursing advice at all levels;
- develop the role of nurses in cancer prevention by educating the public and by providing support and advice;
- build and use the evidence base to support and inform cancer nursing interventions;
- influence the research and development agenda, to build nursing research capacity, to encourage sustained programme funding and to secure evaluation of the effectiveness of new nursing roles;

Workforce, education and training

18. People affected by cancer can have contact with health professionals in any health care setting. Nurses are often in the frontline, dealing with the uncertainties and anxieties experienced by patients and their families and carers. So it is important that all nurses – not only those specialising in cancer care - have knowledge and skills sufficient to ensure they are competent and confident to deal with people affected by cancer and, in particular, to help tackle some of the misconceptions that surrounds the disease.
19. Where possible, we need to disseminate the good practice of exposure to a cancer care setting in pre-registration education and heighten awareness at both a pre and post qualifying level of cancer symptoms perhaps through work based learning or as part of a planned programme of continuing professional development.

Cancer nurse leaders have a key part to play in ensuring that the reforms arising from the UKCC's *Fitness to Practice* proposals [13] and from the plans for pre-registration education set out in *Making a Difference* [14] accommodate sufficient theory and clinical experience to achieve this goal.

20. Building on this, cancer nurse leaders need to review the outcomes of research being undertaken by the English National Board about specialist courses, and to use this to inform education commissioning and provision. It is anticipated

³ The term 'cancer nurse leader' is used as short-hand to denote any senior cancer nurse who has a leadership responsibility in virtue of their job or professional experience and standing. It does, therefore, include senior practitioners at local, regional and national level in clinical practice, service planning and operational management, education, research and policy making, and those in professional associations and the professional regulatory bodies. The term is not intended to suggest a diffusion of responsibility, but rather to foster a sense of common ownership and collaborative leadership necessary to effect the developments proposed.

that the research will provide a clear statement of cancer and palliative care competencies. This will need to be linked to the work to establish a new career framework (see below) and to help establish greater consistency in standards and learning outcomes from cancer programmes across the country, and to better accommodate the assessment of prior experience and learning. Establishing professional development networks between and across cancer networks will help improve the range of opportunities and co-ordination of specialist training and continuing professional development.

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21. Research has shown that there are not enough nurses who have undertaken cancer specialist training. This is superimposed on a more general shortage of nurses. A significant programme of work is already underway to improve the latter, including a nationally led, locally actioned recruitment and retention drive that has already yielded significant gains in terms of the number of nurses who have returned to work in the NHS. In addition, a national publicity campaign and other measures to improve the pay and working lives of nurses and other NHS staff, has helped improve the perception of nursing as a career resulting in a significant increase in the number of applicants to nurse training.
22. These measures need to be matched by improved workforce planning, not only to improve the overall match between supply and demand, but also to improve the supply of cancer nurses in particular. A consultation document on workforce planning "A Health Service of all the Talents: Developing the NHS Workforce" [15] was published on 6 April 2000 and - under the leadership of Professor Mike Richards - work has been initiated to look specifically at cancer workforce needs. But significant progress has already been made in some localities. Some education consortia have established 'expert advisory groups' to ensure that the cancer workforce needs are properly scoped, fully reflected in local workforce plans and used to inform education commissioning and organisational development. The contribution of cancer nurse leaders to work at both local and national level is essential if current workforce and skill deficits are to be tackled effectively.

Working collaboratively with other stakeholders, cancer nurse leaders should take action to:

- ensure revisions to pre-registration education accommodate the need for all nurses to have an awareness of the required knowledge and skills to provide the initial and ongoing care for people affected by cancer;
- work with and through education consortia and cancer networks to use research findings to inform education commissioning for specialist cancer nurse training, to help standardise learning outcomes and the assessment of prior learning, and link competencies to the new career framework;
- contribute to local recruitment and retention campaigns, both to increase the general pool of qualified nurses in the NHS and to attract back those with specialist cancer qualifications;
- ensure local service planners and education consortia are fully apprised to ensure workforce planning is properly informed about cancer nursing needs, and contribute through cancer networks to national work to scope cancer workforce needs.

Careers in cancer nursing

23. Recruiting and retaining an adequate number of nurses who have, or are willing to develop, the skills needed to deliver a comprehensive cancer service are crucial. So it is important to be able to show that cancer nursing is an attractive career choice, with clear pathways and opportunities for development, specialisation and career progression for those who want it, and continuing professional development to enable all nurses to maintain and refresh their skills and to enjoy satisfying and rewarding careers.
24. A new modern career framework, linked to the Government's proposals to modernise the NHS pay system [16], was set out in *Making a Difference* (pp31-35). The proposed career framework has much to offer cancer nursing. It has the potential to provide greater clarity and coherence for workforce planners and those who need to consider skill mix in teams and across services, for education commissioners, service planners and managers and, importantly, for nurses planning their careers and making decisions about professional development.
25. Discussions are underway at national level to establish a new pay system to replace clinical grading and to reward people for the jobs they do and the responsibilities and competencies needed to deliver a modern NHS. This will provide the operational basis for the proposed career framework, but much of the detailed work will need to be undertaken locally and within specialist fields of practice. In cancer care, the framework might be developed to incorporate a range of jobs - differentiated by experience, competence, qualifications and responsibilities - needed to deliver a comprehensive service, comprising, for example:
 - teams that include **health care support workers** who would provide basic and routine care to patients with cancer, in any care setting, under the supervision of a registered nurse and who, with training in the foundations of cancer care, might undertake a limited range of routine clinical interventions and who, subject to attainment of recognised vocational qualifications and experience, might fast-track professional training;
 - a range of jobs for **registered practitioners**, including (a) registered nurses (diploma/degree) with limited experience of cancer but who come into contact with cancer patients and must therefore be educated (during pre-registration training and post-registration top-up study) to a level which enables them to provide non-specialist care and advice and to know when to refer (and to have access) to nurses working in a cancer speciality; (b) registered nurses who have moved into a cancer specialist service and who plan to undertake, are undertaking or consolidating specialist cancer training (usually at degree level); and (c) those who have achieved a cancer specialist qualification ('cancer nurses'), working in a cancer speciality and routinely using their specialist knowledge, skills and experience;
 - teams led or supported by **senior registered practitioners** who are experienced (usually at least four years in the specialist field) 'cancer nurses' in senior positions including Sister/Charge Nurse, community specialist, clinical nurse specialist and cancer service lead nurses. Many

are likely to be working towards or have achieved specialist qualifications at masters level and to have sufficient experience and a level of professional competence to be recognised as functioning at a 'higher level of practice' [17]. This range is likely to include other posts such as lecturer-practitioners, practice development nurses and some clinical manager posts;

- **consultant practitioners** [18 & 19], who will be senior registered practitioners with considerable specialist experience and advanced qualifications (at least to masters level), appointed to posts in the NHS designed to combine expert cancer nursing with significant professional leadership, consultancy, educational, research and service development functions.

26. This typology does not imply an absolute hierarchy since – in terms of pay and grading – there will be overlaps to accommodate differences in the weight and responsibilities associated with particular jobs; and there are important parallel career paths into education and research and in service management, especially as 'cancer services lead nurses'. But it does help map the possibilities for career development and progression and it can provide a scheme against which to assess workforce plans, skill mix and the educational investment needed to secure a workforce with the knowledge and skills necessary to deliver a comprehensive cancer service.

Working collaboratively with other stakeholders, **cancer nurse leaders should take action to:**

- take stock of the cancer nursing workforce against current and projected service plans, to identify gaps and to establish recruitment, retention and educational strategies to remedy deficits [cross-refer to workforce section];
- consider extant guidance [16] and identify where the establishment of more nurse consultant posts [18] would help improve services and patient outcomes, enhance leadership and help make cancer nursing careers more attractive;
- review skill mix and service provision to develop educational investment plans which support the cancer education needs of (a) health care support workers, (b) nurses working in non-specialist services, (c) nurses who need to develop specialist skills, (d) specialist cancer nurses who need to advance their knowledge and skills for senior leadership positions, (e) continuing professional development for all cancer nurses;
- monitor national progress on pay and career progression to inform work (which can begin now) to establish the proposed new career framework by defining the general and specialist nursing competencies needed to provide a comprehensive cancer service.

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Leadership

27. Effective nursing leadership is essential if the NHS and its partners are to provide a comprehensive, high quality cancer service. Nurses occupy key leadership positions in cancer services, especially in frontline clinical services. Staff morale and motivation, recruitment and retention, professional development, quality improvement and service efficiency and effectiveness depend significantly on the style and quality of nursing leadership.
28. In the past leadership development has often been ill defined and haphazard. The new nursing strategy, *Making a Difference* [14], sets out a coherent and comprehensive blueprint for leadership development. Plans are to be published to show how nurses, midwives and health visitors will access the wider programme to strengthen leadership and management across the NHS. It is essential that cancer nurse leaders identify and exploit these opportunities.
29. But generic programmes are not enough. Cancer nursing networks and the more informal – but systematic - support and development provided by cancer nurse leaders is very important in creating the conditions and opportunities for the next generation of leaders to develop and flourish. Networking, succession planning, shadowing, coaching, mentoring and so on are all essential elements of a comprehensive approach to leadership development. In particular, senior practitioners need to be supported and developed to ensure there are sufficient numbers ready and able to exploit new career opportunities such as the new nurse consultant posts. It is crucial that all current cancer nurse leaders work hard to spot and nurture talent and to support aspirant nurse leaders.
30. Finally, it is essential that cancer nurses who contribute at national level, are well informed and properly supported. They need to be able to draw on cancer nursing networks to ensure that important issues are raised and addressed. It is proposed that a database of cancer services lead nurses and a cancer nursing reference group be established to advise and support those contributing at national level, and to aid two-way communication with nurses working in cancer networks.

Working collaboratively with other stakeholders, **cancer nurse leaders should take action to:**

- sustain and develop local, regional and national cancer nursing networks as a focus for professional and service development;
- ensure that cancer nurses access national, regional and local leadership initiatives, tailoring provision to their specialist-specific needs by supplementing programmes by coaching, mentoring, shadowing, job swaps and through learning sets;
- succession plan and co-operate locally, regionally and nationally to support and develop aspiring cancer nurse leaders through involvement in, for example, practice and service development projects
- work with the Department of Health to establish a database of cancer services lead nurses, and a reference group to inform and support the national cancer programme and engage in other national level work.

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