UNIVERSITY OF LEEDS



---

**Article:**
Ong, H, Spellman, J and Kanatas, A orcid.org/0000-0003-2025-748X (2020) Skills and competences needed by nurses to allow them to deliver a safe nurse-led oral and maxillofacial oncology clinic: the Leeds experience. British Journal of Oral and Maxillofacial Surgery. ISSN 0266-4356

https://doi.org/10.1016/j.bjoms.2020.06.020

---



**Skills and competences needed by nurses to allow them to deliver a safe nurse-led oral and maxillofacial oncology clinic: the Leeds experience**

**[1] H Ong, [2]J Spellman, and [3]A Kanatas**

1. Heather Ong, RGN, RM, BSc (Hons), MSc, PgCert. Practice Learning Facilitator, Leeds Teaching Hospitals Trust. E-mail: heather.ong@nhs.net
2. Joanna Spellman, RGN, BSc (Hons). Specialist nurse, Leeds Teaching Hospitals and Leeds Dental Institute. E-mail: j.spellman@nhs.net
3. Anastasios Kanatas, MFDSRCS, FRCS (OMFS), MD, PGC. Consultant Surgeon / Professor, Leeds Teaching Hospitals and St James Institute of Oncology and Leeds Dental Institute. E-mail: a.kanatas@doctors.org.uk

**Address for correspondence**: Anastasios Kanatas, BSc (Hons), BDS, MBChB (Hons), MFDSRCS, MRCSRCS, FRCS (OMFS), MD, PGC, FHEA, consultant surgeon, professor, Leeds Teaching Hospitals and St James Institute of Oncology, Leeds Dental Institute and Leeds General Infirmary, LS1 3EX.

Tel: +44 7956603118

E-mail: a.kanatas@doctors.org.uk

**Abstract**

As people live longer with chronic conditions, the difficulties ensuring a consultant-led service are becoming greater. This is compounded by an increased demand from fast-track referrals that require the expertise of several members of the multidisciplinary team. These changes have led to calls for consultants in oral and maxillofacial surgery to open their practice to new models of care. An alternative model is to adopt nurse-led clinics. Traditionally, highly skilled nurses have only received service-specific training under the leadership of a consultant, but if we are to ensure that nurse-led services are safe, efficient, and standardized, we must identify specific training requirements. In this article, we present our experience of developing a nurse-led clinic service that was designed to run parallel to the consultant-led service. We outline the key requirements of nurses in delivering this service.

**Key words**

Nurse-led clinics, Oral and maxillofacial, Nurse-led clinical service

## Introduction

In Leeds, nurse-led oral and maxillofacial oncology clinics are a vital part of care for patients undergoing treatment for head and neck cancer.[1] Although our service continues to evolve, it has taken significant preparation and around 6 years to develop the credible, efficient, and quality service that exists today. As such, the time it takes to implement a nurse-led clinic should not be underestimated.

Medical staff traditionally perform the roles and responsibilities planned for nurses in our service.[2] Thus, we must ensure that nurses have the required knowledge, experience, and clinical decision-making skills to practice with greater independence in a nurse-led clinic. This can present a steep learning curve that requires adaptation to keep pace with additional learning as the clinic evolves and changes. Identifying the knowledge and competencies required for the change in nursing role is key to this process.

Our nurse-led oral and maxillofacial oncology clinic began as a 'dressing' clinic, but over time, consultations naturally evolved to include reviews and examinations of the patient and an exploration of how they and their family were coping. From the start, the clinics ran parallel to the consultant-led clinics, providing opportunities for support and for patients to be reviewed together. This also introduced a mechanism for regular peer review.

In time, we saw growth in not only confidence in the nurse-led clinics but also in the abilities of nurses, which led us to consider expanding the service. A natural progression was for the nurses to review patients at the regular 5-year follow-up assessments, and after discussion, the team were enthusiastic to trial the new system. However, we also recognized that there were knowledge gaps and that practitioners would need to adhere to new professional codes in their expanded roles.[3] It was therefore decided that we would introduce a period of shadowing to observe how consultants reviewed patients, and from this, we developed an

assessment tool to help nurses conduct thorough patient reviews.

This stage of the clinic development was not rushed, taking over 2 years to establish the training needed to ensure that nurses had the necessary skills for their new roles. This included reviewing and assessing patients, performing oral and neck examinations, and summarizing the outcomes of reviews to other healthcare professionals via a dictation letter. So that we could assess and evaluate whether nurses had met the required learning outcomes, a record of all reviewed patients was kept in a clinical logbook. In addition, nurse practice during patient reviews was assessed by the consultant, and for quality assurance purposes, the consultant initially verified all dictated letters. Following the success of this expansion, the caseload of another maxilla-facial consultant was added to the nurse-led clinic.

The additional sessions offered by nurses now run alongside a fast-track clinic that offers a one-stop clinic for assessment, biopsy, and review of patients referred by general practitioners or dentists. Although these usually require review by a head and neck consultant, only a small percentage of cases will have cancer or dysplasia, and in most cases, there will be no malignant pathology. These only require assessment and confirmation through tissue biopsy. Therefore, we conducted an audit to look at the feasibility of the nurse-led review clinics performing examination and assessment, giving results, discharging, or continuing follow-up, as appropriate. The audit supported this expanded practice in cases without malignant pathology, so we embarked on a further 1–2 years of learning, assessment, and evaluation to develop the requisite skills in the increasingly skilled nurse specialists. This included learning new examination techniques, theory about head and neck pathology, and how to interpret biopsy results. This was done alongside the lead consultant, who observed, assessed, and quality assured the process. Our experience of this and of the advantages of nurse-led clinics have already been published.[4,5]

We developed a clinical pathway to assign patients to either consultant or nurse review. In

this, patients with suspected malignant pathology or with complex medical conditions are sent for medical review or follow-up, while those with suspected non-malignant pathology or other conditions are seen by a nurse. Although the nurse-led clinics run adjacent to consultant clinics, the nurse has not experienced any reduced autonomy; more importantly, there have been no adverse effects or reduction in care quality for patients.[6] Audit plays a vital role in monitoring the effectiveness of our clinics, helping to ensure that standards are maintained and that we offer the best possible service. It is critical that members of the oral and maxillofacial oncology team work collaboratively to optimize patient outcomes. This is facilitated by holding regular meeting with consultants before and during clinics, ensuring a suitable forum for concerns or issues to be addressed.

**Skills and competencies**

It is difficult to provide a definitive list of the skills and competencies required to facilitate nurse-led clinics because these are often designed to meet specific service requirements.[6] However, there are some key skills that we consider universal for implementing successful nurse-led clinics. In the UK, the extended role of nurses was recognized in the NHS Plan by the Chief Nurse at the Department of Health.[8] The following key roles were identified for nurses in this role: ordering investigations (X-rays/pathology), making and receiving referrals, admitting and discharging patients, managing patient caseloads, running clinics, prescribing medicines, carrying out resuscitation, performing minor surgery, triaging patients, and leading local health service organization and delivery. In our experience, it requires commitment, organization, and positive interaction amongst consultants and nurses to achieve these roles and competences. Table 1 provides a list of the key skills and competencies we consider necessary. It should be acknowledged that this list will expand as nursing roles and responsibilities diversify and change to meet the needs of the NHS, society,

and healthcare.[7]

**Table 1.** Skills or competencies required of nurses in nurse-led clinics

| **Skill/Competency** |
| --- |
| • Professional autonomy |
| • Clinical credibility and experience |
| • Accurate record keeping, including keeping a logbook |
| • Effective communication and listening skills |
| • Confidence in one's abilities |
| • Extended clinical skills and competencies (e.g., head and neck examination) |
| • Theory and practice of head and neck cancer, including anatomy, physiology, and pathology |
| • Manage and interpret clinical investigations and results |
| • Knowledge of a patient's cancer journey |
| • Recognize limitations |
| • Excellent time management |
| • Working within a multidisciplinary team and with other healthcare professionals |
| • Knowledge of NHS referral systems and pathways related to head and neck |
| • Discharge patients |
| • Research/audit skills |
| • Information technology literacy including accessing clinical systems |
| • Supporting, supervising, and assessing learners in practice |

## Challenges and future developments

Getting our service to where it is today has seen us traverse a path littered with challenges, yet to date, there has been nothing we could not resolve. It is our opinion that communication within the multidisciplinary team and with healthcare professionals who refer patients is key. Ensuring that everyone is aware the clinic exists, that staff understand how the clinic functions within the service, and that enough information is disseminated about the clinical pathways have all proven highly important. These efforts help to ensure that patient referrals are made to the correct person within the team and avoids the need for unnecessary delay.

An important consideration that most services must face is the logistics of where reviews and assessments will take place. For example, nurse-led clinics require facilities with appropriate clinical equipment, yet when other clinics are running concurrently, such rooms may be at a premium. In our case, the resolution to this was to negotiate permanent access to a suitable clinical room. Prior to clinics being implemented, it must also be ensured that there is access, support, and training to the appropriate information technology systems so that nurses can access electronic patient records and dictate letters, which may not be traditional roles. Being familiar with the systems ensures that nurses can maintain contemporaneous patient records.

Any advancement in clinical practice faces the risk of being isolated and stagnant if practitioners fail to share their skills and knowledge. It is for this reason that we now facilitate student nurse placements in a dedicated learning package developed that includes two inpatient head and neck ward areas. We aim to deliver a comprehensive learning experience that exposes nurses to the enthusiasm of our multi-professional team and nurtures an interest in head and neck cancer with a view to recruiting new talent in the future. The collaborative programme also exposes learners to the full clinical journeys of patients.

The future for nurse-led clinics looks positive, certainly in our practice, as the team is set to

expand to offer more options and support for patients. We have become involved in rotations for the university nursing programme and the nurse-prescribing programme. The nurse-led team are also involved in health promotion initiatives, and it would seem logical to expand the clinic to include reviews of skin cancer and trauma in the near future. Our positive experiences with the clinic to date lead us to have little doubt that this will help to improve the patient experience overall.

We hold out our experience as a model of practice that could be replicated nationally to deliver on the needs of our patients in an era where practice needs to be better organized to meet care targets under ever tighter constraints. Although there will be a lag before the full benefits of a new service are seen, the wealth of talented nurses and inspirational consultants in our specialty could see us ultimately achieve a consistent and comprehensive system that is integrated into medical and nurse training.

**Conflicts of interest**

The authors have no conflicts of interest to declare.

**Acknowledgement**

We thank Dr Robert Sykes for his suggestions in the preparation of this manuscript.

**References**


1. Urquhart C, Hassanali HA, Kanatas AN, Mitchell DA, Ong TK. The role of the specialist nurse in the review of patients with head and neck cancer-is it time for a rethink of the review process? Eur J Oncol Nurs. 2011 Apr;15(2):185.
2. Farrell C.; Walshe C.; Molassiotis A. (2017) Are nurse-led chemotherapy clinics really nurse-led? An ethnographic study, International journal of nursing studies; Apr 2017; 69: 1-8.
3. Nursing and Midwifery Council (2015) The Code, professional standards of practice and behaviour for nurses, midwives and nursing associates. Update Oct 2018 www.nmc.org.uk
4. Spellman J, Walshaw EG, Kanatas A, Ong TK. Our experience of a nurse-led oral and maxillofacial surgical clinic in a tertiary centre: two years on. Br J Oral Maxillofac Surg. 2019 Oct 5. pii: S0266-4356(19)30381-X. doi:10.1016/j.bjoms.2019.08.030. [Epub ahead of print]
5. Spellman J, Kanatas A, Ong TK. Early experience of a nurse-led clinic in a tertiary centre. Br J Oral Maxillofac Surg. 2018 May;56(4):338-339.
6. Hatchett R. How to set up a nurse-led clinic Nursing standard (Royal College of Nursing (Great Britain): 1987; 2016; 30: 64-65.
7. Nursing and Midwifery Council (2018) Future nurse: Standards of proficiency for registered nurses. www.nmc.org.uk
8. The NHS Plan, Developing key roles for nurses and midwives; a guide for managers www.nationalarchives.gov.uk.