

Strengthening the cancer clinical nurse specialist workforce: insights from a pilot CNS development project

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ABSTRACT

The Macmillan Pan-London Clinical Nurse Specialist (CNS) Development Lead (CDL) Pilot is a 3-year initiative designed to address workforce challenges in cancer nursing, including recruitment, retention and professional development. By embedding CDLs across London's five cancer alliances, the programme aims to enhance CNS career pathways and align with the national Aspirant Cancer Career and Education Development Programme (ACCEND) framework. The pilot responds to workforce pressures highlighted in the 2019 London Lead Cancer Nurse Forum report, which identified high vacancy rates, an ageing workforce, and the need for structured career progression. CDLs play a crucial role in supporting early-career CNSs, providing mentorship, fostering leadership skills, and ensuring standardised development opportunities. Early findings suggest that this model strengthens workforce sustainability, enhances CNS retention, and contributes to improved patient outcomes. However, logistical challenges, including geographical constraints, IT infrastructure limitations, and the need for long-term funding, must be addressed to ensure sustainability. The CDL pilot underscores the importance of strategic investment in CNS workforce development to safeguard high-quality, patient-centred cancer care. Lessons from this initiative may inform broader workforce planning strategies within oncology nursing across the UK.

Key words: Clinical nurse specialist/CNS ■ Cancer nursing careers ■ Professional development ■ Workforce sustainability ■ ACCEND framework ■ Enhanced and advanced practice

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The Macmillan Pan-London CNS Development Lead (CDL) Pilot is a 3-year initiative aimed at strengthening the cancer clinical nurse specialist (CNS) workforce in London that began in July 2024. Designed to address critical challenges related to recruitment, retention and professional development, the programme seeks to ensure the delivery and sustainability of high-quality cancer care across the region. The pilot was jointly funded by Macmillan Cancer Support and NHS England, with the project team based within the North Central Cancer Alliance. The initiative involved embedding one CDL post within each of the five cancer alliances across London (North Central, North East, North West, South East, and South West). Each CDL is hosted by either a trust or a cancer alliance, ensuring strategic alignment with local workforce needs.

The pilot was established in response to findings from the 2019 London Lead Cancer Nurse Forum (LLCNF) (unpublished) report, which highlighted the significant workforce pressures faced by cancer nursing in London. These included high vacancy rates among specialist cancer nurses (4.3 vacancies per 100 compared with the UK average of 3.2), low retention, diminished morale due to excessive workloads, and an ageing workforce, with 37% of CNSs aged over 50. The retirement of experienced CNSs has resulted in a skills gap, as newly appointed nurses often require substantial support to develop professional autonomy. Additionally, the limited exposure to cancer nursing within undergraduate curricula and a general lack of awareness of CNS career pathways has contributed to recruitment challenges. Although the national Aspirant Cancer Career and Education Development (ACCEND) programme has introduced a structured career framework for cancer nurses, its implementation across London remains in its early stages.

Background to the cancer clinical nurse specialist role

The role of the cancer CNS has evolved significantly over the past few decades, becoming an integral component of multidisciplinary cancer care. As healthcare systems worldwide have recognised the importance of specialist nursing roles in improving patient outcomes, the cancer CNS has emerged as a key figure in the provision of expert, patient-centred care (Zeneli et al, 2019). This role is underpinned by advanced clinical

knowledge, leadership in care co-ordination, patient advocacy, and an increasing emphasis on research and service development (Kapra et al, 2023). Cancer CNSs operate across various tumour sites and settings, including acute hospitals, community care and specialist cancer centres. Their responsibilities are multifaceted, encompassing direct patient care, education, research and leadership (Kerr et al, 2021). A fundamental aspect of the role is providing specialist clinical care, involving symptom management, treatment side effect monitoring, and the holistic assessment and management of individual patient needs.

Cancer CNSs are often the main point of contact for patients, offering advice, emotional support and guidance throughout their cancer pathway. They play a crucial role in shared decision-making, ensuring patients are well informed about their treatment options and involved in planning their care (Kerr et al, 2023; Dowling et al, 2024). Beyond direct patient care, CNSs contribute to service development and quality improvement initiatives. They are involved in auditing care outcomes, implementing evidence-based practice, and leading pathway redesigns to optimise patient experience and resource allocation. Many CNSs also engage in research activities, contributing to the growing evidence base that informs best practices in oncology nursing and personalised cancer care (Cámpoli and Mulvey, 2023).

There is extensive evidence demonstrating the positive impact of CNSs on cancer care. Research has shown that CNSs improve patient satisfaction, reduce hospital admissions, and enhance the efficiency of multidisciplinary teams (Maharaj et al, 2021; Kapra et al, 2023). Their ability to provide personalised, expert-led care results in better symptom management, reduced distress, and improved quality of life for patients. Furthermore, CNSs play a pivotal role in navigating patients through increasingly complex cancer pathways. With advancements in personalised medicine, targeted therapies and survivorship care, the need for specialist nursing input has never been greater.

Workforce challenges

The cancer CNS workforce, despite its recognised value, faces considerable challenges, including rising patient demand, workforce shortages and concerns about role sustainability (Buchan et al, 2019; Anderson et al, 2021). Adequate CNS provision is crucial for maintaining high-quality care and addressing health inequalities within cancer services. CNSs in cancer care navigate heavy workloads, limited staffing and increasing patient complexity, all of which can contribute to burnout and have the potential to affect job satisfaction. Additionally, the emotional intensity of supporting cancer patients through their cancer journey increases the risk of compassion fatigue and psychological strain. Addressing these challenges is essential to sustaining a resilient and effective CNS workforce (Leary, 2011).

CNS development lead role: overview

The CDL pilot, a 36-month initiative under the London cancer CNS workforce development programme, represents a strategic effort to enhance the cancer CNS workforce across London. Designed to address critical challenges in recruitment, retention

Box 1. Interventions provided by clinical nurse specialist development leads to early career cancer CNSs

- Mentorship
- Role modelling
- Observing clinical practice
- Reflective practice
- Preceptorship

and professional development, this initiative aims to ensure the sustained delivery of high-quality cancer care. Each CDL is responsible for supporting and expediting the development of the CNS workforce through the interventions illustrated in *Box 1*.

A core component of the programme is to provide structured support for newly appointed cancer CNSs, with the CDL role serving as a key facilitator in implementing the national ACCEND framework for cancer CNSs, advancing nurse leadership, and fostering innovation within the sector. Additionally, the role actively promotes and supports nurses aspiring to a career in cancer nursing.

The integration of the CDL role has been strategically implemented across London, with five CDLs established within each cancer alliance. This phased approach began in north west London in July 2024, with a focus on embedding the role within the cancer alliance. A primary objective during the initial phase was the development of strong relationships within each hospital, achieved through comprehensive assessments of organisational structures, workforce dynamics, challenges, budgetary constraints, governance frameworks and existing support systems.

Project aims and objectives

The primary aim of the CDL project is to enhance the recruitment, retention and professional development of the cancer CNS workforce, ensuring that individuals affected by cancer receive high-quality, holistic care. A secondary objective is to foster a confident and empowered CNS workforce, recognising their essential role as key workers who advocate for and support patients throughout the cancer care pathway. By equipping CNSs with the necessary clinical, leadership and advocacy skills, the project seeks to improve patient experiences and outcomes.

The CDL project intends to introduce an external perspective into the CNS workforce, facilitating the implementation and development of mentorship and structured support. This initiative seeks to empower early-career CNSs by enhancing their clinical competencies, fostering resilience in navigating professional challenges, and clarifying their role within the multidisciplinary team (MDT) (Kolhonen et al, 2015). By providing an impartial and structured support system, the project aims to build confidence among CNSs, ensuring they are well-equipped to deliver high-quality patient care. The programme provides two methods of support:

- Enhanced support is provided to early career cancer CNSs or those working in siloed roles. This support is delivered through structured, one-to-one interventions, tailored

to individual needs and is provided through teaching, observation, coaching and reflective practice. This process informs individualised development plans, incorporating training needs analyses and aligning with appraisals and line manager discussions. Training highlights the importance of confidence alongside capability in achieving clinical excellence and professional autonomy

- Universal support is accessible to all CNSs seeking professional development opportunities. This includes facilitating education and training, while structuring outreach activities and promoting greater awareness and engagement with the CNS career pathway. Additionally, CDLs facilitate peer networking, creating opportunities for knowledge sharing and professional support across different trusts and integrated care boards. This universal offer ensures that all CNSs, not just those in early career stages, benefit from ongoing development and workforce support.

By embedding a more consistent standard of practice, this initiative aims to contribute to the long-term sustainability and efficacy of the CNS workforce (Rishel, 2015). Investing in workforce development through structured educational guidance is essential to addressing challenges related to CNS recruitment and retention across London (Walshe et al, 2024). Targeted mentorship and training strategies are necessary to mitigate workforce attrition and prevent burnout, which remains a critical issue in cancer nursing (Potter and Taylor, 2022). By standardising professional development, this initiative ensures the retention of specialist expertise while enhancing clarity regarding the scope and expectations of the CNS role.

The CDL pilot and the ACCEND framework

The implementation of the CDL role across London’s cancer alliances has coincided with the rollout of the ACCEND framework (Health Education England (HEE), 2021). The ACCEND framework provides structured guidance for all health professionals involved in the care of individuals affected by cancer. The ACCEND framework offers clarity for the cancer workforce, particularly within the CNS community. Designed for use across England, Scotland, Wales and Northern Ireland, the framework aims to establish a shared language among nurses, allied health professionals and pharmacists, facilitating best practice across disciplines (HEE, 2021).

The framework includes a capabilities document designed to ensure consistency and establish a shared language among professionals who are advancing their practice. Additionally, the framework corresponds with the four pillars of advanced practice: clinical expertise, leadership and management, research and education, which are well established within the CNS profession. By defining the expected level of practice and providing recommendations for evidencing professional competence, a standardised approach to skill development is fostered. The career pathway outlined in ACCEND defines the different levels of practice for health professionals working in cancer care. This represents a departure from traditional grading structures, shifting focus from Agenda for Change (AfC) bands to levels of clinical practice. This change has been welcomed by many professionals, as it has the potential to create a more

consistent approach to role definition across the UK. However, aligning job descriptions across different professions and regions remains a challenge that requires careful navigation. Similarly, the education framework element of ACCEND establishes the expected level of education for each role within the career pathway, fostering greater consistency across the workforce. A key responsibility of the CDL is to put the ACCEND document into practice by guiding CNSs through its content, helping them build a portfolio of evidence that showcases their professional competencies.

Enhanced support provided by the CDL is structured through a toolkit, which consists of two key resources:

- A CNS self-efficacy/confidence in professional practice assessment, which evaluates confidence in applying professional skills through a 25-question self-assessment, mapping CNSs’ confidence against the four pillars of advanced practice and ACCEND framework domains
- An enhanced and advanced CNS ACCEND capability assessment form, which provides evidence of CNSs’ competencies and identifies areas for further development.

As these resources are integrated into practice, it is anticipated that adjustments will be made based on real-world usage and feedback gathered through the delivery of the CDL role. The ACCEND framework represents a critical step towards standardisation of the role and scope of practice of the cancer CNS, aiming to provide the much-needed clarity that has long been absent from the CNS profession. Through the implementation of ACCEND, supported by the CDL role, London’s cancer nursing workforce is positioned to benefit from a structured, evidence-based approach to professional development and career progression.

Key findings from the pilot project interim report

An independent research team was funded to produce an interim report to offer an early evaluation of the pilot. Qualitative data were collected through individual interviews with each of the five CDLs and a joint focus group with all five members. Additionally, each CDL maintained individual reflective diaries throughout the project to offer prospective insights into the progress of the project and challenges that arose. The research team used the diaries to offer insight into implementation processes, contextual challenges and evolving workforce dynamics, providing a contemporaneous record that complemented interview and focus group data.

Quantitative data were also collected, including time spent with each individual CNS and records of strategic activities and interventions undertaken. As the pilot remains in its early stages, the interim report is yet to be published but is expected to be released at a later date.

The report detailed initial activities, successes and challenges faced by the CDLs within their first months. Several key findings were reported.

Workforce development and early-career support

A primary finding from the interim report highlights the challenges faced by early-career CNSs in transitioning into

their roles. The combination of clinical responsibilities, patient management, and leadership expectations are overwhelming to those transitioning into a CNS role. Within the scope of the CDL role, there is an expectation to mitigate these challenges by providing structured mentorship, establishing greater role clarity, and equipping CNSs with the skills necessary to manage complex patient care scenarios effectively.

Recruitment and retention

CNS teams frequently face shortages driven by retirements, limited career progression opportunities and individual burnout. The CDL role is instrumental in tackling wider workforce challenges, particularly in recruitment and retention. By providing support at different career stages and promoting well-defined progression pathways, CDLs aim to enhance the attractiveness of CNS roles to prospective candidates. CDLs provide structured webinars and educational sessions for the aspirant CNS workforce, facilitating a smoother transition into the profession. This initiative enhances workforce development by equipping nurses with the necessary knowledge and skills while fostering interest and confidence in pursuing a career as a cancer CNS.

Education and skills development

Education and training are central to the CDL role, particularly in aligning CNS competencies with the ACCEND framework. Beyond clinical training, the report emphasises the importance of skills development, including resilience, time management and patient communication. CDLs are expected to deliver training and reflective sessions in alignment with recommendations described in the ACCEND framework, ensuring CNSs are well equipped to manage both the clinical and emotional demands of their role.

Sustainability of the role

A key challenge identified in the pilot project is the sustainability of the CDL role beyond the pilot. The role, classified as an AfC Band 8b position, requires significant financial investment, both in terms of salary and the resources necessary for successful implementation. This creates concerns about whether trusts will be willing or able to continue funding these positions after the pilot ends, particularly given the ongoing financial pressures within the NHS. The potential for funding to be reduced or withdrawn once the pilot concludes could undermine the success of the initiative, limiting the long-term impact on workforce development and cancer care delivery. This underscores the critical need for long-term, strategic funding solutions to ensure that the CDL role is not only sustained but also integrated into the broader healthcare system, ensuring continued support for the development and retention of the cancer CNS workforce. The establishment of secure and ongoing funding sources will be vital in maintaining the gains made during the pilot and ensuring the future success of the programme.

The implementation of the CDL pilot has presented several logistical and operational challenges. Firstly, the extensive geographical coverage of each CDL cluster necessitates careful travel planning to optimise efficiency, while remaining

adaptable to the complex and often unpredictable schedules of CNS teams. The requirement to visit multiple hospitals has also highlighted practical difficulties, particularly the limited availability of dedicated office space. This can hinder the ability to conduct meetings effectively, requiring CDLs to demonstrate flexibility in their working arrangements. Furthermore, IT infrastructure limitations, specifically restricted wi-fi access across some clinical sites, have posed additional barriers. These constraints often necessitate the retrospective completion of assessments, potentially impacting the real-time accuracy of data collection and support provision. Additionally, administrative processes associated with the pilot, particularly documentation and assessment frameworks, have been identified as requiring simplification. Ensuring that these tools are user friendly and efficient is critical in mitigating the risk of delayed completion due to competing workload demands on CNSs. Addressing these challenges will be essential in optimising the effectiveness and sustainability of the CDL role within the workforce development programme. It should be recognised that the results are interim and context specific to London.

The next stage of data collection will extend beyond CDL perspectives to include individual interviews with CNSs who have received enhanced or universal support, as well as with line managers and lead cancer nurses. These perspectives will provide a broader understanding of the impact of the CDL role on professional development, service delivery and workforce sustainability.

Conclusion

The Macmillan Pan-London CDL pilot is a strategic initiative aimed at addressing the pressing workforce challenges within cancer nursing in London. By focusing on recruitment, retention and professional development, the pilot seeks to create a sustainable, skilled and confident CNS workforce, capable of delivering high-quality, patient-centred cancer care. Early findings from the CDL pilot suggest several initial implications for practice. For CNSs, structured mentorship and access to the ACCEND-aligned toolkit can support confidence, capability and role clarity, particularly for those in the early stages of their career. For nurse leaders, the CDL role offers a mechanism to strengthen workforce sustainability through consistent development pathways and targeted support. However, key challenges, including geographical complexities, IT limitations, and sustainability concerns, must be addressed to ensure the long-term success of the role. To maintain momentum beyond the pilot phase, long-term funding strategies and wider organisational commitment will be essential.

This initiative highlights the importance of ongoing investment in the cancer nursing workforce to meet the increasing complexity of cancer care. Ensuring that CNSs are equipped with the necessary support and development opportunities will enhance workforce resilience and service sustainability, the aim being a resulting effect on patient outcomes. The CDL pilot serves as a model for future workforce development strategies, offering valuable insights into how structured leadership roles can drive meaningful change in cancer care delivery. In this

KEY POINTS

- The Macmillan Pan-London CNS Development Lead (CDL) pilot addresses critical workforce challenges in cancer nursing, including recruitment, retention and professional development, by embedding CDLs across five cancer alliances in London
- Early findings from the pilot suggest that the CDL role plays a crucial part in mentoring and supporting early-career clinical nurse specialists (CNSs), thereby enhancing workforce sustainability and improving patient-centred care delivery
- The pilot highlights the importance of aligning the cancer CNS workforce development with national frameworks, such as the ACCEND framework, to ensure consistency in career progression and clinical expertise across the sector
- Despite the initial successes, challenges such as geographical constraints, IT infrastructure issues, and the long-term sustainability of the CDL role beyond the pilot phase require ongoing attention to ensure the lasting impact of the initiative

challenging financial climate, a link to a preceptorship strategy could be an approach to consider. Embedding the CDL role within, or aligned to, existing preceptorship frameworks would enable organisations to maximise current resources while providing structured support for early-career CNSs.

At this stage, implications of this pilot project remain provisional. A more definitive understanding of the impact on workforce sustainability, patient care and service delivery will only be attainable upon completion of the pilot and the subsequent comprehensive evaluation of all data sources. **BJN**

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CPD reflective questions

- How do you currently maintain your own wellbeing and resilience while working in cancer care?
- In what ways do you feel able to influence patient care, service improvement, or leadership within your current role?
- In what ways are leadership, education, and reflective practice embedded within your local clinical nurse specialist workforce culture?
- How could frameworks such as ACCEND be used within your organisation to strengthen career development and workforce sustainability?

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