

# My role as a Clinical Nurse Specialist in the UK



**Andreas Dirksen, Advanced Practice Nurse (APN) & HF Nurse**

- Overview

## What I want to share today



*“What does a Clinical Nurse Specialist actually do in the UK — and what can we learn from that in Germany?”*

### By the end of this talk, you will:

1. Understand the UK CNS role and where it sits in the NHS career structure
2. Know the education pathway to specialist & advanced practice
3. See the Four Pillars of Advanced Practice in action
4. Follow my Syncope CNS role at Imperial College Healthcare
5. Take home lessons we can apply in Germany
6. Leave inspired that this path is open to you, too



# About me — at a glance

*Three countries, two languages, one career.*

A 25-year path from ward nursing in the Rhineland to building a specialist service in central London — and experience back to Frankfurt.



2001–08

2008–11

2011–16

2016–21

2021–24

2024→

Trained as RN, Krankenhaus  
Düren · A&E and cardiac  
ward · moved to London  
2008

Cardiothoracic SN, London  
Bridge · Cardiac SN, Barts ·  
Anticoag NP, Barts (2011)

Senior SN, Royal Brompton  
(CHD) · CNS Syncope PT,  
Royal Brompton &  
Harefield (2014–16)

Syncope CNS, Imperial  
College Healthcare ·  
Hammersmith Hospital

APN Cardiology (HF & AF),  
Klinikum Darmstadt

APN, Universitätsmedizin  
Frankfurt — Heart &  
Vascular Center



Krankenhaus Düren (Rheinland)  
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London Bridge Hospital (HCA Group)  
Beginn GB Zeit im Mai 2008  
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Imperial College NHS Trust/  
Hammersmith Hospital bis 03/2021  
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# The leap — why the UK?



*“One suitcase, basic English, and a nursing diploma. London Bridge Hospital said yes — that was enough to start.”*

*Andreas, May 2008*

## WHAT DREW ME

- Adventure — a different country, language and culture
- English as a working language — a window to international nursing
- A structured nursing career — Band 5 to Band 8 with named role profiles
- Autonomy in practice and access to advanced training

## THE REALITY

*Ward nursing first — there were no shortcuts. But each step opened the next door: anticoagulation clinic, then syncope, then the MSc, then the CNS role.*



# Where CNS sits — and how you get there

## CAREER BANDING

Band 5	Registered Nurse · Staff Nurse
Band 6	Senior Staff Nurse · Junior Specialist
Band 7	Clinical Nurse Specialist · ANP
Band 8a–c	Consultant Nurse · Lead CNS · ACP

← CNS

## EDUCATION PATHWAY

- 1 **Pre-registration**  
BSc / Diploma → NMC register
- 2 **Clinical experience**  
3–5+ years in a specialty
- 3 **Postgraduate (Level 7)**  
MSc Nursing or MSc ACP · ACA · V300
- 4 **CPD & revalidation**  
Lifelong · NMC revalidation every 3 yrs



### My route:

*MSc Nursing (South Bank, 2012–18) · Syncope & Arrhythmia (Teesside, 2019) · Advanced Clinical Assessment (South Bank, 2020) — six years part-time, alongside full clinical work.*

# The Four Pillars of Advanced Practice



Pillar 1

## Clinical Practice

Expert assessment, diagnosis and treatment within an agreed scope. Working with high autonomy.



Pillar 2

## Leadership & Management

Service development, role-modelling, change leadership, business cases.



Pillar 3

## Education

Teaching patients, families, peers and students — and continuing to learn yourself.



Pillar 4

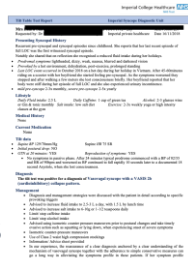
## Research

Using, generating and disseminating evidence; audit; publication; research-active practice.

# Syncope CNS — mapped to the Four Pillars



## Clinical Practice



- Autonomous syncope assessment & follow-up clinics
- Complex case management (POTS, long-COVID, VVS)
- Implantable Loop Recorder (ILR) implantation



## Leadership & Management

- Business case for new ILR equipment
- Service redesign — ILR implant moved out of cath lab
- Active member of BHRS and EHRA



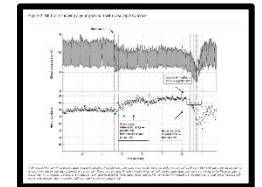
## Education

- Patient & family teaching (first diagnosis, complex syncope)
- Coaching of junior nurses, physiologists, registrars
- National lectures · internal SOPs · stopfainting.com



## Research

- Peer-reviewed publications (Europace, Case Reports)
- Collaborator on PST4 / PST5 syncope studies
- 2019 service audit: outcomes  $\geq$  those of medical teams



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# Scope of practice along the Hamric model

## Guidance & Coaching

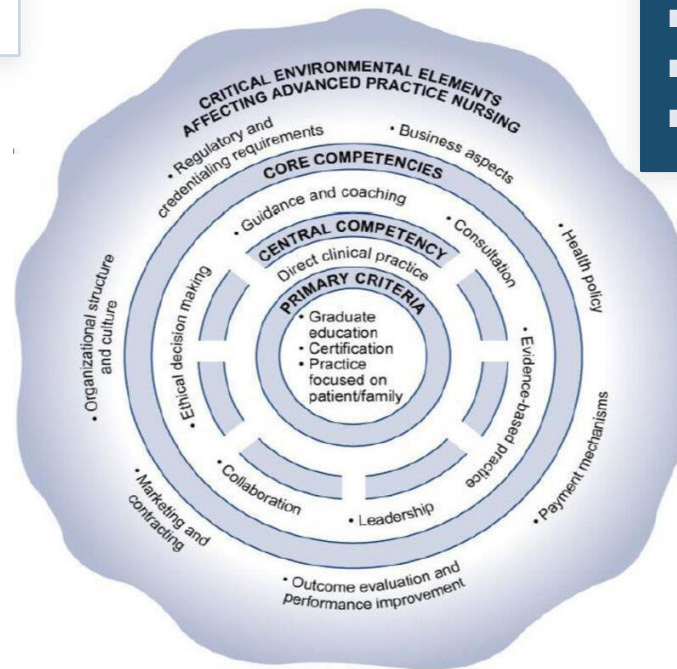
- Patient & family education during and after tests
- Mentoring junior nurses, physiologists, registrars

## Leadership

- Business case for new ILR equipment
- Service redesign · setting up syncope training days

## Consultation

- Specialty advice within MDT
- Cross-team input on complex POTS / long-COVID cases



## CENTRAL COMPETENCY

### Direct Clinical Practice

- Autonomous syncope assessment & diagnosis — incl. tilt-table test
- Independent ILR implantation (PGD for lidocaine; outside cath lab)
- Reviewing patients in consultant-led arrhythmia & syncope clinic

### Evidence-Based Practice

- COVID SOP for tilt tests · ILR service audit
- Translating evidence into local SOPs

### Ethical Decision-Making

- Patient advocacy in treatment decisions
- Supporting informed consent in complex cases

### Collaboration

- Flat team — physiologists, APN, CNS
- Interprofessional MDT · BHRS & EHRA member

# A typical week as a Syncope CNS

Mon	Tue	Wed	Thu	Fri
AM Tilt tests	AM ILR implants	AM Tilt tests	AM ILR implants	AM Tilt tests
PM Tilt tests	PM ILR implants	PM Consultant clinic	PM ILR implants	PM Tilt tests

7:45 start for 8:00 clinic · reports, admin, triaging embedded in tilt-test days

■ Tilt    
 ■ ILR    
 ■ Clinic

## RUNNING THROUGH THE WEEK

- Auditing service data
- Mentoring junior colleagues
- MDT case review · EP team
- Developing syncope studies
- Teaching on the wards & at events



# From CNS to service builder

## PROBLEM

Long ILR waiting list. Cath-lab slots were the bottleneck.



## IDEA

Move ILR implantation out of the cath lab — into our own procedure room.



## TEAM

Two cardiac physiologists, one APN, one CNS (me). A flat, mixed team.



## EVIDENCE

2019 audit (commissioned by the Lead Consultant): our outcomes were as good as — or better than — registrars and consultants.

## OUTCOME

From 2019, ILR implantation at Hammersmith was performed exclusively by our nurse/ physiologist-led team. Service published in Europace. Patient resource at [www.stopfainting.com](http://www.stopfainting.com)



# Take home — and an invitation



## Define the role

Written role profile · banding · named clinical lead.



## Fund the Masters

Level-7 study as part of the role, not after-hours.



## Protect the pillars

Allocated hours for leadership, education, research.



## Make scope explicit · audit yourself

What you may decide, prescribe, refer — in writing, evaluated annually.



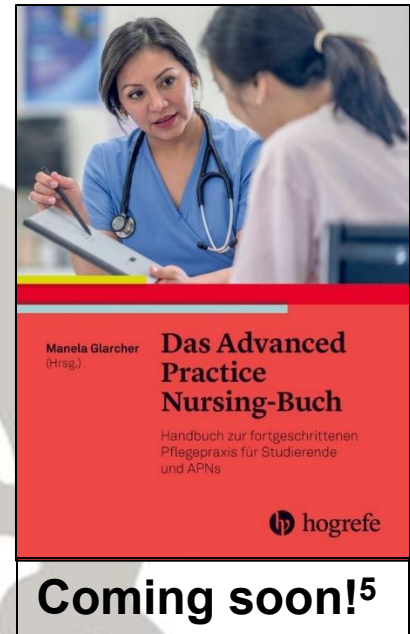
*If a Düren-trained ‘Gesundheits- und Krankenpfleger’ can build a service at Imperial — so can you.*

**What it took:** curiosity · a good mentor · persistence.

**What it gave:** autonomy · voice in the MDT · real patient impact.

# Thank you — and let's stay in touch

„Denn es muss von  
Herzen kommen,  
**was auf das Herz  
wirken soll.**“



# Quellen

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