

Professional Development Framework

for colorectal cancer CNSs

Bowel Cancer UK
Beating bowel cancer together

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Royal College of Nursing
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NCCNN
National Colorectal Cancer Nurses Network

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RCN cannot confirm competence of any practitioner.

Introduction

This Professional Development Framework has been developed by members of the National Colorectal Cancer Nurses Network (NCCNN) Education Advisory Group and members of the Health Professional Education Team at Bowel Cancer UK.

This Framework has been developed to support nurses, management, and employers on the knowledge, skills and training that colorectal cancer Clinical Nurse Specialists (CNSs) will gain and demonstrate as they progress in the role. This document has been written in a similar format to other frameworks to ensure consistency across cancer nursing.

Authors

- **Filipe Carvalho**, Chair of the NCCNN and Nurse Consultant in Colorectal Disease, Trust Lead for Non-Medical Prescribing, Homerton Healthcare NHS Foundation Trust
- **Dr Claire Coughlan**, Clinical Lead, Bowel Cancer UK and Consultant Nurse in Colorectal Disease, Lewisham and Greenwich NHS Trust
- **Beth Jones**, Head of Health Information and Education Services, Bowel Cancer UK
- **Laura Dack**, Education Assistant, Bowel Cancer UK
- **Laura Monje-Garcia**, Nurse Practitioner and Clinical Research Fellow, formerly National Lead Nurse for the Lynch syndrome project
- **Manju Khanna**, Senior Macmillan Colorectal CNS, London North West University Hospital Trust
- **Leanne Osgood**, Macmillan Advanced Clinical Practitioner SACT, Oncology, Royal Surrey County Hospital NHS Foundation Trust
- **Louise Panes**, previously Macmillan Colorectal Cancer Clinical Nurse Specialist, Weston General Hospital
- **Linda Sherwood**, Team Leader - Colorectal Cancer Nurse Specialist, Western General Hospital, Edinburgh
- **Rebecca Costello**, Colorectal Cancer Clinical Nurse Specialist, Stockport NHS Foundation Trust
- **Tracy Privett**, Lead Specialist Nurse and Colorectal Cancer Clinical Nurse Specialist, Oxford University Hospitals NHS Foundation Trust
- **Nichola Ritchie**, Clinical Lead for Colorectal Cancer and Stoma Nursing Team, Blackpool Teaching Hospital NHS Trust
- **Caroline Trezise**, Colorectal Cancer Clinical Nurse Specialist, Cardiff and Vale University Health Board

The patients we support

Every year, over 49,000 people in the UK are diagnosed with bowel cancer. Each year, more than 17,700 people die from the disease[1]. The risk of bowel cancer increases with age; however over 2,600 people are diagnosed with the disease under the age of 50 every year. Although there's growing evidence that rates of bowel cancer in younger people are increasing, it's important to note that incidence remains relatively low compared with older adults[2]. Some groups are at higher risk due to family history, genetics, or lifestyle[3].

Survival from bowel cancer is directly related to stage at diagnosis. Five-year survival for those diagnosed at Stage 1 is over 97%; however for those diagnosed at the latest stage, Stage 4, it is 10%. Additionally, five-year survival rates are lower for people in the most deprived groups[4].

There is a national Bowel Cancer Screening Programme in the UK aimed at preventing deaths through early diagnosis[5]. The programme uses the Faecal Immunochemical Test (FIT) to detect and quantify the amount of human blood in a single stool sample. A positive FIT result suggests that there may be bleeding within the gastrointestinal tract that requires further investigation. Those with a positive result are then invited for further testing, normally a colonoscopy. Only 10% of those diagnosed with bowel cancer in the UK are diagnosed through the national Bowel Cancer Screening Programme[6].

Screening parameters vary by nation. As of 2025, Scotland and Wales invite ages 50–74 with a FIT threshold of 80 µg Hb/g; England invites ages 50–74 with a threshold of 120 µg Hb/g, with a reduction to 80 µg Hb/g being implemented by the end of 2028; Northern Ireland invites 60–74 with a threshold of 120 µg Hb/g. These differences affect demand, case-mix, and CNS role requirements[7].

There is a huge effort underway to ensure that people recognise the symptoms of bowel cancer, so they know when to see their GP, and that people who are eligible for bowel cancer screening complete and return their NHS Bowel Cancer Screening FIT kit[6].

Current data shows that 42% of patients are known to be diagnosed at Stage 3 or 4[4]. It's also worth noting that adults under 50 are more likely to be diagnosed with bowel cancer at an advanced stage[8]. The later the stage at diagnosis, the more treatment is required to manage the disease. This means that people diagnosed at a later stage require greater support from specialist nurses and the wider Multi-Disciplinary Team (MDT). In addition to this, the more treatment required, the greater the burden for the individual, and the more long-term specialist nursing support is required.

Managing the patient pathway

The patients' pathway managed at both a clinical and leadership role level will be defined as per Figure 1 below, which starts from preventative care for patients with high risk of developing colorectal cancer, to supportive care and survivorship.

Clinical role

- Nurse-led clinics: clinical decision-making and clinical judgment
- Physical assessment, requesting diagnostics, interpreting results and prescribing
- MDT working
- Key working and patient advocacy
- Information prescription, education and personalised care package
- Holistic assessment: psychological, social, occupational, financial, spiritual and sexual
- Symptoms support and management of long-term conditions
- Survivorship and personalised care package
- Health promotion and Health and Wellbeing clinics
- Signposting and referral to other relevant services
- Education, teaching, training, mentoring, and coaching

Leadership role

- Service development, improvement, and re-design
- MDT management
- Nurse-led research and audits
- Publications
- Nurse-led clinics: clinical decision-making and clinical judgment
- Information review
- Policymaking
- Presenting at conferences
- Education, teaching, training, mentoring and coaching
- Project management

Figure 1: The adapted colorectal cancer patient pathway

Cancer survivorship and managing the effects of treatment

The physical, emotional, and financial costs to individuals from treatment of colorectal cancer can be considerable. Whilst signposting those affected to specialist services is the role of all clinicians, Clinical Nurse Specialists (CNSs) are key in ensuring that referral pathways for those with complex toxicities to appropriate MDT are available. British Society of Gastroenterology practice guidance is now available to aid the management of acute and late toxicity resulting from treatment and can be considered within advanced and consultant practice roles[9].

Professional practice

Professional standards for practice and conduct for nurses, midwives, and nursing associates are guided by the Nursing and Midwifery Council (NMC) in the Nursing and Midwifery Code[10]. Every nurse is expected to be familiar with the Code and must advocate its standards to be a registered practitioner within the UK.

The Code exists to provide protection to the public and give patients confidence that the nurse is both registered and fit to practice within limits of their competence. It covers four themes, with specific standards under each theme:

Prioritise people

- Put the interests of people requiring nursing/midwifery services first
- Make their care and safety and dignity your main concern
- Treat those receiving care with respect and uphold human rights

Practice effectively

- Assess need and deliver or advise on treatment in a timely manner
- Always practice in line with the best available evidence base
- Communicate effectively, keeping clear and accurate records

Preserve safety

- Recognise and work within the limits of your competence
- Exercise your professional duty of candour, raising concerns immediately
- Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence

Promote professionalism and trust

- Uphold the reputation of your professionalism at all times
- Uphold your position as a registered nurse, midwife, or nursing associate
- Fulfil all registration requirements
- Promote confidence in the profession

Figure 2: The four themes of the standards for registered practitioners in the UK

In addition to the professional standards, it is recognised by the Royal College of Nursing (RCN) that registered nurses are increasingly extending and expanding their scope of practice, beyond their initial registration, in all healthcare settings, and developing their skills, competence, and confidence[11].

The NHS 10 Year Health Plan[12] states the need to ensure that every member of NHS staff has their own personalised career coaching and development plan, to help them acquire new skills and practice at the top of their professional capability.

This Professional Framework for colorectal cancer (CRC) CNSs refers to the four pillars of nursing[13], which we expect users to develop and apply in their professional practice.

The RCN recognises that advanced practice is a level of practice rather than a type of practice[11].

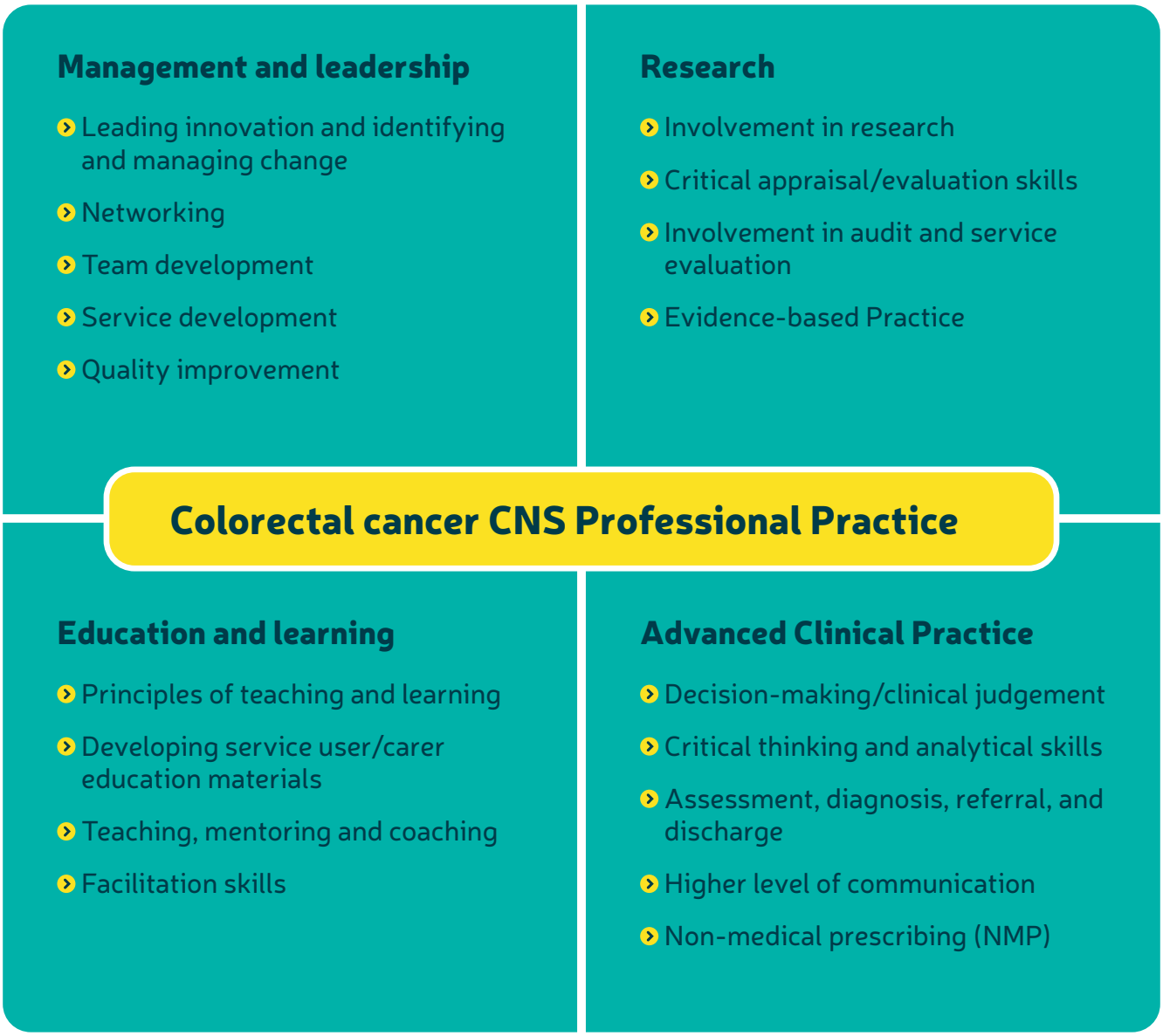


Figure 3: The scope of practice for the colorectal cancer CNS

Evidencing capabilities and professional development

There are different ways that a colorectal cancer (CRC) CNS can evidence they have the skills under each domain of the Framework. These include (but are not limited to):



- Constructive feedback from supervision or directly observed practice by line managers or colleagues
- Feedback from patients, carers, and their families



- Records of accredited courses/work-based learning options attended and completed
- Certificates of academic achievements
- Certificates from study days/conferences



- Audits, quality improvement, or published research
- Examples of service development initiatives or innovation



- Performance reviews and appraisals
- Reflective accounts or diaries



- Request for presentations, internal or external
- Teaching, mentoring, or organising educational opportunities for others (e.g. through meetings, study days or conferences)



- Participation in, or leadership of local, regional, or national committees and steering groups

Figure 4: Ways in which the CRC CNS can evidence their skills

Qualifications, skills, and capabilities in colorectal cancer nursing

Summary of nursing roles in colorectal cancer nursing

There are several roles working in supportive, enhanced, advanced, and consultant level practice. The commonly listed ones are below, these may vary across the UK:

Support worker role

Support workers (also sometimes called co-ordinators, trackers, or navigators) support the registered nursing team to organise and deliver care. Some may undertake specialist training to undertake delegated work, for example in social prescribing.

Specialist nurse role

Specialist nurses are usually experienced nurses that work as part of a wider MDT. They are usually the point of contact for patients, along with Clinical Nurse Specialists. Their practice is diverse, supporting patients with information needs and decision making about treatments. They also frequently plan holistic cancer care using the nursing process and participate in nurse-led services, and may be in a developmental role with the aim of becoming a Clinical Nurse Specialist (CNS).

Advanced Nurse Practitioner role (ANP)

This is an advanced practice role that may sit across or on one part of the patient pathway. For example, providing and managing a diagnostic service.

Clinical Nurse Specialist role (CNS)

The Clinical Nurse Specialist (CNS) role was introduced to improve patient care through application of advanced knowledge, specialist skill, and experienced clinical decision making. An article published in the RCNi[14] defines a CNS's role as providing high-quality, patient-centred, timely, and cost-effective tailored care depending on the patient's level of need. The quality of care and support that specialist nurses offer has been instrumental in reducing unnecessary hospital admissions and readmissions, reducing waiting times, and freeing up the consultant's time to treat other patients.

The CRC CNS role was developed following the publication of the Calman–Hine Report[15,16] which recommended that patient-centred care should be strengthened as there was growing recognition that people living with and beyond cancer had unmet needs, particularly those of a psychological nature. Further support for CRC CNS posts came through sources such as the 'Improving Outcomes in Colorectal Cancer' guidance[17].

The role of the colorectal cancer CNS



A colorectal cancer (CRC) CNS is a registered nurse with specialist qualifications and training to manage complex care pathways for patients with bowel cancer from prevention and diagnosis to living with and beyond cancer. The CRC CNS is a core, requisite member of the colorectal cancer MDT. In addition, doubling of five-year survival rates for colorectal cancer over the last 40 years has meant that CRC CNSs have a vital role in supporting extended pathways in patients' survivorship[18]. They provide education and support for patients to manage their symptoms, particularly patients with long-term conditions and multiple morbidities. CNSs working in these specialist roles are expected to articulate four main components: Clinical, Manager/Leader, Educator and Researcher into their practice[19].

CRC CNSs are generally the first point of contact for patients if they have any queries and concerns. The 2021 National Cancer Patient Experience survey published in 2023[20] stated that 92.5% of patients diagnosed with colorectal cancer reported that they have a main contact person to support them through their treatment, with 84% stating that this person was a specialist nurse, which includes CRC CNSs. This reinforces the vital and measurable impact of specialist nurses on patient experience.

The role of the CRC CNS is constantly evolving alongside medical advances and the introduction of new treatments, tests, supportive care, and interventions. The role of the CRC CNS often incorporates Advanced Nursing Practice (ANP), expanding the nursing scope of practice[21]. The introduction of genomic medicine, new advances into the diagnosis, targeted treatments, and advances in preventative medicine are now being introduced to the role of the CRC CNS, especially for patients considered to be at high risk.

The role of the CRC CNS was not recognised in the recently reviewed NICE Quality Standard QS20 for colorectal cancer in February 2022[22]. A disparity can be observed when compared to other NICE cancer quality standards, such as, the lung cancer[23], breast cancer[24], and prostate cancer[25], which recognise the importance of patients having access to a CNS from the earliest possible stage. This could be because of the lack of evidence, or adequate nursing representation in the NICE committee, or most probably a combination of both which, otherwise, could showcase that patients who have early access to a CRC CNS are more likely to have better outcomes, an increased chance of survival, and a more overall positive experience.

There is no clear, up-to-date definition for the role of the CRC CNS that takes into consideration recent advances in practice. In addition to the evolution of the role, colorectal cancer patients' survival rates have positively improved in recent years, which means that patients require multifactorial expert care throughout the pathway. In some areas across the UK disparity can be observed as some CNS teams are small and often dual-role, for example CRC and stoma CNS. There is clear evidence of the safety-critical contribution CNSs make to improving cancer survival and better care experiences at individual patient level[26]. This Framework aims to provide up-to-date guidance to nurses who provide care to colorectal cancer patients.

We have outlined five areas which have been developed from similar frameworks to give consistency and validity[10,27]. The aim is that these holistically look at the individual's skills and competencies but also consider experiential learning.

The five categories consist of:

1. Clinical practice
2. Education and learning
3. Management and leadership
4. Research and development
5. Underpinning qualifications

These five categories are linked to the Aspirant Cancer Career and Education Development programme (ACCEND)[28], which includes enhanced, advanced and consultant level. They also correspond to the professional standards set out in the Nursing and Midwifery Council's (NMC) Code of Conduct[10], and the Royal College of Nursing's (RCN) four pillars of nursing[13].

In our opinion, the responsibilities and expertise required of nurses at this level indicates that the role should be recognised as an Agenda for Change Band 7 post. We advocate that all nurses working at a Band 6 within colorectal teams should have the opportunity to develop and progress to a Band 7, and this should be stated in the original post's business case.

On the following page, we have described the qualifications, clinical skills, knowledge and experience, leadership and management, and research capabilities that we would expect the aspiring and existing colorectal 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 Employers[29]. 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 is outlined in Figure 3 on page 7[30].

Roles and capabilities

Role	Support Worker	Specialist	CNS ANP	Consultant
Level of practice	Supportive	Enhanced	Advanced	Consultant
Education from	GCSE/Care certificate	Post-qualifying CPD/Enhanced practice apprenticeship	Postgraduate diploma/ Master's degree	Master's degree/PhD or Professional doctorate
Education to	Foundation degree	Master's degree	PhD or Professional doctorate	Post-doctoral specialist qualifications
Clinical	Supportive/ Associate	Proficient	Expert	Expert/Mastery
Leadership	Leadership of self and others	Service leadership	Service leadership	Systems leadership
Professional development	In-house or specific CPD	CPD	CPD accreditation	CPD
Clinical academic careers	Evidence-informed practice	Studentships Evidence-based practice	Clinical Lecturer Research studentships	Clinical lectureship/ Post-doctoral/ Principal Investigator/ Senior clinical lectureship/Chair
Band match	At least Band 3	At least Band 6	At least Band 7	At least Band 8b

Figure 5: Summary of different roles and levels of practice[30]

Enhanced

At an enhanced level of practice, you will:

Clinical practice

- Acquire enhanced clinical knowledge of colorectal cancer.
- Gain expertise in treatments and their ongoing advancements.
- Attain a comprehensive understanding of the colorectal cancer pathway.
- Build confidence in working autonomously in specialist practice.
- Manage and serve as key worker for a patient caseload.
- Offer expert advice and opinions on the admission/discharge process.
- Exhibit advanced communication skills.
- Perform holistic assessments proficiently.
- Collaborate effectively with the MDT/colorectal cancer team.
- Develop the ability to interpret diagnostic investigations.
- Expand knowledge and experience in managing complex patient symptoms and conditions.
- Demonstrate commitment to higher-level learning.
- Act as a clinical advisor, resource, or educator to others outside your speciality.

Education and learning

- Build on understanding of colorectal cancer and the pathway.
- Support relevant audit/research and publish findings.
- Provide and/or contribute to the delivery of specialist education programmes.
- Develop teaching and presentation skills.
- Support the development of patient-focused education.
- Participate in, promote and advise where appropriate in health promotion campaigns involving the tumour group.
- Develop understanding of and competency in the dissemination of resource material based on up-to-date and valid research developments for the benefits of patients and staff, including all methods of electronic communications.
- Maintain own professional status and ensure that NMC requirements for registration are met and adhered to.
- Take personal responsibility for lifelong learning and professional development through clinical supervision/mentorship.
- Develop your skills when acting as a resource or educator to others.
- Support clinical placements and ensure quality is enhanced through supportive teaching and mentoring.
- Develop understanding of health promotion including lifestyle choices related to CRC.

Management and leadership

- Develop leadership skills and provide nursing advice and support to other healthcare professionals (HCPs) caring for patients with CRC.
- Seek out opportunities to contribute to the evaluation of service delivery and service improvements.
- Observe and develop enhanced skills needed to assist in the planning and implementation of service developments required by Improving Outcomes Guidance (IOG's) and any relevant publications.
- Develop an understanding of the skills needed to address training and education required to meet service and patient needs through clinical supervision, appraisal, and personal development plans and reflective practice.
- Develop the skills needed to have confidence in leading and participating in the MDT.
- Observe and develop specialist nursing skills to enable contribution to the MDT and at a corporate level.
- Lead by example and act as a positive role model for all staff, taking responsibility for own professional development.
- Gain insight into quality improvement initiatives at trust, local, and national levels.

Research and development

- Demonstrate competent IT skills.
- Seek out and support opportunities in research and audit programmes related to the speciality locally, regionally, and nationally.
- Support audits of the specialist nursing service and nurse-led initiatives.
- Develop skills and confidence in developing quality improvement initiatives.
- Support service delivery and implement quality improvements as indicated, in collaboration with the MDT.
- Ensure practice is current and evidence-based.
- Collaborate in dissemination of and influence good practice based on recommendations from IOGs.
- Provide enhanced advice and support for patients throughout the care pathway related to research.
- Develop an understanding of the national and local cancer agenda.

Underpinning qualifications

- NMC registration.
- BSc in Nursing – ACCEND recommends Foundations in Cancer Care Level 6.
- Work towards Advanced Communication Skills.
- Work towards Psychology Assessment Level 2.

Advanced

At an advanced level of practice, you will:

Clinical practice

- Demonstrate advanced clinical knowledge of CRC.
- Manage a cohort of patients with CRC.
- Carry out comprehensive history taking.
- Demonstrate advanced decision-making skills.
- Demonstrate advanced communication skills.
- Demonstrate management of complex patient symptoms/conditions.
- Demonstrate comprehensive assessment skills, which may include physical examination, symptom and treatment assessment, and use of assessment or monitoring tools.
- Request an agreed range of investigations appropriate to scope of practice.
- Interpret the findings of investigations and/or act on investigation reports.
- Conduct advanced discussions with patients on findings and implications with the patient to enable them to make informed decisions about their treatment plans.
- Be Ionising Radiation (Medical Exposure) Regulations [IR(ME)R] trained for imaging requests.
- Be an independent non-medical prescriber, if appropriate to role.
- Have the authority and freedom to review patients within independent clinics or 'team' clinics, with assessment either face-to-face, or by phone or video conference.
- Carry out 'rescue' work associated with unexpected adverse effects of treatment or disease process to prevent/minimise hospital admissions and/or timely treatment.
- Have an advanced understanding of the wider network of support for patients and their families.
- Have an advanced understanding of broader public health issues relevant to CRC.
- Provide advanced advice and opinion on admission/discharge process for patients with CRC.
- Have the authority to admit and discharge, depending on patient need and local policy. This may include referral to a range of appropriate health and social care professionals and agencies.
- Provide specialist input and in-depth advanced knowledge of CRC to other health and social care professionals.
- Formulate a person-centred treatment and care plan based on synthesis and analysis of assessment and investigations. This may include the prescription of medicines if completed by the non-medical prescriber.
- Identify and manage deterioration, including supporting advanced care planning and end-of-life care where required.
- Have an advanced understanding of medical emergencies commonly seen within CRC.
- Use clinical expertise to assess the psychological needs of the CRC patient group, providing specialist psychological support and referring direct to on-site and off-site psychological services as appropriate.

- Present findings to an MDT forum and/or to other health and social care professionals where appropriate.
- Undertake all elements of personalised cancer care at an advanced level.
- Undertake agreed clinical procedures relevant to speciality, in accordance with the standard operating procedures, clinical protocols, and/or patient group directives.

Education and learning

- Act as an advanced clinical advisor, resource, or educator to others.
- Demonstrate excellent understanding of the CRC pathway.
- Undertake relevant audit/research and publish findings.
- Lead and/or contribute to the development and delivery of specialist education programmes and training to other professionals involved in patient care through shared learning.
- Demonstrate advanced presentation skills.
- Lead the development of patient-focused education, including training to self-manage ongoing consequences of treatment and the disease trajectory.
- Participate or advise where appropriate in health promotion campaigns involving CRC.
- Develop and disseminate resource material based on up-to-date and valid research developments for the benefits of patients and staff including all methods of electronic communications.
- Maintain own professional status and ensure that NMC requirements for registration are met and adhered to.
- Take personal responsibility for lifelong learning and professional development through clinical supervision/mentoring.
- Promote the opportunities for clinical placements and ensure quality is enhanced through supportive teaching and mentoring.
- Conduct health promotion including lifestyle choices.

Management and leadership

- Provide expert leadership and nursing advice and support to other HCPs providing care to patients with CRC.
- Contribute to the evaluation of service delivery and service improvements.
- Plan and implement service developments required by Improving Outcomes Guidance (IOG's) and any relevant publications.
- Identify and address training and education required to meet service and patient needs through clinical supervision, appraisal and personal development plans, and reflective practice.
- Develop the skills needed to have confidence in leading and participating in the MDT.
- Use advanced specialist nursing skills to enable contribution to the MDT and at a corporate level.

- Lead by example and act as a positive role model for all staff, taking responsibility for own professional development.
- Develop and implement quality improvement initiatives at local, regional, and national levels.

Research and development

- Demonstrate advanced IT skills competency.
- Participate and collaborate in research and audit programmes related to the speciality.
- Provide advanced specialist advice and support for patients throughout the care pathway related to research.
- Undertake audits of the specialist nursing service and nurse-led initiatives.
- Prioritise service delivery and implement quality improvements as indicated, in collaboration with the MDT.
- Disseminate and influence good practice based on recommendations from IOGs.
- Contribute to and collaborate in specific health service research related to CRC if appropriate.
- Demonstrate understanding of the national and local cancer agenda taking opportunities to influence and develop further.
- Seek out and support opportunities in research and audit programmes related to the speciality at local, regional, and national levels.

Underpinning qualifications

- NMC registration.
- BSc in Nursing – ACCEND recommends Foundations in Cancer Care Level 6.
- MSc or enrolled in MSc, preferably in cancer care.
- Advanced communication skills training.
- Service-specific competencies.
- Counselling qualification/training.

Lead/Consultant

At a lead/consultant level of practice, you will:

Clinical practice

- Demonstrate highly advanced communication skills in various clinical settings.
- Communicate complex clinical findings and distressing news to patients and their families.
- Exhibit highly advanced clinical skills.
- Showcase significant experience in cancer nursing.
- Perform history taking.
- Display an advanced understanding of managing symptoms and treatments.
- Demonstrate advanced skills in interpreting investigations.
- Have extensive experience managing complex symptoms and treating emergencies.
- Lead and further develop nurse-led clinics/activities, including ordering and interpreting investigations and non-medical prescribing, as appropriate for the specialty, in line with competency training and trust requirements.
- Lead and develop the service.
- Conduct physical examinations relevant to the disease specialty, if required.
- Possess advanced oncology experience.
- Perform consent taking.
- Demonstrate in-depth advanced knowledge of CRC.

Education and learning

- Act as an advanced clinical advisor, resource, or educator to others.
- Demonstrate excellent understanding of the CRC pathway.
- Undertake relevant audit/research, and publish findings.
- Lead and/or contribute to the development and delivery of specialist education programmes and training to other professionals involved in patient care through shared learning.
- Demonstrate advanced presentation skills.
- Lead the development of patient-focused education, including training to self-manage ongoing consequences of treatment and the disease trajectory.
- Participate in or advise on health promotion campaigns related to CRC, where appropriate.
- Develop and disseminate resource material based on up-to-date and valid research developments for the benefits of patients and staff, including all methods of electronic communications.
- Maintain own professional status and ensure that NMC requirements for registration are met and adhered to.
- Take personal responsibility for lifelong learning and professional development through clinical supervision/mentoring.

- Promote opportunities for clinical placements and ensure quality is enhanced through supportive teaching and mentoring.
- Conduct health promotion, including lifestyle choices.

Management and leadership

- Be an active member of Trust committees and wider national / international committees to inform, develop, and support implementation of local and national strategies.
- Act as an ambassador for the CRC nursing role.
- Develop evidence-based nurse-led clinics.
- Lead service improvement, redesign, and expansion of service.

Research and development

- Lead on audit to help develop and inform good practice, adapting to the changing needs of the patient and the patient pathway.
- Lead on improvements in service development, and disseminate knowledge.
- Carry out and present audit/research findings.
- Share research findings at conferences.
- Demonstrate experience of publishing.

Underpinning qualifications

- NMC registration.
- BSc in Nursing.
- MSc, NMP, MA.
- Doctoral level study, if appropriate.
- Counselling qualification/training.
- Completed leadership qualification.

ACCEND domains

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, investigations 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.
Domain C: Condition management, treatment and planning	
14.0	Managing medical and clinical complexity and risk.
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.
Domain D: Leadership and management	
21.0	Leadership, management and organisation.
Domain E: Evidence-based practice	
22.0	Research and evidence-based practice.
Domain F: Quality improvement	
23.0	Service evaluation and development.
Domain G: Education	
24.0	Developing a learning culture.

Case studies

Read on to find out how other colorectal cancer nurses have developed their professional practice.



Filipe Carvalho

Nurse Consultant in Colorectal Disease
Homerton Healthcare NHS Foundation Trust

> Despite career progression and professional achievements, the most fulfilling aspect of my work is providing exceptional care and support to patients with suspected or confirmed colorectal cancer, helping them live life to the fullest—something I am deeply passionate about.

I began my career after completing my nursing degree in 2007, working on an acute surgical ward at a tertiary cancer centre. While completing a postgraduate diploma in Cancer Care I progressed to a Band 6 Staff Nurse role at a renowned cancer hospital in 2009, where I enhanced my expertise in colorectal cancer surgery, acute oncology, and palliative care. After 3 years, I was promoted to Clinical Site Practitioner, a role combining clinical, managerial, and educational responsibilities. I led on quality improvement initiatives and helped develop updated clinical guidelines to ensure patient care was delivered efficiently, safely, and effectively. Though challenging, this role was incredibly rewarding.

By 2016, I was an independent nurse prescriber with advanced physical assessment expertise and began an MSc in Advanced Practice in Clinical Cancer Care. Appointed Advanced Nurse Practitioner in Colorectal Surgery, I managed complex cases, coordinating care and streamlining patient pathways. While in this role, I led on service development initiatives, published research, presented at conferences, contributed to a bestselling nursing textbook, and became an Honorary Senior Lecturer.

In 2021, I was honoured to receive the Gary Logue Colorectal Nurse Award for outstanding leadership and playing a key role in establishing a surgical COVID Cancer Hub.

Since 2022, I've been a Nurse Consultant in Colorectal Disease at a high-volume colorectal cancer centre in North East London. Running nurse-led clinics, I provide professional and clinical leadership, ensure cancer waiting time compliance, and act as an expert resource to the multi-professional team. I also play a key role in implementing personalised cancer care, developing sustainable services, and embedding these practices in service delivery. I continue to advance nurse-led services, mentoring Clinical Nurse Specialists. My contributions to research and presentations are ongoing, influencing national colorectal cancer care best practices.

Beyond my clinical work I've been a National Cancer Research Institute panellist and more recently have supported Bowel Cancer UK, chairing the National Colorectal Cancer Nurses Network and empowering and advocating for over 900 Colorectal Cancer Nurse specialists. This role has enabled me to establish national and international collaboration to improve patient-centred care, enhance quality, and influence health policy.



Nichola Ritchie

Clinical Lead for Colorectal Cancer and Stoma Nursing Team
Blackpool Teaching Hospital NHS Trust

> I feel privileged to be a part of a patient's journey and feel humbled by the strength, resilience, and determination these patients possess. I am extremely proud of my team and the exemplary care and compassion shown to our patients every day.

I knew that I wanted to specialise in colorectal nursing from my second year as a student nurse. I found the specialism so interesting, with an opportunity to make a real difference. Qualifying in 2003, I started my nursing career on a surgical ward looking after patients undergoing colorectal surgery. I worked on surgical wards for 10 years, progressing from a staff nurse up to a Junior Ward Sister.

In 2013, I secured a Band 6 Associate Colorectal Cancer and Stoma Nurse Specialist post. Learning a specialism takes time, and I struggled to adjust to being back at the start again after running a ward and knowing my previous job so well. It wasn't what I expected, and I think the best piece of advice that I would give to any new CNS in post is to be patient.

Almost 12 years, on I've progressed within the team as the clinical lead for the service, which has also expanded. Our service contains a 'fast-track team' reviewing patients referred from the GP with suspected colorectal cancer, a team of dual-role colorectal cancer and stoma nurses at both acute and community level, colorectal surgery, oncology, and palliation, and the 'supported self-management' service for surgical follow-up.

Having completed my BSc with modules specifically aimed at my role, and MSc modules with the aim of expanding knowledge and improving services, I've discovered a love for lifelong learning within the colorectal specialism. Through recent studies, I've been able to improve services across various aspects, from commencing prehabilitation and setting up a mainstreaming clinic for Lynch syndrome, to improving provision for low anterior resection syndrome and bridging the gap between colorectal support nurses and specialist palliative care nurses.

I'm soon to embark on a PG Cert in Cancer Care to improve my knowledge base further. I've been fortunate to present locally within my cancer network and nationally at the Annual Stoma Care Convention, and though extremely nerve-wracking, I found this very rewarding.

My passion for caring for patients with colorectal cancer or with a stoma and their loved ones continues to grow, and I am dedicated to ensuring that we are providing the best possible service within the limitations we have within the NHS.



Caroline Trezise

Colorectal Cancer CNS
Cardiff and Vale University Health Board

> Throughout my career I have worked hard to ensure patients have the best experience as possible, at a difficult time in their and their family's lives.

I qualified as a nurse in 1994 and started my career in surgery. Following three and a half years working overseas in Hong Kong and New Zealand, I moved to South Wales, where I've lived now for almost 26 years.

I've spent those last 26 years in the colorectal department, working across both the University Hospital Wales (UHW) and University Hospital Llandough sites.

I began working on the colorectal ward as a Band 5 Staff Nurse and progressed into various roles, including a Band 6 Staff Nurse, Deputy Ward Manager, and she then spent a further 10 years working as the Ward Manager. Three and a half years ago, I moved into my current role as colorectal cancer CNS.

As part of the Ward Manager role, my team and I implemented the Enhanced Recovery After Surgery (ERAS) programme. This is an integrated pathway to improve the experience and outcomes of patients following colorectal cancer surgery. Since moving on from the role I've continued my work with this project, recently updating the integrated ERAS pathway booklet, liaising with colleagues from the Prehabilitation and Preoperative assessment clinic and medical colleagues to ensure education is continuously ongoing.

I've also helped to set up the All Wales Peritoneal Malignancy Service at UHW. This is a new service for the people of Wales and has been a privilege, although hard at times, to be part off. I'm very much looking forward to developing this service in 2025.

I was delighted to win Bowel Cancer UK's Gary Logue Award in 2024, which recognised my dedication to developing the service.

In January 2025, I joined the National Colorectal Cancer Nurses Network Education Advisory Board to share my knowledge and experience, and to ensure patients in Wales get the service they deserve.

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